

The Mars Letter Contrast Sensitivity Test

Score Sheet

Patient _____ Administered by _____

Date _____ Correction _____ Test distance _____

Comments _____

Quick Instructions: Instruct patient to read letters left to right for each line, from top to bottom of the chart. Mark misses with an "X." Terminate test on 2 consecutive misses.

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

Row	FORM 1						Left eye <input type="checkbox"/>	Right eye <input type="checkbox"/>	Binocular <input type="checkbox"/>
1	C <input type="checkbox"/> 0.04	H <input type="checkbox"/> 0.08	V <input type="checkbox"/> 0.12	O <input type="checkbox"/> 0.16	S <input type="checkbox"/> 0.20	N <input type="checkbox"/> 0.24			
2	D <input type="checkbox"/> 0.28	S <input type="checkbox"/> 0.32	Z <input type="checkbox"/> 0.36	N <input type="checkbox"/> 0.40	R <input type="checkbox"/> 0.44	K <input type="checkbox"/> 0.48			
3	N <input type="checkbox"/> 0.52	D <input type="checkbox"/> 0.56	R <input type="checkbox"/> 0.60	H <input type="checkbox"/> 0.64	V <input type="checkbox"/> 0.68	Z <input type="checkbox"/> 0.72			
4	C <input type="checkbox"/> 0.76	S <input type="checkbox"/> 0.80	O <input type="checkbox"/> 0.84	N <input type="checkbox"/> 0.88	K <input type="checkbox"/> 0.92	H <input type="checkbox"/> 0.96			
5	K <input type="checkbox"/> 1.00	N <input type="checkbox"/> 1.04	V <input type="checkbox"/> 1.08	D <input type="checkbox"/> 1.12	S <input type="checkbox"/> 1.16	R <input type="checkbox"/> 1.20			
6	Z <input type="checkbox"/> 1.24	R <input type="checkbox"/> 1.28	D <input type="checkbox"/> 1.32	K <input type="checkbox"/> 1.36	H <input type="checkbox"/> 1.40	O <input type="checkbox"/> 1.44			
7	H <input type="checkbox"/> 1.48	Z <input type="checkbox"/> 1.52	C <input type="checkbox"/> 1.56	V <input type="checkbox"/> 1.60	R <input type="checkbox"/> 1.64	K <input type="checkbox"/> 1.68			
8	S <input type="checkbox"/> 1.72	C <input type="checkbox"/> 1.76	Z <input type="checkbox"/> 1.80	D <input type="checkbox"/> 1.84	V <input type="checkbox"/> 1.88	O <input type="checkbox"/> 1.92			

Log CS value at final correct letter: _____

Number of errors prior to final correct letter _____ X 0.04 = _____

Subtract

log Contrast Sensitivity _____

Row	FORM 2						Left eye <input type="checkbox"/>	Right eye <input type="checkbox"/>	Binocular <input type="checkbox"/>
1	K <input type="checkbox"/> 0.04	S <input type="checkbox"/> 0.08	H <input type="checkbox"/> 0.12	O <input type="checkbox"/> 0.16	N <input type="checkbox"/> 0.20	C <input type="checkbox"/> 0.24			
2	Z <input type="checkbox"/> 0.28	D <input type="checkbox"/> 0.32	C <input type="checkbox"/> 0.36	R <input type="checkbox"/> 0.40	V <input type="checkbox"/> 0.44	O <input type="checkbox"/> 0.48			
3	C <input type="checkbox"/> 0.52	K <input type="checkbox"/> 0.56	O <input type="checkbox"/> 0.60	N <input type="checkbox"/> 0.64	R <input type="checkbox"/> 0.68	S <input type="checkbox"/> 0.72			
4	N <input type="checkbox"/> 0.76	S <input type="checkbox"/> 0.80	Z <input type="checkbox"/> 0.84	K <input type="checkbox"/> 0.88	H <input type="checkbox"/> 0.92	D <input type="checkbox"/> 0.96			
5	H <input type="checkbox"/> 1.00	N <input type="checkbox"/> 1.04	C <input type="checkbox"/> 1.08	O <input type="checkbox"/> 1.12	R <input type="checkbox"/> 1.16	Z <input type="checkbox"/> 1.20			
6	V <input type="checkbox"/> 1.24	K <input type="checkbox"/> 1.28	S <input type="checkbox"/> 1.32	N <input type="checkbox"/> 1.36	D <input type="checkbox"/> 1.40	R <input type="checkbox"/> 1.44			
7	K <input type="checkbox"/> 1.48	R <input type="checkbox"/> 1.52	V <input type="checkbox"/> 1.56	Z <input type="checkbox"/> 1.60	O <input type="checkbox"/> 1.64	S <input type="checkbox"/> 1.68			
8	V <input type="checkbox"/> 1.72	Z <input type="checkbox"/> 1.76	C <input type="checkbox"/> 1.80	D <input type="checkbox"/> 1.84	V <input type="checkbox"/> 1.88	H <input type="checkbox"/> 1.92			

Log CS value at final correct letter: _____

Number of errors prior to final correct letter _____ X 0.04 = _____

Subtract

log Contrast Sensitivity _____

Row	FORM 3						Left eye <input type="checkbox"/>	Right eye <input type="checkbox"/>	Binocular <input type="checkbox"/>
1	H <input type="checkbox"/> 0.04	R <input type="checkbox"/> 0.08	Z <input type="checkbox"/> 0.12	V <input type="checkbox"/> 0.16	C <input type="checkbox"/> 0.20	N <input type="checkbox"/> 0.24			
2	S <input type="checkbox"/> 0.28	O <input type="checkbox"/> 0.32	K <input type="checkbox"/> 0.36	D <input type="checkbox"/> 0.40	R <input type="checkbox"/> 0.44	S <input type="checkbox"/> 0.48			
3	K <input type="checkbox"/> 0.52	D <input type="checkbox"/> 0.56	C <input type="checkbox"/> 0.60	V <input type="checkbox"/> 0.64	O <input type="checkbox"/> 0.68	H <input type="checkbox"/> 0.72			
4	N <input type="checkbox"/> 0.76	S <input type="checkbox"/> 0.80	O <input type="checkbox"/> 0.84	Z <input type="checkbox"/> 0.88	C <input type="checkbox"/> 0.92	D <input type="checkbox"/> 0.96			
5	R <input type="checkbox"/> 1.00	H <input type="checkbox"/> 1.04	N <input type="checkbox"/> 1.08	K <input type="checkbox"/> 1.12	Z <input type="checkbox"/> 1.16	O <input type="checkbox"/> 1.20			
6	C <input type="checkbox"/> 1.24	R <input type="checkbox"/> 1.28	S <input type="checkbox"/> 1.32	V <input type="checkbox"/> 1.36	K <input type="checkbox"/> 1.40	N <input type="checkbox"/> 1.44			
7	S <input type="checkbox"/> 1.48	K <input type="checkbox"/> 1.52	R <input type="checkbox"/> 1.56	N <input type="checkbox"/> 1.60	H <input type="checkbox"/> 1.64	D <input type="checkbox"/> 1.68			
8	C <input type="checkbox"/> 1.72	V <input type="checkbox"/> 1.76	H <input type="checkbox"/> 1.80	D <input type="checkbox"/> 1.84	O <input type="checkbox"/> 1.88	Z <input type="checkbox"/> 1.92			

Log CS value at final correct letter: _____

Number of errors prior to final correct letter _____ X 0.04 = _____

Subtract

log Contrast Sensitivity _____

mars perceptrix