

Lifestyle Index

PT INITIALS _____
DATE _____

This survey 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? Circle one:



Headaches

- You get headaches of any severity each week (even just a dull ache counts).
- Your headaches tend to get worse later in the day.
- Your headaches are generally worse at work than they are at home or on weekends.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Stiffness / pain in neck / shoulders

- Your neck gets stiff and sore when you work at a computer or read (This might even be from your posture).
- You experience frequent tension in your head, neck or shoulders.
- You get frequent massages/chiropractic adjustments.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Discomfort with Computer Use

- You feel like you are more productive at work in the morning vs. the afternoon.
- Your eyes get tired, burn, or get red easily when you work at a computer for long hours.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always

Number of hours per day using a digital device: _____



Tired Eyes

- Your eyes feel fatigued/tired at the end of a workday.
- Your eyes generally feel better in the morning compared to the end of the day.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Dry Eye Sensation

- Your eyes and/or contacts tend to dry out when you are working at a computer or reading.
- Your eyes progressively feel more dry/sandy/gritty as the day goes on.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Light Sensitivity

- Driving at night is difficult because of glare from highlights.
- Fluorescent lights bother you in large spaces (grocery store, department store, etc.).

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Dizziness

- Riding in a car gives you motion sickness.
- You sometimes feel a sensation of vertigo or disconnectedness from your environment.

1 Never 2 Rarely 3 Sometimes 4 Very Often 5 Always



Additional Notes

Any additional notes about these symptoms: _____

FOR DOCTOR / STAFF USE

DATE _____ SYNC (DIST) _____ ESO EXO SYNC (NEAR) _____ ESO EXO SYNC (RX) _____ BI BO R