

Patient Satisfaction Questionnaire

Gloucestershire CCG Flashes and Floaters Service

You have been able to access a Flashes and Floaters service appointment with your local optometrist to investigate symptoms which you have recently suffered. To enable ongoing improvements to eye care services in Gloucestershire, and ensure that this service has been set up to meet your needs; we would be interested to hear about your experience of this service. Please take a few minutes to fill in this short questionnaire.

1. Who referred you to the Flashes and Floaters Service?

GP Optometrist Pharmacist Self 111
 Eye Department A&E Minor injuries unit

2. If you were referred into this service by another health worker, were you happy with the level of choice of Optical Practices you were offered?

Yes No Not Applicable

3. Were you happy to have this examination done by your Optometrist rather than have to go to the hospital?

Yes No

4. Did the person who referred you give you all the information you required to book an appointment with an optometrist?

Yes No Not Applicable

5. Were you given an information leaflet about the service by your Optometrist?

Yes No

6. Did the Optometrist put you at ease?

Yes No

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

<i>Please tick one box</i>	Yes	No
a) Did the optometrist explain the details of the condition you were suffering?	<input type="checkbox"/>	<input type="checkbox"/>
b) Did you feel able to ask any questions regarding your condition?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were your questions answered satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
d) Were you given a leaflet about flashes and floaters?	<input type="checkbox"/>	<input type="checkbox"/>
e) Would you recommend this service to your family and friends should they ever need it?	<input type="checkbox"/>	<input type="checkbox"/>

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

- Excellent Very Good Good Fair Poor

9. What age range do you fit into?

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

10. Are you?

- Male Female

11. How would you describe your Ethnicity?

Asian or Asian		Mixed		Other Ethnic Group	
<input type="checkbox"/>	British 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"/>	Any other black background
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other white background
		<input type="checkbox"/>	I do not wish to disclose this information		

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

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE.