office master
INNOVATIVE EXCELLENCE IN ERGONOMIC SEATING

Ergonomic Chair Evaluation Form

Please complete the questionnaire and return it to: _____.
If you have any questions or need assistance, please call: _____.

Rate each chair on the criteria described in the table below using the following scale:

1- Disagree
2- Mostly Disagree
3- Somewhat agree
4- Mostly agree
5- Agree

Choose only one rating for each criterion.

	Criteria	Chair 1	Chair 2
1	The chair was easy to adjust and I was able to make minor adjustments on my own with no assistance.		
2	The back support felt comfortable and contoured to the curve of my back.		
3	The arm rests adjusted so that they were not in my way while typing or mousing and did not interfere with the desk surface or keyboard tray.		
4	Overall the chair was comfortable and I was satisfied with the chair.		
5	I liked this chair more than the chair I normally sit in.		
Additional Comments:			