## **Form B: USP Practice and Quality Control**

This form is to be filled out by ***both*** the USP and the study optometrist / refractionist after they have either visited a practice optical service or mock refractions were conducted by the study optometrist / refractionist during in-person training.

The USP completes the beginning of Form B (which is a replication of Form C, but in this case used for practice). The study optometrists / refractionist then completes the “Quality Control (QC): Post Assessment” checklist on the last page.

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| **USP ID:** |  |
| Optical Service ID: |  |

| **Q No.** | **Question** | **Response (Code)** | **Go to** |
| --- | --- | --- | --- |
| 1 | Do you feel the optical service has identified you as an unannounced standardised patient (USP)? | o Yes (1)o No (0)o Unsure (88) | If yes: Q2If no or unsure: Q4 |
| 2 | When do you think you were identified? | o Before the eye test (1)o During the eye test (2)o At the end of the eye test (3)o When I went to pick up the glasses (4) | Q3 |
| 3 | Why do you think you were or might have been identified as a USP? | [Open comment] | Q4 |
| 4 | Did you bring your glasses with you? | o Yes, I wore them (1)o Yes, I had them with me (2)o No (0) | If yes: Q5If no: Q6 |
| 5 | Did any of the staff perform focimetry on your glasses? | o Yes (1)o No (0)o Unsure (88) | Q6 |
| 6 | Did the clinician check distance visual acuity before refraction? | o Yes (1)o No (0)o Unsure (88) | Q7 |
| 7 | Did the clinician check distance visual acuity with a pinhole? | o Yes, (1)o No (0)o Unsure (88) | Q8 |
| 8 | Did the clinician check near visual acuity at the beginning of the eye test? | o Yes(1)o No (0)o Unsure (88) | Q9 |
| 9 | Did the clinician perform auto-refraction? | o Yes (1)o No (0)o Unsure (88) | Q10 |
| 10 | Did the clinician perform retinoscopy? | o Yes (1)o No (0)o Unsure (88) | Q11 |
| 11 | Did the clinician perform a distance vision refraction? | o Yes (1)o No (0)o Unsure (88) | Q12If no: Q17 |
| 12 | Did the clinician use a phoropter during the refraction? | o Yes (1)o No (0)o Unsure (88) | Q13 |
| 13 | Did the clinician use a trial frame during the refraction? | o Yes (1)o No (0)o Unsure (88) | Q14 |
| 14 | Did the clinician test the **spherical element** during the refraction? | o Yes (1)o No (0)o Unsure (88) | Q15 |
| 15 | Did the clinician test the **cylindrical element** during the refraction? | o Yes (1)o No (0)o Unsure (88) | Q16 |
| 16 | Did the clinician check your near visual acuity with the distance lenses? | o Yes (1)o No (0)o Unsure (88) | Q17 |
| 17 | Did the clinician perform a near vision refraction? | o Yes (1)o No (0)o Unsure (88) | Q18 |
| 18 | Did the clinician recommend new glasses? | o Yes (1)o No (0)o Unsure (88) | If yes: Q19If no: Q22 |
| 19 | Why did the clinician say you need new glasses? | o My prescription has changed a lot (1)o My current glasses are poor quality (2)o No reason provided (3)o Other. Please describe (4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_o Unsure (88) | Q20 |
| 20 | What type of glasses were you recommended? (select all that apply) | o Distance only (1)o Near only (2)o Bifocal (3)o Multifocal / Progressives (4)o Unsure (88) | Q21 |
| 21 | Did any of the staff measure pupil distance? | o Yes (1)o No (0)o Unsure (88) | Q23 |
| 22 | Why did the clinician say you DO NOT need new glasses? | o My prescription has not changed, my current glasses are still good (1)o I do not need to wear glasses (2)o No reason was provided. (3)o Unsure (88) | Q23 |
| 23 | Did the clinician recommend a referral to secondary/tertiary eye care services? | o Yes (1)o No (0)o Unsure (88) | Q24 |
| 24 | Did the clinician recommend a follow up eye examination? | o Yes (1)o No (0)o Unsure (88) | Q25 |
| 25 | Did the clinician and staff members communicate to you clearly:  |
| 25a | -During the eye test | o Yes (1)o No (0)o Unsure (88) | Q25b |
| 25b | -With the outcomes of the eye test | o Yes (1)o No (0)o Unsure (88) | Q25c |
| 25c | -When explaining which glasses (lenses or frames) you need OR why you don’t need new glasses | o Yes (1)o No (0)o Unsure (88) | Q26 |
| 26 | Gender of clinician | o Female (1)o Male (2)o Unsure (88) | Q27 |
| 27 | Were there any qualifications or registration certificate(s) observed in the store? | o Yes (1)o No (0)o Unsure (88) | Complete |

**USPs STOP HERE – Optometrists only**

**Quality Control (QC): Post-training Assessment**

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| Was the USP able to correctly identify and record: | Yes | No |
| If focimetry was or was not performed? |  |  |
| If distance visual acuity was or was not measured? |  |  |
| If pinhole visual acuity was or was not measured? |  |  |
| If near visual acuity was or was not measured? |  |  |
| If retinoscopy was or was not performed? |  |  |
| If auto-refraction was or was not performed? |  |  |
| If the *spherical component* of subjective refraction was or was not performed? |  |  |
| If the *cylindrical component* of subjective refraction was or was not performed? |  |  |
| If the subjective near refraction was or was not performed? |  |  |
| If the pupillary distance was or was not measured? |  |  |

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| --- | --- | --- |
| Did the USP: | Yes | No |
| Request a written prescription? |  |  |
| Did the USP assess the visual acuity chart distance? |  |  |
| Stick to the script? |  |  |
| Are you confident [usp\_id] is ready to visit optical services acting as a USP? |  |  |