VISION SOURCE™
ELLIOTT EYE ASSOCIATES
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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
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

6. Do you wear contact lenses while working at the computer? ❑ Yes   ❑ No

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 keyboard) is_____inches.

10. Avg. Working distance (eye to reference material) is_____inches.

11. The center of the computer screen is **above / equal to / below** (circle one) eye level.

12. Reference material is **above / equal to / below** (circle one) eye level.