

Patient Satisfaction Questionnaire

Gloucestershire Cataract Post – Operative Service

You have accessed the Gloucestershire Cataract Post – Operative Service following your recent cataract surgery. The purpose of this service is to check that your eye has recovered well from the surgery, check your vision and the resultant spectacle prescription, and assess how satisfied you are with the result of the surgery.

To ensure that the service has been set up to meet your needs, we are keen to hear your views regarding your experience of the service, and would therefore ask that you take a few minutes to fill in this short questionnaire.

1. Were you happy with the result of your cataract surgery?

Yes No Not sure

2. Were you happy to see your optometrist for a check up after surgery instead of you having to attend a hospital appointment?

Yes No

3. Were you able to get an appointment to see the optometrist at a time that suited you?

Yes No

4. In terms of the service that the optometrist provided?

	<i>Please tick one box</i>	Yes	No
a) Did the optometrist explain the results of the assessment clearly?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Did you feel able to ask any questions regarding the outcome of your surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Were your questions listened to and answered satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Did the Optometrist put you at ease?	<input type="checkbox"/>	<input type="checkbox"/>	

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

Excellent Very Good Good Fair Poor

6. What age range do you fit into?

0-25 26-40 41-55 56-70 70+

7. Are you...

- Male Female

8. 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

9. Do you have any further comments that you would like to make?

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THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE