



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 digital device usage, to be 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. Which digital devices do you use daily or almost daily? (mark all that apply):
Smartphone _____
Laptop _____
Tablet _____
Desktop with Monitor _____
2. Add a 1 to your most-used device above and a 2 to your second most-used device above.
3. How many hours per day do you use/view digital devices in total? _____
4. What is the lighting in your primary work area? (i.e., overhead or task/desk lighting, fluorescent lights, natural light?) _____
5. Are you experiencing any of the following symptoms while on your digital device(s)?
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
6. Do you wear glasses while working on your digital device(s)?
 Yes No
(If yes, please bring them with you to your eye exam.)
7. Do you wear contact lenses while working on your digital device(s)?
 Yes No
(If yes, please bring them with you to your eye exam.)

DISTANCES/DIRECTION

Although handheld or laptop device distance from your eyes is fairly standard, desktop computer setups can vary greatly. If you use a desktop computer, your VSP doctor requires the following information to accurately assess your computer vision needs.

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 Equal to Below
eye level eye level eye level
If above or below, by how many inches? _____
12. Do you view reference material while working at the computer?
 Yes No
(If yes, what percentage of time? _____)
13. If yes to question 12, where is your reference material typically located? (circle one)
Above Equal To Below
Eye Level Eye Level Eye Level
If above or below, by how many inches? _____