

## Computer Vision Questionnaire

*Please take a moment to complete this questionnaire. We will be more familiar with your work environment and better able to determine if you are at risk of developing Computer Vision Syndrome, or if you'll need computer eyewear.*

1. Time spent at computer monitor: \_\_\_\_\_ hours per day (constant vs multi-tasking)
2. Type of work being performed (email, spreadsheets, internet, graphics, programming, etc)
  
3. Please describe the lighting in your work area: (including type of lighting, i.e. fluorescent vs. incandescent vs. natural sunlight)
  
4. Are you experiencing any of the following symptoms while at your computer monitor?  
(Check all that apply):
  - Sore or tired eyes (eye strain)
  - Blurred near vision
  - Glare (light) sensitivity
  - Blurred distant vision
  - Dry or watery eyes
  - Difficulty focusing (far to near)
  - Burning, itching, or red eyes (distant to near and back)
  - Headaches
  - Neck, back and shoulder pain
  - Double vision
  
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 bring them with you to your eye exam)*
  
7. Do you view reference material while working at the computer?  Yes  No
  
8. Avg. Working distance (eye to computer screen) is \_\_\_\_\_ inches.
  
9. Avg. Working distance (eye to reference material) is \_\_\_\_\_ inches.
  
10. The center of the computer screen is above / equal to / below *(circle one)* eye level.  
If above/below by how many inches? \_\_\_\_\_
  
11. Reference material is above / equal to / below *(circle one)* eye level.  
If above/below by how many inches? \_\_\_\_\_