



Eye Health Environment – Home/Personal Checklist

Name/s: _____

Answer the following questions about your home and the way you spend your time.

Home	
Which room do you usually read, play, watch television or do your homework in? Do you think the lighting is at a good level and is even?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Is there glare or reflections from windows in rooms where you read, play, watch television or do homework?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Are computer monitors positioned at the correct height or can they be adjusted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Is the font size on computers set at a reasonable level or easily adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Personal	
Do you visit an optometrist regularly to have your eyes checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:



<p>Do you limit your screen time to two hours or less at a time?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you sit a suitable distance from the screen when watching TV or playing video games?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you have a 5 to 10 minute break every hour when you are on the computer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you take regular breaks when reading?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you spend at least two hours outside every day?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you wear sunglasses and a broad-brimmed hat to protect your eyes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Do you eat lots of fruit, vegetables, nuts and fish?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>