

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-A

0.00 **S Z H N S D** 0.15
0.30 **K R C V R Z** 0.45
0.60 **D C N S K O** 0.75
0.90 **Z K O H Z V** 1.05
1.20 **H O N R D N** 1.35
1.50 **R C V H V O** 1.65
1.80 **C D S C D N** 1.95
2.10 **V Z K H R O** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00 **S Z H N S D** 0.15
0.30 **K R C V R Z** 0.45
0.60 **D C N S K O** 0.75
0.90 **Z K O H Z V** 1.05
1.20 **H O N R D N** 1.35
1.50 **R C V H V O** 1.65
1.80 **C D S C D N** 1.95
2.10 **V Z K H R O** 2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **S Z H N S D** 0.15
0.30 **K R C V R Z** 0.45
0.60 **D C N S K O** 0.75
0.90 **Z K O H Z V** 1.05
1.20 **H O N R D N** 1.35
1.50 **R C V H V O** 1.65
1.80 **C D S C D N** 1.95
2.10 **V Z K H R O** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-B

0.00	R S V D R K	0.15
0.30	H C N O K S	0.45
0.60	C N S Z V O	0.75
0.90	N H C O K Z	1.05
1.20	O D N H R V	1.35
1.50	D N C S V Z	1.65
1.80	C H K D K O	1.95
2.10	S Z R V R H	2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00	R S V D R K	0.15
0.30	H C N O K S	0.45
0.60	C N S Z V O	0.75
0.90	N H C O K Z	1.05
1.20	O D N H R V	1.35
1.50	D N C S V Z	1.65
1.80	C H K D K O	1.95
2.10	S Z R V R H	2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00	R S V D R K	0.15
0.30	H C N O K S	0.45
0.60	C N S Z V O	0.75
0.90	N H C O K Z	1.05
1.20	O D N H R V	1.35
1.50	D N C S V Z	1.65
1.80	C H K D K O	1.95
2.10	S Z R V R H	2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-C

0.00 **S D N S V R** 0.15
0.30 **R Z V C N H** 0.45
0.60 **K O S N S C** 0.75
0.90 **Z V H C H N** 1.05
1.20 **D N R D N O** 1.35
1.50 **H O V N C D** 1.65
1.80 **D N C H K C** 1.95
2.10 **R O H Z R S** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00 **S D N S V R** 0.15
0.30 **R Z V C N H** 0.45
0.60 **K O S N S C** 0.75
0.90 **Z V H C H N** 1.05
1.20 **D N R D N O** 1.35
1.50 **H O V N C D** 1.65
1.80 **D N C H K C** 1.95
2.10 **R O H Z R S** 2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **S D N S V R** 0.15
0.30 **R Z V C N H** 0.45
0.60 **K O S N S C** 0.75
0.90 **Z V H C H N** 1.05
1.20 **D N R D N O** 1.35
1.50 **H O V N C D** 1.65
1.80 **D N C H K C** 1.95
2.10 **R O H Z R S** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-D

0.00 **N S D Z S H** 0.15
0.30 **R V Z R K C** 0.45
0.60 **K S O C D N** 0.75
0.90 **Z H V K Z O** 1.05
1.20 **D R N O H N** 1.35
1.50 **H V O C R V** 1.65
1.80 **C D N S D C** 1.95
2.10 **R H O Z V K** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00 **N S D Z S H** 0.15
0.30 **R V Z R K C** 0.45
0.60 **K S O C D N** 0.75
0.90 **Z H V K Z O** 1.05
1.20 **D R N O H N** 1.35
1.50 **H V O C R V** 1.65
1.80 **C D N S D C** 1.95
2.10 **R H O Z V K** 2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **N S D Z S H** 0.15
0.30 **R V Z R K C** 0.45
0.60 **K S O C D N** 0.75
0.90 **Z H V K Z O** 1.05
1.20 **D R N O H N** 1.35
1.50 **H V O C R V** 1.65
1.80 **C D N S D C** 1.95
2.10 **R H O Z V K** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-E

0.00 **K V Z O H R** 0.15
0.30 **C D S N D C** 0.45
0.60 **V R C O V H** 0.75
0.90 **N H O N R D** 1.05
1.20 **O Z K V H Z** 1.35
1.50 **N D C O S K** 1.65
1.80 **C K R Z V R** 1.95
2.10 **H S Z D S N** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00 **K V Z O H R** 0.15
0.30 **C D S N D C** 0.45
0.60 **V R C O V H** 0.75
0.90 **N H O N R D** 1.05
1.20 **O Z K V H Z** 1.35
1.50 **N D C O S K** 1.65
1.80 **C K R Z V R** 1.95
2.10 **H S Z D S N** 2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **K V Z O H R** 0.15
0.30 **C D S N D C** 0.45
0.60 **V R C O V H** 0.75
0.90 **N H O N R D** 1.05
1.20 **O Z K V H Z** 1.35
1.50 **N D C O S K** 1.65
1.80 **C K R Z V R** 1.95
2.10 **H S Z D S N** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

PELLI-ROBSON CONTRAST SENSITIVITY TEST

Chart 5013-F

0.00 **K D H Z R S** 0.15
0.30 **V R C D K N** 0.45
0.60 **D Z S V H R** 0.75
0.90 **Z K O N D V** 1.05
1.20 **N C R D H K** 1.35
1.50 **R D O K N Z** 1.65
1.80 **S K Z H C D** 1.95
2.10 **V N O R S K** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

0.00 **K D H Z R S** 0.15
0.30 **V R C D K N** 0.45
0.60 **D Z S V H R** 0.75
0.90 **Z K O N D V** 1.05
1.20 **N C R D H K** 1.35
1.50 **R D O K N Z** 1.65
1.80 **S K Z H C D** 1.95
2.10 **V N O R S K** 2.25

Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **K D H Z R S** 0.15
0.30 **V R C D K N** 0.45
0.60 **D Z S V H R** 0.75
0.90 **Z K O N D V** 1.05
1.20 **N C R D H K** 1.35
1.50 **R D O K N Z** 1.65
1.80 **S K Z H C D** 1.95
2.10 **V N O R S K** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Comments: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____