

# Patient Risk Assessment for Exposure to Harmful Blue Light (HEV)



Age

- <45  
 45-55  
 56-65  
 >65

Gender  M  F

Ethnicity (Optional)

- African American  
 Asian/ Pacific Islander  
 Caucasian  
 Hispanic  
 Other \_\_\_\_\_

Have any of your immediate family members been diagnosed with AMD?

- Yes  No  I don't know

Do you smoke cigarettes?

- Yes  No

Do you have high blood pressure?

- Yes  No

Do you currently take any vitamins or supplements to help prevent AMD?

- Yes  No

1. Which of the following are you exposed to on a daily basis? (Check all that apply)

- Natural Lighting  White Boards at Work/School  
 Fluorescent Lighting  Incandescent Lighting  LED Lighting

2. Do your eyes feel uncomfortable, tired, or become irritated in any of the following situations? (Check all that apply)

- Driving at Night  Using Computers, Smart Phones or Tablets  
 Playing Video Games  Watching TV

3. Do you have a hard time adjusting to lower levels of light such as when entering a dimly lit restaurant?

- Yes  No

4. Are you experiencing any difficulty seeing colors or fine details?

- Yes  No

5. Do you have children under the age of 12 that are exposed to any of the following on a daily basis? (Check all that apply)

- Driving at Night  Using Computers, Smart Phones or Tablets  
 Playing Video Games  Watching TV  
 Natural Lighting  White Boards at Work/School  
 Reading  Fluorescent Lighting  
 Incandescent Lighting  LED Lighting

