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Q.REC Study: Record Forms

Form A: Baseline USP Data Record Form

This form is to be filled out by the research optometrist / refractionist.

Optometrist or

Refractionist name:

USP ID:

USP Gender:

USP Age:

	Right lens	Left lens
Sph		
Cyl		
Axis		
Monocular distance VA*		
Binocular distance VA*		
Near addition		
Monocular near VA*		
Binocular near VA*		
Pupillary distance in mm (dist/near)		

* Visual acuity (VA) should be in 6/6 or 20/20 format including incomplete lines, e.g. 6/7.5⁺²

With the amount of refractive error, would you prescribe spectacles?

Yes

No

What types of spectacles would be suitable for this USP? (tick all that apply)

Distance

Near

Bifocal

Multifocal / Progressive



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Form B: Post-training Assessment

This form is to be filled out by the research optometrist / refractionist.

1. Conduct a refraction with the USP including a spectacle recommendation *Or* Attend an optical service with a USP to observe.
2. Observe the USP completing the 'Optical service visit checklist' immediately after the visit.

Checklist	Yes, recorded or observed	Additional training needs
Was the USP able to correctly identify and record if focimetry was or was not performed?		
Was the USP able to correctly identify and record if distance visual acuity was or was not measured?		
Was the USP able to correctly identify and record if pinhole visual acuity was or was not measured?		
Was the USP able to correctly identify and record if near visual acuity was or was not measured?		
Was the USP able to correctly identify and record if retinoscopy was or was not performed?		
Was the USP able to correctly identify and record if auto-refraction was or was not performed?		
Was the USP able to correctly identify and record what type of subjective refraction was or was not performed?		
Was the USP able to correctly identify and record if the <i>spherical component</i> of subjective refraction was or was not performed?		
Was the USP able to correctly identify and record if the <i>cylindrical component</i> of subjective refraction was or was not performed?		
Was the USP able to correctly identify and record if the subjective near refraction was or was not performed?		
Was the USP able to correctly identify and record if the pupillary distance was or was not measured?		
Did the USP request a written prescription?		
Did the USP assess the visual acuity chart distance?		
Did the USP stick to the script?		



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Form C: USP Optical service visit checklist

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

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="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?	<i>[Open comment]</i>	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
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



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Q No.	Question	Response (Code)	Go to
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 spherical element during the refraction?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (88)	Q15
15	Did the clinician test the cylindrical element 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



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Q No.	Question	Response (Code)	Go to
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) _____ <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"/> Both distance and near as separate glasses (3) <input type="checkbox"/> Bifocals (4) <input type="checkbox"/> Multifocals (5) <input type="checkbox"/> Unsure (88)	Q21
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:		



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Q No.	Question	Response (Code)	Go to
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
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)	Q28
28	What type of distance visual acuity chart was used?	<input type="checkbox"/> Paper chart directly in front of me (1) <input type="checkbox"/> Paper chart placed behind me but could be seen in the mirror in front of me (2) <input type="checkbox"/> Internally lit chart in front of me (3) <input type="checkbox"/> Internally lit chart placed behind me but could be seen in the mirror in front of me (4) <input type="checkbox"/> Computer chart in front of me (5) <input type="checkbox"/> Computer chart placed behind me but could be seen in the mirror in front of me (6) <input type="checkbox"/> Other. Please describe: (7) _____ <input type="checkbox"/> Unsure (88)	Q29



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Q No.	Question	Response (Code)	Go to
29	What was the approximate distance between you and the distance visual acuity chart?	_____ (in metres)	Complete



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Form D: Assessment of Spectacles/Glasses

This form is to be filled out by the research optometrist / refractionist.

USP ID: _____ Optical Service ID: _____

Type of spectacles:

- Distance
 Near
 Bifocal
 Multifocal

Visual acuity (6/6 or 20/20 format including incomplete lines, e.g. 6/7.5⁺²)

	Right eye	Left eye	Both eyes
Distance			
Near			

Near viewing distance (in cm): : _____

With the spectacles, does the USP experience any eye strain or discomfort with:

Distance vision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (near spectacles only)
Near vision	<input type="checkbox"/> Yes <input type="checkbox"/> No

Focimetry

	Right lens	Left lens
Sph		
Cyl		
Axis		
Near addition		
Vertical prism (Δ and direction)		

	Distance prescription	Near prescription
Lens centration distance (mm)		



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Written prescription (can be scanned and uploaded to database)

	Right lens	Left lens
Sph		
Cyl		
Axis		
Near addition		
Horizontal prism (Δ and direction)		
Vertical prism (Δ and direction)		

	Distance	Near
Pupil distance (mm)		

Additional notes (e.g. specifying lens type): _____

Does the written prescription have any information about the optical services' registration?

- Yes – a registration number
 Yes – other indication Please describe: _____
 No
 Unsure