

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.

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)?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	If yes: Q2 If no or unsure: Q4
2	When do you think you were identified?	<input type="radio"/> Before the eye test (1) <input type="radio"/> During the eye test (2) <input type="radio"/> At the end of the eye test (3) <input type="radio"/> 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?	<input type="radio"/> Yes, I wore them (1) <input type="radio"/> Yes, I had them with me (2) <input type="radio"/> No (0)	If yes: Q5 If no: Q6
5	Did any of the staff perform focimetry on your glasses?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q6

Q No.	Question	Response (Code)	Go to
6	Did the clinician check distance visual acuity before refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q7
7	Did the clinician check distance visual acuity with a pinhole?	<input type="radio"/> Yes, (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q8
8	Did the clinician check near visual acuity at the beginning of the eye test?	<input type="radio"/> Yes(1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q9
9	Did the clinician perform auto-refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q10
10	Did the clinician perform retinoscopy?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q11
11	Did the clinician perform a distance vision refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q12 If no: Q17
12	Did the clinician use a phoropter during the refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q13
13	Did the clinician use a trial frame during the refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q14
14	Did the clinician test the spherical element during the refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q15

Q No.	Question	Response (Code)	Go to
15	Did the clinician test the cylindrical element during the refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q16
16	Did the clinician check your near visual acuity with the distance lenses?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q17
17	Did the clinician perform a near vision refraction?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q18
18	Did the clinician recommend new glasses?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	If yes: Q19 If no: Q22
19	Why did the clinician say you need new glasses?	<input type="radio"/> My prescription has changed a lot (1) <input type="radio"/> My current glasses are poor quality (2) <input type="radio"/> No reason provided (3) <input type="radio"/> Other. Please describe (4) ----- <input type="radio"/> Unsure (88)	Q20
20	What type of glasses were you recommended? (select all that apply)	<input type="radio"/> Distance only (1) <input type="radio"/> Near only (2) <input type="radio"/> Bifocal (3) <input type="radio"/> Multifocal / Progressives (4) <input type="radio"/> Unsure (88)	Q21
21	Did any of the staff measure pupil distance?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q23

Q No.	Question	Response (Code)	Go to
22	Why did the clinician say you DO NOT need new glasses?	<input type="radio"/> My prescription has not changed, my current glasses are still good (1) <input type="radio"/> I do not need to wear glasses (2) <input type="radio"/> No reason was provided. (3) <input type="radio"/> Unsure (88)	Q23
23	Did the clinician recommend a referral to secondary/tertiary eye care services?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q24
24	Did the clinician recommend a follow up eye examination?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q25
25	Did the clinician and staff members communicate to you clearly:		
25a	-During the eye test	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q25b
25b	-With the outcomes of the eye test	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q25c
25c	-When explaining which glasses (lenses or frames) you need OR why you don't need new glasses	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Q26
26	Gender of clinician	<input type="radio"/> Female (1) <input type="radio"/> Male (2) <input type="radio"/> Unsure (88)	Q27
27	Were there any qualifications or registration certificate(s) observed in the store?	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Unsure (88)	Complete

USPs STOP HERE – Optometrists only

Quality Control (QC): Post-training Assessment

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 <i>spherical component</i> of subjective refraction was or was not performed?		
If the <i>cylindrical component</i> 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?		

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?		