

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.

General Information

1. Time spent at computer monitor:
_____ hours per day.
2. Work is performed while: (Please describe)

Sitting

Other

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

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
 Slowness in focusing
 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 view reference material while working at the computer? Yes No
(If yes, what percentage of time? _____)

In order for your VSP doctor 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 equal to eye below eye
level level level
If above or below, by how many inches?

12. Reference material is (circle one):
above eye equal to eye below eye
level level level
If above or below, by how many inches?

Passion for people.
Vision for life.SM