LSOCA

Visual Acuity/Contrast Sensitivity

Purpose: Record results of visual acuity/refraction and contrast sensitivity examinations.

When: All clinic visits, baseline and followup. Also at interim visits when a major ocular complication is diagnosed.

By whom: Certified visual acuity examiner.

A. Clinic, patient and visit identification

1. Clinic ID code: ____ ____ ____ ____

2. Patient ID #: ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Date of visit:

____ ____ – ____ ____ ____ – ____ ____
day month year

5. Visit ID code: ____ ____ ____

B. Procedures

6. Eyes tested for Visual Acuity:

	Right	Left
Yes	(1)	(1)
	8. ___	**8.** ___
No	(2)	(2)

7. Reason for not completing Visual Acuity testing in eye(s)
(check only one for each eye):

	Right	Left
No light perception (NLP)	(1)	(1)
Other *(specify):*	(2)	(2)

_____
right eye

_____
left eye

If neither eye tested, skip to item 12.

C. Refraction

*If the eye cannot **read** at least one letter from the vision chart, record "N".*

8. Refractive error OD (right eye):
(Use chart R)

a. Sphere:

____ ____ ____ • ____ ____
+/-

b. Cylinder: + ____ ____ • ____ ____

c. Axis: x ____ ____ ____ °

9. Refractive error OS (left eye):
(Use chart R)

a. Sphere:

____ ____ ____ • ____ ____
+/-

b. Cylinder: + ____ ____ • ____ ____

c. Axis: x ____ ____ ____ °

D. Visual acuity exam

10. Visual acuity exam OD (right eye)
(Use chart #1)

a. Minimum distance used *(check only one):*

10 feet	(1)
5 feet	(2)
2.5 feet	(3)
4 meters	(4)
2 meters	(5)
1 meter	(6)
16 inches (Near card)	(7)
Other *(specify distance and units):*	(8)

_____

b. Line number of smallest complete line read without error: ____ ____

c. Total number of additional letters read correctly on lower lines: ____ ____

11. Visual acuity exam OS (left eye)
(Use chart #2)

a. Minimum distance used *(check only one):*

10 feet	(1)
5 feet	(2)
2.5 feet	(3)
4 meters	(4)
2 meters	(5)
1 meter	(6)
16 inches (Near card)	(7)
Other *(specify distance and units):*	(8)

_____

b. Line number of smallest complete line read without error: ____ ____

c. Total number of additional letters read correctly on lower lines: ____ ____

12. Which of the following best characterizes the vision in each eye
(check only one for each eye):

	Right	Left
Vision at least 1 letter on chart	(1)	(1)
Count fingers at 1 foot or more	(2)	(2)
Hand motion at 1 foot or more	(3)	(3)
Light perception only	(4)	(4)
No light perception (NLP)	(5)	(5)

E. Pelli-Robson Contrast Sensitivity Test

The patient should sit or stand directly in front of the chart so that the distance from the eyes to the chart is about 1 meter or 40 inches (3 feet 4 inches).

13. Eyes tested for Contrast Sensitivity:

	Right	Left
Yes	(1)	(1)
No	(2)	(2)

14. Reason for not completing Contrast Sensitivity testing in eye(s)
(check only one for each eye):

	Right	Left
Not applicable	(N)	(N)
No light perception (NLP)	(1)	(1)
Chart not available	(2)	(2)
Other *(specify):*	(3)	(3)

_____
right eye

_____
left eye

If neither eye tested, skip to item 17.

15. Contrast sensitivity test OD (right eye)
(Use chart 2L)

a. Patient position *(check only one):*

Standing (1)
Sitting (2)

Patient should be positioned with eye 1 meter from the center of the chart (add +0.75 diopter to best corrected vision for 1 meter distance.)

b. Pelli-Robson Chart

Write the number of correct letters read for each row in the space provided (circle letters patient could read, cross out letters patient read incorrectly, and leave letters not read blank.)

Row	Letters	Number Correct	Row	Letters	Number Correct
1A	H S Z	____	2A	D S N	____
1B	C K R	____	2B	Z V R	____
1C	N D C	____	2C	O S K	____
1D	O Z K	____	2D	V H Z	____
1E	N H O	____	2E	N R D	____
1F	V R C	____	2F	O V H	____
1G	C D S	____	2G	N D C	____
1H	K V Z	____	2H	O H R	____

c. Sum 1 *(1A to 1H)*: ____ ____

d. Sum 2 *(2A to 2H)*: ____ ____

e. Total number correct *(Sum 1 + Sum 2)*: ____ ____

16. Contrast sensitivity test OS (left eye)
(Use chart 4L)

a. Patient position *(check only one):*

Standing (1)
Sitting (2)

Patient should be positioned with eye 1 meter from the center of the chart (add +0.75 diopter to best corrected vision for 1 meter distance.)

b. Pelli-Robson Chart

Write the number of correct letters read for each row in the space provided (circle letters patient could read, cross out letters patient read incorrectly, and leave letters not read blank.)

Row	Letters	Number Correct	Row	Letters	Number Correct
3A	V R S	____	4A	K D R	____
3B	N H C	____	4B	S O K	____
3C	S C N	____	4C	O Z V	____
3D	C N H	____	4D	Z O K	____
3E	N O D	____	4E	V H R	____
3F	C D N	____	4F	Z S V	____
3G	K C H	____	4G	O D K	____
3H	R S Z	____	4H	H V R	____

c. Sum 1 *(3A to 3H)*: ____ ____

d. Sum 2 *(4A to 4H)*: ____ ____

e. Total number correct *(Sum 1 + Sum 2)*: ____ ____

F. Administrative information

17. Date form reviewed:

____ ____–____ ____ ____–____ ____
day month year

18. Visual acuity examiner ID: ____ ____

19. Visual acuity examiner signature:

_____

20. Clinic coordinator ID: ____ ____

21. Clinic coordinator signature:

_____