

Virginia Tech Chair Evaluation Form

Please use this form to help evaluate the ergonomic design features of your existing chair or ones you are trying out. Rate your answers on a scale of 0 to 10 where higher is better. Use a separate form for each chair you evaluate. Contact ergo@vt.edu for more information.

Name: _____

Date: _____

Chair Manufacturer _____

Chair Model _____

Ergonomics Concerns to Evaluate

Adjustments

1. Adequacy of seat pan depth adjustment.
2. Adequacy of back height adjustment while sitting.
3. Adequacy of arm support width or adjustment.
4. Adequacy of lumbar support adjustment.

Seat Comfort

5. Seat cushion comfort (after 30 mins).
6. Backrest cushion comfort (at different recline angles).
7. Armrest comfort (when leaning on elbow).

Ease of Use

8. Ease of chair height adjustment.
9. Ease of seat pan depth adjustment.
10. Ease of armrest height adjustment.
11. Ease of lumbar height adjustment.
12. Ease of reclining.

Body support

13. Back support at various recline positions.
14. Lumbar support at various recline positions.
15. Armrest height support range (gets low enough or high enough).

Overall chair experience

16. Overall ease of use.
17. Overall appearance.
18. Overall comfort.

Comments:

Ratings

Not acceptable (0) -- Average (5) -- Excellent (10)

0-1-2-3-4-5-6-7-8-9-10

1.

2.

3.

4.

Adjustments sub-total = _____

5.

6.

7.

Seat Comfort sub-total = _____

8.

9.

10.

11.

12.

Ease of Use sub-total = _____

13.

14.

15.

Body support sub-total = _____

16.

17.

18.

Overall chair sub-total = _____

Evaluation Total = _____