

## Form C: USP Optical Service Visit Checklist

This form is to be filled out by the USP immediately after each time they complete an optical service visit.

<b>USP ID:</b>	
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="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (88)	If yes: Q2  If no or unsure: Q4
2	When do you think you were identified?	<input type="checkbox"/> Before the eye test (1) <input type="checkbox"/> During the eye test (2) <input type="checkbox"/> At the end of the eye test (3) <input type="checkbox"/> 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="checkbox"/> Yes, I wore them (1) <input type="checkbox"/> Yes, I had them with me (2) <input type="checkbox"/> No (0)	If yes: Q5 If no: Q6
5	Did any of the staff perform focimetry on your glasses?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (88)	Q6
6	Did the clinician check distance visual acuity before refraction?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (88)	Q7

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

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

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

Q No.	Question	Response (Code)	Go to
26	Gender of clinician	<input type="checkbox"/> Female (1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Unsure (88)	Q27
27	Were there any qualifications or registration certificate(s) observed in the store?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (88)	Complete