Patient ID:


Visit Date:


For Clinic use only
$>$ Do not send to Coordinating Center

Visual Acuity Testing Distance in Meters (Circle): 4.0m
3.2 m
2.5 m
2.0 m

Circle each letter the participant identifies correctly, put an " $x$ " or line through each letter incorrectly or omitted and write the total correct for that row in column at right. Enter 0 if no letters are read correctly. Each row total must be entered.

| Line | Right Eye | Number Correct | Left Eye |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Number Correct |
| 1. | HVZDS |  | HVZDS |  |
| 2. | NCVKD |  | NCVKD |  |
| 3. | CZSHN |  | CZSHN |  |
| 4. | ONVSR |  | ONVSR |  |
| 5. | KDNRO |  | KDNRO |  |
| 6. | ZKCSV |  | ZKCSV |  |
| 7. | DVOHC |  | DVOHC |  |
| 8. | OHVCK |  | OHVCK |  |
| 9. | HZCKO |  | HZCKO |  |
| 10. | NCKHD |  | NCKHD |  |
| 11. | ZHCSR |  | ZHCSR |  |
| 12. | SZRDN |  | SZRDN |  |
| 13. | HCDRO |  | HCDRO |  |
| 14. | R DOSN |  | R DOSN |  |

Total number correct for right eye $\qquad$ Total number correct for left eye $\qquad$
After completion of testing for both eyes, enter total number correct for each eye and testing distance in REDCap.

