FOR OFFICE USE

Lifestyle Index

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This questionnaire is meant to help your doctor understand what you're experiencing on a regular basis — whether it's caused by your eyes, posture, stress, etc. Your responses will help make sure you receive the best care possible.

How often do you experience any of these symptoms? Fill in applicable circle. For example:





- You get headaches of any severity each week (even just a dull ache counts).
- Your headaches tend to get worse later in the day.

(Headaches
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 5

 Never
 Rarely
 Sometimes
 Very Often
 Always

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Stiffness / pain in neck / shoulders

You experience stiffness/tension in your neck/shoulders when you work at a computer or read (this might even be from your posture).

Your eyes get tired, burn, or get red easily when you work at a computer for long hours.



2 Rarely

3 Sometimes

4 Very Often 5 Always



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2 Rarely 3 Sometimes

Very Often

5 Always

Your eyes feel increasingly fatigued/tired as the day goes on:



Tired Eyes

1 Never

1

Never

0

Rarely

3 Sometimes 4 Very Often 5 Always



Dry Eye Sensation

1 Never 2 Rarely 3 Sometimes

Your eyes progressively feel more dry/sandy/gritty while working at the computer or reading.

4 Very Often 5 Always

Bright / Strong lights (vehicle headlights, fluorescent lights etc.) bother you.



Light Sensitivity

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Dizziness

You experience dizziness, motion sickness, or vertigo.

2 3

Never

Rarely

3 Sometimes 4 Very Often 5 Always

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Additional Notes

Any additional notes you'd like to add: _