



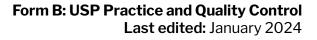
## Form B: USP Practice and Quality Control

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:	

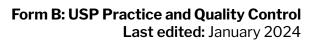
Q No.	Question	Response (Code)	Go to
1	Do you feel the optical service has identified you as an unannounced standardised patient (USP)?	o Yes (1)	If yes: Q2
		o No (0)	If no or
		o Unsure (88)	unsure: Q4
2	When do you think you were identified?	o Before the eye test (1)	Q3
		o During the eye test (2)	
		o At the end of the eye test (3)	
		o When I went to pick up the glasses (4)	
3	Why do you think you were or might have been identified as a USP?	[Open comment]	Q4
4	Did you bring your glasses	o Yes, I wore them (1)	If yes: Q5
	with you?	o Yes, I had them with me (2)	If no: Q6
		o No (0)	
5	Did any of the staff perform	o Yes (1)	Q6
	focimetry on your glasses?	o No (0)	
		o Unsure (88)	







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





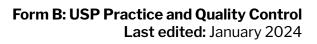


Q No.	Question	Response (Code)	Go to
15	Did the clinician test the	o Yes (1)	Q16
	cylindrical element during the refraction?	o No (0)	
		o Unsure (88)	
16	Did the clinician check your near visual acuity with the distance lenses?	o Yes (1)	Q17
		o No (0)	
		o Unsure (88)	
17	Did the clinician perform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





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







## **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 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?		

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?		

