Patient Satisfaction Questionnaire

Gloucestershire CCG Cataract Direct Referral Service

Your recent eye examination has shown that you have signs of cataract and so will be included in the local cataract referral service. The purpose of this Service is to assess whether referral for surgery is appropriate. To ensure that your needs are met, we are keen to have your views. Please would you take a few minutes to fill in this short questionnaire regarding your experience of the Service.

1. Did your Optometrist explain cataracts and why a direct referral may be appropriate for you?
   Yes ☐ No ☐

2. Did your Optometrist put you at ease?
   Yes ☐ No ☐

3. Did the Optometrist explain the risks and benefits of cataract surgery?
   Yes ☐ No ☐

4. Did you feel you were able to ask any questions regarding your referral?
   Yes ☐ No ☐

5. Did you feel your questions were listened to and answered satisfactorily?
   Yes ☐ No ☐

6. Did you feel that you received the information that you needed to decide whether you wanted to have cataract surgery?
   Yes ☐ No ☐

7. Were you given a leaflet about the cataract service?
   Yes ☐ No ☐

8. Were you given an information leaflet about cataracts?
   Yes ☐ No ☐
9. Were you informed of the next steps in the process with an approximate timescale?
   Yes ☐ No ☐

10. How would you rate the quality of the care you received today?

   Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

11. a) Are you
   Male ☐ Female ☐

   b) What age range do you fit into?
   0-25 ☐ 26-40 ☐ 41-55 ☐ 56-70 ☐ 70+ ☐

   c) How would you describe your ethnicity?

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<thead>
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<th>Asian or Asian British</th>
<th>Mixed</th>
<th>Other Ethnic Group</th>
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<td>☐ White &amp; Asian</td>
<td>☐ Chinese</td>
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<td>☐ Indian</td>
<td>☐ White &amp; Black African</td>
<td>☐ any other ethnic group</td>
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<td>☐ Pakistani</td>
<td>☐ White &amp; Black Caribbean</td>
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<td>☐ any other Asian background</td>
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   d) Have you any comments as to how this Service may be improved?

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   Thank you for taking the time to fill in this Questionnaire