

Test 1: Snellen Eye Chart

Home use of this Snellen eye chart will help you determine the clarity of your distance vision. This can be useful to screen children for nearsightedness, which causes blurry distance vision. The chart also can help you determine if you meet the legal visual acuity requirement for a valid driver's license (20/40 in most states).

DIRECTIONS FOR USE

For the best accuracy (and to prevent memorization), have someone assist you when testing your vision with this eye chart. If you use eyeglasses or contact lenses for driving or other distance vision tasks, wear them during the test.

1. Place the chart on a wall 10 feet away.
2. Cover one eye with your hand, a large spoon or some other item that completely blocks the vision of the covered eye. (Do not apply pressure to the covered eye, as it might affect that eye's vision when you test it.)
3. Identify a line on the chart you can comfortably read. Read the letters on that line aloud. Have your assistant stand near the chart and record your accuracy.
4. Continue trying to read the letters on each successively smaller line. Do not squint.
5. Have your assistant stop you when you fail to correctly identify at least 50 percent of the letters on a line.
6. Switch to the other eye and repeat.

Record your visual acuity for each eye by noting the line for which you correctly identified either:

- A. More than half the letters on that line, but not all of them.
- B. All letters on that line, plus a few letters (less than half) on the next line.

Examples:

If you correctly identify five of the seven letters on the 20/32 line, your visual acuity for that eye is: 20/32-2/7

If you correctly identify all seven letters on the 20/32 line and three of the eight letters on the 20/25 line, your visual acuity in that eye is: 20/32+3/8

DISCLAIMER:

Eye charts measure only visual acuity, which is just one component of good vision. They cannot determine if your eyes are "working overtime" (needing to focus more than normal, which can lead to headaches and eye strain) or can they determine if your eyes work properly as a team for clear, comfortable binocular vision and accurate depth perception.

Eye charts also cannot detect serious eye problems such as glaucoma or early diabetic retinopathy that could lead to serious vision impairment and even blindness.

Only a comprehensive eye exam performed by a licensed optometrist or ophthalmologist can determine if your eyes are healthy and you are seeing as clearly and comfortably as possible.

Place chart 10 feet away

20/200

E

1

20/100

F P

2

20/80

T O Z

3

20/63

L P E D

4

20/50

P E C F D

5

20/40

E D F C Z P

6

20/32

F E L O P Z D

7

20/25

D E F P O T E C

8

20/20

L E F O D P C T

9

Test 2:

The Hamilton - Veale Contrast Sensitivity Test

Instructions:

The Hamilton–Veale contrast sensitivity chart has 8 lines of 4 letters. The letters are grouped in pairs. The 2 letters on the left have a greater contrast than the 2 letters on the right of the same line.

1. Attach the chart to wall and stand 3 feet away
2. Ensure there is plenty of light in the room
3. Cover One eye
4. Read letters across left to right and down the lines.
5. The threshold is the last group of 2 letters, at the same level, that are both correctly identified. Record level achieved.
6. Repeat for other eye and record.
7. Repeat with two eyes open and record.

Level

1

N

V

L

T

Level

2

3

C

H

E

L

4

5

Z

O

P

Y

6

7

N

A

D

H

8

9

X

O

R

F

10

11

T

C

N

V

12

13

L

A

Y

Z

14

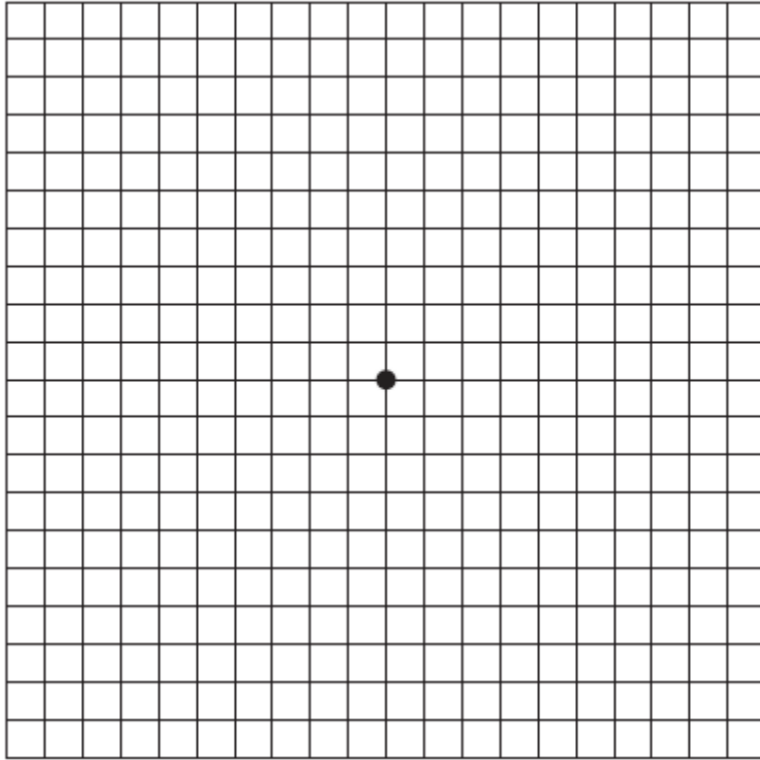
15

E

L

16

Amsler Grid



Test 3: **Use this Amsler grid to check your vision.**

How to use:

- Wear the eyeglasses you normally wear when reading.
- Position the chart 14 inches away from your face.
- Cover one eye at a time with your hand.
- Stare at the dot in the center. Do not let your eye drift from the center dot.
- Record The results and notes in the following sheet. note if any of the straight lines appear wavy or bent, any of the boxes differ in size or shape from the others, or any of the lines are missing, blurry or discolored.

Date	Test 1 Results		Test 2 Results			Test 3 Results	Notes
Example 1/1/22	Left Eye: Row 5	Right Eye: Row 4 +half	Left Eye: Level 6	Right Eye: Level 8	Both Eyes: Level 8	Saw some waves less than last time	Used the machine every day. Vision Seems to Be Improving 😊
Pre Treatment							
Month 1							
Month 2							
Month 3							
Month 4							
Month 5							
Month 6							