

The Mars Numeral Contrast Sensitivity Test

Score Sheet

Patient _____ Administered by _____

Date _____ Correction _____ Test distance _____

Comments _____

Quick Instructions: Instruct patient to read numerals 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 numerals 0 1 2 3 4 5 6 7 8 9 as responses.

Row	FORM 1			Left eye <input type="checkbox"/>	Right eye <input type="checkbox"/>	Binocular <input type="checkbox"/>	
1	0 <input type="checkbox"/> 0.04	2 <input type="checkbox"/> 0.08	8 <input type="checkbox"/> 0.12	5 <input type="checkbox"/> 0.16	7 <input type="checkbox"/> 0.20	4 <input type="checkbox"/> 0.24	
2	1 <input type="checkbox"/> 0.28	7 <input type="checkbox"/> 0.32	9 <input type="checkbox"/> 0.36	4 <input type="checkbox"/> 0.40	6 <input type="checkbox"/> 0.44	3 <input type="checkbox"/> 0.48	
3	4 <input type="checkbox"/> 0.52	1 <input type="checkbox"/> 0.56	6 <input type="checkbox"/> 0.60	2 <input type="checkbox"/> 0.64	8 <input type="checkbox"/> 0.68	9 <input type="checkbox"/> 0.72	
4	0 <input type="checkbox"/> 0.76	7 <input type="checkbox"/> 0.80	5 <input type="checkbox"/> 0.84	4 <input type="checkbox"/> 0.88	3 <input type="checkbox"/> 0.92	2 <input type="checkbox"/> 0.96	
5	3 <input type="checkbox"/> 1.00	4 <input type="checkbox"/> 1.04	8 <input type="checkbox"/> 1.08	1 <input type="checkbox"/> 1.12	7 <input type="checkbox"/> 1.16	6 <input type="checkbox"/> 1.20	
6	9 <input type="checkbox"/> 1.24	6 <input type="checkbox"/> 1.28	1 <input type="checkbox"/> 1.32	3 <input type="checkbox"/> 1.36	2 <input type="checkbox"/> 1.40	5 <input type="checkbox"/> 1.44	
7	2 <input type="checkbox"/> 1.48	9 <input type="checkbox"/> 1.52	0 <input type="checkbox"/> 1.56	8 <input type="checkbox"/> 1.60	6 <input type="checkbox"/> 1.64	3 <input type="checkbox"/> 1.68	
8	7 <input type="checkbox"/> 1.72	0 <input type="checkbox"/> 1.76	9 <input type="checkbox"/> 1.80	1 <input type="checkbox"/> 1.84	8 <input type="checkbox"/> 1.88	5 <input type="checkbox"/> 1.92	

Log CS value at final correct numeral: _____

Number of errors prior to final correct numeral _____ 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	3 <input type="checkbox"/> 0.04	7 <input type="checkbox"/> 0.08	2 <input type="checkbox"/> 0.12	5 <input type="checkbox"/> 0.16	4 <input type="checkbox"/> 0.20	0 <input type="checkbox"/> 0.24	
2	9 <input type="checkbox"/> 0.28	1 <input type="checkbox"/> 0.32	0 <input type="checkbox"/> 0.36	6 <input type="checkbox"/> 0.40	8 <input type="checkbox"/> 0.44	5 <input type="checkbox"/> 0.48	
3	0 <input type="checkbox"/> 0.52	3 <input type="checkbox"/> 0.56	5 <input type="checkbox"/> 0.60	4 <input type="checkbox"/> 0.64	6 <input type="checkbox"/> 0.68	7 <input type="checkbox"/> 0.72	
4	4 <input type="checkbox"/> 0.76	7 <input type="checkbox"/> 0.80	9 <input type="checkbox"/> 0.84	3 <input type="checkbox"/> 0.88	2 <input type="checkbox"/> 0.92	1 <input type="checkbox"/> 0.96	
5	2 <input type="checkbox"/> 1.00	4 <input type="checkbox"/> 1.04	0 <input type="checkbox"/> 1.08	5 <input type="checkbox"/> 1.12	6 <input type="checkbox"/> 1.16	9 <input type="checkbox"/> 1.20	
6	8 <input type="checkbox"/> 1.24	3 <input type="checkbox"/> 1.28	7 <input type="checkbox"/> 1.32	4 <input type="checkbox"/> 1.36	1 <input type="checkbox"/> 1.40	6 <input type="checkbox"/> 1.44	
7	3 <input type="checkbox"/> 1.48	6 <input type="checkbox"/> 1.52	8 <input type="checkbox"/> 1.56	9 <input type="checkbox"/> 1.60	5 <input type="checkbox"/> 1.64	7 <input type="checkbox"/> 1.68	
8	8 <input type="checkbox"/> 1.72	9 <input type="checkbox"/> 1.76	0 <input type="checkbox"/> 1.80	1 <input type="checkbox"/> 1.84	8 <input type="checkbox"/> 1.88	2 <input type="checkbox"/> 1.92	

Log CS value at final correct numeral: _____

Number of errors prior to final correct numeral _____ 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	2 <input type="checkbox"/> 0.04	6 <input type="checkbox"/> 0.08	9 <input type="checkbox"/> 0.12	8 <input type="checkbox"/> 0.16	0 <input type="checkbox"/> 0.20	4 <input type="checkbox"/> 0.24	
2	7 <input type="checkbox"/> 0.28	5 <input type="checkbox"/> 0.32	3 <input type="checkbox"/> 0.36	1 <input type="checkbox"/> 0.40	6 <input type="checkbox"/> 0.44	7 <input type="checkbox"/> 0.48	
3	3 <input type="checkbox"/> 0.52	1 <input type="checkbox"/> 0.56	0 <input type="checkbox"/> 0.60	8 <input type="checkbox"/> 0.64	5 <input type="checkbox"/> 0.68	2 <input type="checkbox"/> 0.72	
4	4 <input type="checkbox"/> 0.76	7 <input type="checkbox"/> 0.80	5 <input type="checkbox"/> 0.84	9 <input type="checkbox"/> 0.88	0 <input type="checkbox"/> 0.92	1 <input type="checkbox"/> 0.96	
5	6 <input type="checkbox"/> 1.00	2 <input type="checkbox"/> 1.04	4 <input type="checkbox"/> 1.08	3 <input type="checkbox"/> 1.12	9 <input type="checkbox"/> 1.16	5 <input type="checkbox"/> 1.20	
6	0 <input type="checkbox"/> 1.24	6 <input type="checkbox"/> 1.28	7 <input type="checkbox"/> 1.32	8 <input type="checkbox"/> 1.36	3 <input type="checkbox"/> 1.40	4 <input type="checkbox"/> 1.44	
7	7 <input type="checkbox"/> 1.48	3 <input type="checkbox"/> 1.52	6 <input type="checkbox"/> 1.56	4 <input type="checkbox"/> 1.60	2 <input type="checkbox"/> 1.64	1 <input type="checkbox"/> 1.68	
8	0 <input type="checkbox"/> 1.72	8 <input type="checkbox"/> 1.76	2 <input type="checkbox"/> 1.80	1 <input type="checkbox"/> 1.84	5 <input type="checkbox"/> 1.88	9 <input type="checkbox"/> 1.92	

Log CS value at final correct numeral: _____

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

Subtract

log Contrast Sensitivity _____

mars perceptrix