



## Computer Vision Questionnaire

1. Time spent at computer monitor: \_\_\_\_\_ hours per day
2. Work is performed while: (Please describe)  
Sitting \_\_\_\_\_  
Other \_\_\_\_\_
3. Lighting in work area: (Please describe, including type of lighting)  
\_\_\_\_\_
4. Are you experiencing any of the following symptoms while at your computer monitor?  
Check where appropriate
  - Headaches
  - Sore or tired eyes (eye strain)
  - Blurred near vision
  - Glare (light) sensitivity
  - Blurred distant vision
  - Dry or watery eyes
  - Burning, itching or red eyes
  - Back pain
  - Neck and shoulder pain
  - Double Vision
  - Focusing problems (distance to near and back)
5. Do you wear glasses while working at the computer?
  - Yes                       No(If yes, please bring them with you to your eye exam)
6. Do you wear contact lenses while working at the computer?
  - Yes                       No(If yes, please wear them for your eye exam)
7. Do you view reference material while working at the computer?
  - Yes                       No(If yes, what percentage of time? \_\_\_\_\_)

**In order for our doctors to accurately assess your computer vision needs and possible appropriate eyewear, the following information is very helpful in designing your eyewear.**

8. Viewing distances (eye to computer screen) is \_\_\_\_\_ inches.
9. Viewing distance (eye to keyboard) is \_\_\_\_\_ inches.
10. Viewing distance (eye to reference material) is \_\_\_\_\_ inches.
11. The center of the computer screen is (circle one)
  - Above eye level              Equal to eye level              Below eye levelIf above or below, by how many inches? \_\_\_\_\_
12. Reference material is (circle one)
  - Above eye level              Equal to eye level              Below eye levelIf above or below, by how many inches? \_\_\_\_\_