

Computer Visual Syndrome Survey

Name:

Age:

Sex:



| | | | |
|--|-------------------|-------------------|-------------------|
| 1. Do you use digital devices to study? | | | |
| Never | Sometimes | Often | Always |
| 2. How many days per week do you play/study with digital screens? | | | |
| 1 day or less | From 1 to 3 days | From 4 to 6 days | All days |
| 3. How many hours per day do you play/study with digital screens? | | | |
| 1 hours or less | From 1 to 2 hours | From 3 to 4 hours | More than 5 hours |
| 4. Do you use digital devices with the light off? | | | |
| Never | Sometimes | Often | Always |
| 5. Have you noticed that sometimes you get blurred letters on digital screens while playing/studying with them? | | | |
| Never | Sometimes | Often | Always |
| 6. Do you notice your eyes tired during or after using computers or tablets? | | | |
| Never | Sometimes | Often | Always |
| 7. Have you noticed that your eyes hurt before or after using digital screens? | | | |
| Never | Sometimes | Often | Always |
| 8. Have you noticed a burning sensation in your eyes during or after using digital screens? | | | |
| Never | Sometimes | Often | Always |
| 9. Have you noticed that, after digital screens you have to strive to be able to see well from afar? | | | |
| Never | Sometimes | Often | Always |
| 10. Have you noticed that, after some time with digital screens, you have difficulty reading? | | | |
| Never | Sometimes | Often | Always |
| 11. While using digital screens, do you have the feeling that you get cross-eyed? | | | |
| Never | Sometimes | Often | Always |
| 12. Have you noticed that when you spend a lot of time with the computer there comes a time when you end up seeing the double letters? | | | |
| Never | Sometimes | Often | Always |
| 13. Have you noticed that, after some time with the computer, you are bothered by the lights? | | | |
| Never | Sometimes | Often | Always |
| 14. In recent weeks have you noticed watery eyes during or after the use of digital screens? | | | |
| Never | Sometimes | Often | Always |
| 15. In recent weeks have you noticed dry eyes? | | | |
| Never | Sometimes | Often | Always |
| 16. In recent weeks have you noticed red eyes? | | | |
| Never | Sometimes | Often | Always |
| 17. Has your headache after using electronic devices? | | | |
| Never | Sometimes | Often | Always |
| 18. Do you feel head/back/neck pain after using electronic devices? | | | |
| Never | Sometimes | Often | Always |
| 19. If you have suffered some of these symptoms, Does it disappear? | | | |
| Never | Sometimes | Often | Always |