



Near Contrast Test Recording Form

Use this sheet to interpret the raw scores from the Charts on the score sheet.
Make copies as needed.

Patient Name: _____

Date: _____

Note: Use separate symbols for each eye:
Mark OD point total with 'R' in the appropriate scale for each contrast level
Mark OS point total with 'L' in the appropriate scale for each contrast level

Contrast Level

Acuity	LogMAR	Points	100%	25%	10%	5%	2.5%	1.25%
20/400	1.3	5						
20/320	1.2	10						
20/250	1.1	15						
20/200	1.0	20						
20/160	0.9	25						
20/125	0.8	30						
20/100	0.7	35						
20/80	0.6	40						
20/63	0.5	45						
20/50	0.4	50						
20/40	0.3	55						
20/32	0.2	60						
20/25	0.1	65						
20/20	0.0	70						
20/16	-0.1	75						
20/12.5	-0.2	80						
20/10	-0.3	85						



Near Contrast Test Recording Form

SAMPLE

Use this sheet to interpret the raw scores from the Charts on the score sheet.
 Make copies as needed.

Patient Name: John Smith

Date: 2/14/2013

Note: Use separate symbols for each eye:
 Mark OD point total with 'R' in the appropriate scale for each contrast level
 Mark OS point total with 'L' in the appropriate scale for each contrast level

Contrast Level

Acuity	LogMAR	Points	100%	25%	10%	5%	2.5%	1.25%
20/400	1.3	5						
20/320	1.2	10					R	
20/250	1.1	15						
20/200	1.0	20						
20/160	0.9	25						
20/125	0.8	30					L	
20/100	0.7	35						
20/80	0.6	40						
20/63	0.5	45						
20/50	0.4	50						
20/40	0.3	55						
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