



# Tri-State Optical | New Patient Eye Comfort Questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tech Initials: \_\_\_\_\_

We're going to ask you a few questions about your eyes and how they feel. It's our job to not only make sure you're seeing great, but that your eyes are healthy AND feel comfortable too. You can see the questions here, but **we'll walk through it together and we'll fill it out for you.**

	No Never	Hardly noticeable Happens rarely	I'm aware Happens sometimes	It bothers me Happens often	It's a struggle Daily basis
 <b>Headaches</b> of any intensity/week (you notice them getting worse later in the day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 <b>Feel stiff, or neck/shoulder pain</b> when you work at a computer or read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 <b>Feel dizzy</b> or a sensation like vertigo or motion sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 <b>Light sensitivity</b> especially with bright, strong lights (headlights or flourescents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 <b>Screen Time at Work</b> Do you use a computer all day?	No <input type="radio"/>	Yes <input type="radio"/>	Are your eyes uncomfortable after (red, burning) long hours?	No <input type="radio"/>	Yes <input type="radio"/>
 <b>Phone Screen Time</b> Do you spend on your phone each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 <b>Eye Comfort</b>	No Never	Hardly noticeable Happens rarely	I'm aware Happens sometimes	It bothers me Happens often	It's a struggle Daily basis
Are you <b>aware</b> of your eyes throughout the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your eyes feel <b>tired</b> , or more <b>fatigued</b> as the day goes on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your eyes feel <b>gritty or sandy</b> , especially when you read or use screens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your eyes feel <b>dry</b> , or <b>'tacky'</b> as the day goes on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your eyes feel <b>itchy or irritated?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your eyes <b>water?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you notice redness, or use drops like Lumify or Visine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>