

BLUE LIGHT EXPOSURE QUESTIONNAIRE

By answering the following questions, you'll help us create a personalized course of action to reduce your blue light exposure and meet your specific visual needs.

How many hours per day do you spend on:

Computer _____

Tablet _____

Smart Phone _____

Television _____

Total _____

Do you suffer from any of the following?

Dry Eyes Yes No

Watery Eyes Yes No

Tired Eyes Yes No

Blurred Vision Yes No

Headaches Yes No

Other? Please explain below.

Do you take breaks while using devices for two hours or more? Yes No

Do you adjust the controls on your devices to reduce brightness? Yes No

Do you work in an environment lit by compact fluorescent lights (CFL) or LED lights? Yes No

Do you have compact fluorescent lights (CFL) or LED lights in your home? Yes No

Do you use an app to help reduce blue light emitted from your device? Yes No

Have you ever worn lenses that help reduce blue light exposure? Yes No