

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?

Asian or Asian British		Mixed		Other Ethnic Group	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean		
<input type="checkbox"/>	any other Asian background	<input type="checkbox"/>	any other Mixed background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	any other Black background	<input type="checkbox"/>	any other White background	<input type="checkbox"/>	I do not wish to disclose this information

d) Have you any comments as to how this Service may be improved?

.....

.....

.....

Thank you for taking the time to fill in this Questionnaire