

## Computer Vision Questionnaire

## Please take a moment to complete this questionnaire.

Once completed, take it to your VSP doctor. Your doctor 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.

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G	eneral Information	6. Do you wear contact lenses while working at the computer?
1.	Indicate time spent: On a computer at work: hours per day	O Yes O No (If yes, please wear them for your eye exam.)
	On a computer at home: hours per day On a handheld computer (e.g., Blackberry): hours per day	<ul><li>7. Do you view reference material while working at the computer?</li><li>Yes</li><li>No</li></ul>
2.	Desktop or laptop computer Use: (circle applicable)	(If yes, what percentage of time?)
	My work computer is a: desktop laptop My home computer is a: desktop laptop	In order for your VSP doctor to accurately assess your computer vision needs and possible appropriate eyewear, the following must also be completed.
3.	Lighting in work area: (please describe)	
	Overhead/desk:	Distances/Direction
	Incandescent/ fluorescent:	Viewing distance (eye to computer screen) isinches.
4.	Are you experiencing any of the following symptoms while at your computer monitor?	9. Viewing distance (eye to keyboard) is inches.
	Check where appropriate  O Headaches	10. Viewing distance (eye to reference material) is inches.
	O Sore or tired eyes (eye strain)	11. The center of the computer screen is: (circle one)
	O Blurred near vision O Glare (light) sensitivity	above equal to below eye level eye level eye level
	<ul><li>O Blurred distant vision</li><li>O Dry or watery eyes</li></ul>	If above or below, by how many inches?
	O Burning, itching, or red eyes (distant to near and back)	12. Reference material is: (circle one)
	O Back pain	above equal to below
	O Neck and shoulder pain	eye level eye level eye level
	O Double vision	If above or below, by how many inches?
5.	Do you wear glasses while working at the computer?  O Yes O No  (If yes, please bring them with you to your eye exam.)	