Please take a moment to complete this questionnaire.

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 or _________ cm

9. Viewing distance (eye to keyboard) is
   
   _______ inches or _________ cm

10. Viewing distance (eye to reference material) is
    
    _______ inches or _________ cm

11. The center of the computer screen is:
    
    ❑ above eye level
    ❑ at eye level
    ❑ Below eye level
    
    If above or below, by how many?
    
    _______ inches or _________ cm

12. Reference material is:
    
    ❑ above eye level
    ❑ at eye level
    ❑ Below eye level
    
    If above or below, by how many?
    
    _______ inches or _________ cm

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**Computer Vision Exam - To be completed by Doctor**

<table>
<thead>
<tr>
<th>Refraction at Computer</th>
<th>Binocular Function (2/3)</th>
<th>Accommodative Function (2/3)</th>
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<tbody>
<tr>
<td>OD</td>
<td>20/</td>
<td>NPC</td>
</tr>
<tr>
<td>OS</td>
<td>20/</td>
<td>CT at WD</td>
</tr>
<tr>
<td>Add</td>
<td>20/</td>
<td>Fusion Response</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment / Diagnosis</th>
<th>Plan / Treatment</th>
</tr>
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<tbody>
<tr>
<td>□ Accom. Paresis 367.51</td>
<td>VDT Rx as above</td>
</tr>
<tr>
<td>□ Accom. Spasm 367.53</td>
<td>Vision Therapy</td>
</tr>
<tr>
<td>□ Astigmatism 367.20</td>
<td>Occupational Lenses recommended</td>
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<tr>
<td>□ Conv Excess 378.84</td>
<td>Disp. information on ergonomic w/s</td>
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<tr>
<td>□ Conv. Insuf. 378.83</td>
<td>AR Coat</td>
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<tr>
<td>□ Divergence Anomaly 378.85</td>
<td>Visual Breaks Recommended</td>
</tr>
</tbody>
</table>

VDT Exam (New Patient 92004, Previous Patient 92014)

O.D.