ph 909 383 5000 fx 909 383 5010 164 W Hospitality Lane, Suite 7 San Bernardino, CA 92408

www.seetolive.com

DO I HAVE COMPUTER VISION SYNDROME?

Name	
Contact Number	
Date	
Please identify the symptoms you experience. frequency of occurrence are helpful. All infor strictly confidential and is subject to HIPPA p like a personal copy of Hospitality Eyecare Ce	mation noted below will be kept rivacy laws. Please ask if you would
VISUAL	
Blurred vision	
Slow refocusing	
Frequent loss of place	
Doubling of vision	
Squinting	
Changes in color perception	
OCULAR	
Irritated or sore eyes	
Itching and burning eyes	
Excessive tearing	
Dry eyes	
Contact lens discomfort	
Sore or hurting eyes	
GENERAL	
Eyestrain	
Headache	
Eye fatigue	
Tired eves	

<u>LIGHT</u>
Flickering sensations
Glare
Light Sensitivity
MUSCLE
Neck or shoulder tension or pain
Back pain
Pain in arms, hands, wrists or shoulders
Hip, leg, ankle or foot
<u>OTHER</u>
Tension
Excessive physical fatigue
Irritability
Increased nervousness
More frequent errors
General fatigue or drowsiness
How many hours per day do you work at the computer?
How many computer screens do you use at your work area?
How long can you use your computer(s) before symptoms occur?
How long ago did you notice symptoms first occurring?
Do your symptoms persist when you are not working? If YES, please describe.
Do you currently wear glasses and/or contact lenses for your computer work?
Is your prescription eyewear specialized for computer use? Or is it in general distance and near vision full-time wear?
Have you had any eye surgeries?
Have you had any known eye diseases?

How long ago was your last complete vision examination?

How long ago was your last complete medical examination?

Some medications have ocular side-effects. Do you currently take any medications? If so, please list.

Are there any specific concerns or questions you have regarding the ergonomics of your work area?

Are there any specific concerns or questions you have regarding your eyes in relation to your work environment and computer use?

Are there any other concerns or questions you would like your consultant to be aware of?

<u>Please leave this questionnaire and Dr. Tamano Fletcher will contact</u> <u>you soon to discuss your responses, offer suggestions and answer</u> <u>any questions you may have.</u>