

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**At what visual distance do you usually work?**

- What activities at close range of vision (approx. 35cm) do you need your new glasses for?

\_\_\_\_\_

- What activities at intermediate range of vision (approx. 60cm) do you need your new glasses for?

\_\_\_\_\_

- What type of glasses do you currently wear for activities at close range of vision?

\_\_\_\_\_

- Do you experience any physical discomfort while working at close range of vision, such as neck tension, stinging eyes, etc.?

- If so, which ones?

\_\_\_\_\_

**Questions concerning the use of computers and laptops**

- How many hours a day do you work in front of a computer? \_\_\_\_\_ hours

- At what distance (a) is your computer screen positioned?

PC monitor \_\_\_\_\_ cm      Laptop \_\_\_\_\_ cm

- At what height (b) is the top line of your screen positioned? \_\_\_\_\_ cm

- At what height (c) is the bottom line of your screen positioned? \_\_\_\_\_ cm

- At what distance (d) is your keyboard placed? \_\_\_\_\_ cm

- What is the distance (e) between your eyes and the tabletop? \_\_\_\_\_ cm

- What is your normal reading distance? \_\_\_\_\_ cm

- Are there any other important viewing distances?  
machines / flipchart / colleagues / customers \_\_\_\_\_ cm

- Are the glasses also worn when moving around?      (Yes)      (No)

