

Parent / Guardian Satisfaction Questionnaire

Community Optometry Children's Vision Service

Dear Parent or Carer,

This service has been introduced to ensure that you have a choice of high quality, easily accessible places to attend with your child for an eye care assessment.

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.

Patient name (Optional):

1. Were you made aware of a choice of optometrists within your area who are able to provide an eye assessment for your child? Yes No

2. Were you able to make an appointment to suit you within a reasonable timescale?
Yes No

3. a. Did the optometrist put your child at ease and explain each test in a way that they could understand? Yes No

b. Do you feel that the outcome of the assessment was explained to you?
Yes No

4. Were you satisfied with the service that the optometrist provided?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

5. How likely would you be to recommend this service to your friends and family?

Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely

Don't know

6. Thinking about the service you received, would you have preferred your child to have been referred to: Your Local Optometrist The Hospital

7. Did you find the location of the service convenient? Yes No

8. Do you feel you had a positive experience of care? Yes No

9. Thinking about your responses, what is the main reason you've answered in the way you have?

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10. Please add any comments that you would like to make about this service?

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11. 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"/>	I do not wish to disclose this information
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	any other Black background	<input type="checkbox"/>	any other White background		

Thank you for taking the time to fill in this Questionnaire

Please leave the completed Questionnaire in the Practice