

ID. No.: ___ - ___ Alpha Code: _____ Visit: ___

*NOTE: Contrast sensitivity is measured at the baseline visit (00) and at months 06, 12, 18 and 24. Patients should wear their refractive correction used for ETDRS testing with an add of +2.00 D, and an occluder or patch on the untested eye. Viewing distance can range from 15.75-23 inches. Instruct patient to read letters left to right for each line, from top to bottom of the chart. Encourage the patient to guess even when letters seem too faint **Record a 1 for a correct response; record a 0 for an incorrect response. For an eye, stop test on 2 consecutive incorrect responses.***

Important: Allow only letters C D H K N O R S V Z as responses.

Form 1 Right Eye (stop test for right eye on 2 consecutive incorrect responses)

1	C ___	H ___	V ___	O ___	S ___	N ___
2	D ___	S ___	Z ___	N ___	R ___	K ___
3	N ___	D ___	R ___	H ___	V ___	Z ___
4	C ___	S ___	O ___	N ___	K ___	H ___
5	K ___	N ___	V ___	D ___	S ___	R ___
6	Z ___	R ___	D ___	K ___	H ___	O ___
7	H ___	Z ___	C ___	V ___	R ___	K ___
8	S ___	C ___	Z ___	D ___	V ___	O ___

Form 2 Left Eye (stop test for left eye on 2 consecutive incorrect responses)

1	K ___	S ___	H ___	O ___	N ___	C ___
2	Z ___	D ___	C ___	R ___	V ___	O ___
3	C ___	K ___	O ___	N ___	R ___	S ___
4	N ___	S ___	Z ___	K ___	H ___	D ___
5	H ___	N ___	C ___	O ___	R ___	Z ___
6	V ___	K ___	S ___	N ___	D ___	R ___
7	K ___	R ___	V ___	Z ___	O ___	S ___
8	V ___	Z ___	C ___	D ___	V ___	H ___

1. Last name and certification number of person who performed this test

a. PRINT last name: _____ b. Certification #: _____

2. Date Form Completed

___ / ___ / **201** ___
 Month Day Year