Patient Satisfaction Questionnaire

Gloucestershire CCG Glaucoma Service Enhanced Case Finding

At your recent examination, your Optometrist found that a further appointment was required so additional detailed tests could be carried out to confirm the initial findings. The purpose of these supplementary tests is to establish whether you need to be referred to see an Ophthalmologist.

To ensure the service has been set up to meet your needs, we are keen to hear your views regarding this Service.

Please would you take a few minutes to fill in this short questionnaire regarding your experience of the Service.

1.	Were you happy that this test could be carried out by your C referred to the Eye Hospital?	Optome	etrist rather t	han having to be								
		Yes		No 🗖								
2.	Were you given a leaflet about this service?	Yes		No 🗖								
2	Did the Ontometrist explain the reason that you needed the											
3. Did the Optometrist explain the reason that you needed the additional tests?												
		Yes		No 🗖								
4.	Did the Optometrist put you at ease regarding the need for these tests?											
		Yes		No 🗖								
5.	Were you offered a choice of appointment times that were convenient for you?											
		Yes		No 🗖								
6.	Did you feel able to ask any questions regarding concerns yo tests?	ou may	have with th	e results of these								
	tests:	Yes		No 🗖								
7.	Did you feel your questions were listened to and answered	satisfac	ctorily?									
		Yes		No 🗖								
8.	If your Optometrist DID refer you, did they explain the next steps in this process and the approximate timescale?											
	Not Applicable 🚨	Yes		No 🗖								
9.	If your Optometrist DID refer you, did they give you an infor	mation	ı leaflet abou	t glaucoma?								
	Not Applicable 🚨	Yes		No 🗖								

due?								our routine signt test i					
ų.	uc.			Not App	olicable 🗖	Y	′es [_	No 🗖				
11. How would you rate the quality of care you have received today?													
Excellent 🔲 Very Goo			d	☐ Good ☐			Fair 🗆 Poor 🖵						
12. V	Vould you recor	nmend th	is se	rvice to your frie	ends and fa	mily	?						
Yes □ No □													
13. A					I	C5 (_	NO 🗖					
) Are you	Male			Female								
b) What age ra	nge do yo	u fit	into?									
	0-25	2 6-40		41-55	□ 56	5-70	-70 □ 70+						
С) How would y	ou describ	oe yo	our ethnicity?									
	Asian or												
	Asian British			Mixed			Other	r Ethni	ic Group				
	Bangladeshi			White & Asian			Chinese						
	Indian			White & Black	African		any o	any other ethnic group					
	Pakistani			White & Black	Caribbean								
	any other Asian background			any other Mixe background	ed								
	Black or Black British			White					_				
	African			British									
	Caribbean			Irish									
	any other Blac background	k		any other Whit background	e		I do n inforr		h to disclose this				
	o you have any nay be improve		omm	nents as to your	experience	of th	nis serv	vice or	how you may feel it				
•••••	•••••												

Thank you for taking the time to fill in this Questionnaire