

Soma Ergonomics Remote Chair Fitting Form

1. Distance from the top of the seat to the nape of your neck? _____ in.

2. Sitting Surface to elbow? _____ in.

3. Sitting Surface to Lumbar Curve? _____ in.

4. THIGH LENGTH: From the back of your knee to the back of your back. _____ in.

5. SITTING HEIGHT: With feet comfortably on the floor measure the distance from the floor to bottom of your thigh. _____ in.

6. How curved is your back?
 Flat lumbar about $\frac{1}{2}$ " deep
 Medium lumbar about 1" deep
 Deep Lumbar about $1\frac{1}{2}$ " deep

7. What do you like or dislike about your existing chair? _____

8. Height of your work surface? _____

9. Do you have a height adjustable keyboard platform? Y / N
 If yes what height is it? _____

10. Do you touch type? Y / N

11. SITTING WIDTH? _____ in.

12. FLOOR TYPE? Carpet Hardwood _____ in.

1. What do you do while using your chair, eg. keyboard, write, read, meet, etc. and for how many hours?

2. Do you mostly sit: A. upright; B. partially reclined; or C. fully reclined? (Circle one)

3. Do you have any pain/discomfort you experience while seated? _____

We will use this information and a follow-up phone call to make a recommendation as to which chair will work best for you.

Name: _____ Ht: _____ Wgt: _____

Tel #: _____ Fax #: _____

Ship to Address: _____

Billing Instructions Address: _____

Referring Evaluator: _____

Tel #: _____ e-mail: _____