



## Eye health questionnaire

### Determining current work practices

**Does the use of computers affect your eyesight? The purpose of these questions is to bring to determine any issues you may have regarding your eyesight whilst using a computer. Please circle any letter that apply in each question.**

Name (optional): \_\_\_\_\_ Position: \_\_\_\_\_

**1. What is your gender?**

- a) Male
- b) Female

**2. What is your current age?**

- a) 24 or less
- b) 25 - 44
- c) 45 or more

**3. Do you normally wear prescriptive lenses?**

- a) Not at all
- b) Sometimes
- c) Most of the time
- d) All the time

**4. How long do you normally spend using a computer each day at work?**

- a) less than 1 hour
- b) 1 - 2 hours
- c) 2 - 6 hours
- d) More than 6 hours

**5. Which of the following situations normally applies to you at work?**

- a) I use a computer which I have sole access to
- b) I use a computer which I share with others
- c) I generally use different computers which I have sole access to
- d) I generally use different computers which I share with others

**6. Would you be interested in a vision seminar to help prevent eye health problems?**

- a) Yes, and would like a half day seminar looking at all aspects of vision
- b) Yes, but would prefer a two hour seminar to look at the issues involved
- c) No, I am not interested

**7. Do any of the following apply when you use the computer? (please tick)**

Situation:	Never	Sometimes	Most times	Always
a) I wear corrective lenses				
b) I get eye strain				
c) My eyes become sore or red				
d) My neck and shoulders become sore				
e) I get blurry vision				
f) My eyes become irritated or dry				
g) My eyes deteriorate				
h) I get headaches				
i) I get double vision				
j) I lose concentration				
k) I begin to make mistakes after some time				
l) I become more irritable				
m) I become tired or drowsy				
n) I get stressed more easily				