



If you prefer, you can complete an online version of this form at www.customchair.co.uk
In order to assist us in the process of suggesting suitable product(s), please provide the information outlined below. To ensure accuracy, we strongly recommend that you ask a friend or colleague to help you take measurements.

ABOUT YOU

Sex: ☐ Male ☐ Female
☐ Prefer not to say

Weight: ☐ <9 stone (57kg) ☐ 9-15 stone (57-95kg)
☐ 15-23 stone (95-146kg) ☐ >23 stone (146kg)
Height:

WHO HAS ORIGINATED THIS ENQUIRY?

Organisation/Company:
Name:
Telephone:
Email:
Date:

WHO IS THIS FORM ABOUT?

Name:
Job title:
Email:
Telephone:
Postcode:

ABOUT HOW YOU WORK:

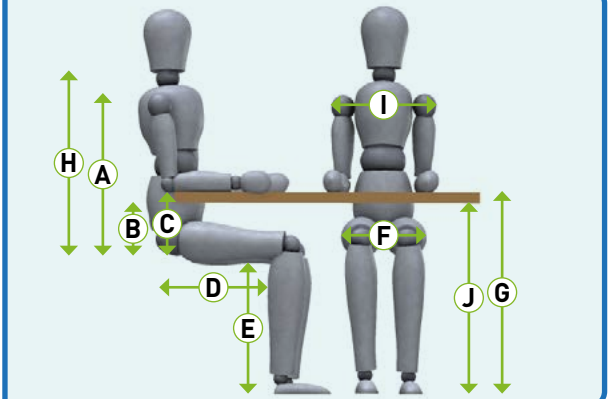
Are you a touch typist? Yes ☐ No ☐
Which is your dominant hand? Left ☐ Right ☐
With which hand do you use your mouse? Left ☐ Right ☐
Do you work full or part time? Full ☐ Part ☐

Approximately how do you spend your time?

Computer:%
Writing:%
Reading:%
Meetings:%
Away from desk:%
100% Total

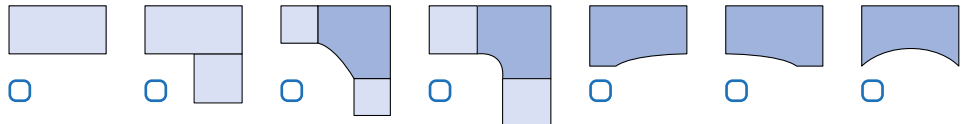
PLEASE TAKE ALL MEASUREMENTS WHEN SEATED

A: Under buttock to top of shoulder: cm
B: Under buttock to centre of lumbar curve: cm
C: Under elbow to under buttock: cm
D: Back of buttock to behind knee: cm
E: Under knee to base of foot (in shoes): cm
F: Width across hips: cm
G: Height of desk (to top of surface): cm
H: Under buttock to nape of neck: cm
I: Width across shoulders: cm
J: Height of clear space (to underside of desk): cm



ABOUT YOUR WORKSTATION

Which is closest to your desk shape?



Drawers: Pedestal on castors ☐ Attached to desk ☐ Footrest: Yes ☐ No ☐ Copy holder: Yes ☐ No ☐
Computer type: Windows ☐ Apple ☐ Other ☐ Desktop ☐ Laptop with docking station ☐ Laptop without docking station ☐
Number of extension monitor(s): If a Desktop, what is its position: On desk ☐ Under desk ☐
Monitor position(s): Directly on desk ☐ On fixed-height stand ☐ On adjustable arm(s) ☐
Mouse position: Close to keyboard ☐ Away from keyboard ☐ Not consistent ☐
Floor Type: Standard carpet ☐ Deep pile carpet ☐ Hard floor ☐ Other ☐ (please specify)
Homeworker: ☐ Office worker: ☐

Any other medical or historical information relevant to this enquiry:

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