

Visual Task Assessment Sheet

Patient Name _____

Tasks	Work	Home	Sports/Leisure
Are there factors that could result in your breaking frames, or lenses?			
Are you in construction or manufacturing zones?			
Do you experience eyestrain?			
Do you experience headaches after long periods at any tasks?			
Do you frequently move back and forth between inside and outside?			
Do you have problems with glare?			
Do you work with hand tools?			
How much of your time is spent seated at a desk or table?			
Is distinguishing color or fine detail an important part of what you do?			
Is intermediate or near vision a priority?			