

Computer Vision Questionnaire

Please take a moment to complete this questionnaire.

Once completed, take it to your doctor so they will then 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 special computer glasses.

General Information

1. Indicate time spent:

Computer at work: _____ hours per day

Computer at home: _____ hours per day

Handheld device: _____ hours per day

2. Desktop or laptop computer use:

My work computer is a: desktop laptop

My home computer is a: desktop laptop

3. Lighting in work area: (please describe)

Work: _____

Home: _____

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 (distant to near and back)
- Back pain
- Neck 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 wear them for your eye exam.)

7. Do you look at any color-sensitive material? Yes No
(Example: Photography, graphic design, etc...)

In order for your VSP doctor to accurately assess your computer vision needs and possible appropriate eyewear, the following must also be completed.

Distances/Direction

Viewing distance of:

8. eye to computer screen is _____ (in / m)

9. eye to keyboard is _____ (in / m)

10. eye to reference material is _____ (in / m)

11. The center of the computer screen is:
(pick one)

- above eye level
- equal to eye level
- below eye level

If above or below, by how much?

_____ (in / m)

12. Reference material is:
(pick one)

- above eye level
- equal to eye level
- below eye level

If above or below, by how much?

_____ (in / m)