

Computer User Questionnaire

Please take a moment to complete this questionnaire.

This is designed to help us become more familiar with your work environment and better able to determine if you are at risk of *Computer Vision Syndrome*, or if you'll need special computer glasses.

General Information

1. Time spent at computer monitor:
_____ hours per day.
2. Work is performed while:
i.e. sitting, standing.....

3. Lighting in work area: (Please describe, including the type of lighting)

4. Are you experiencing any of the following symptoms while at your computer monitor?
 Yes No

Check where appropriate:
 Headaches
 Sore or tired eyes
 Blurred near vision
 Blurred distant vision esp. when looking up from the computer
 Glare (light) sensitivity
 Dry or watery eyes
 Slowness in focusing

- Burning, itching or red eyes (distance to near and back)
- Back pain
- Neck 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

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

Distances/Direction

8. Viewing distance (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 level
12. Reference material is (circle one):
above eye level equal to level

below eye level

We sincerely thank you for filling out this questionnaire. Many people experience a variety of symptoms, (as seen in Question 4) after working at their computer for a period of time. Surprisingly, many don't relate those symptoms directly to looking at the screen. Instead they feel the headaches and tired eyes result from stress, or that a person is supposed to feel exhausted after a day of work. If you feel any of these symptoms seen above (Question #4) then we need to tell you about a new type of eyeglasses that can eliminate the symptoms and dramatically improve your comfort level when working on the computer. These glasses result from a new vision testing technology specifically designed for computers, which our office is trained and equipped to use.

Please give this completed questionnaire to the Doctor for an explanation of how these eyeglasses can best help you.

Patient name _____ Date: _____