

## Patient Satisfaction - Eye Care

Please help us to improve and sustain the service of supporting your eyes. Read the questions provided and put a X in the box that you agree with.

You do not have to provide any personal information about your own care and none of the questions can identify you as an individual patient.

You will see the word Optometrist in the survey.

This is what an Optometrist does.

Optometrists are trained professionals who examine eyes, test sight, give advice on visual problems, and prescribe and dispense spectacles or contact lenses. They also recommend other treatments or visual aids where appropriate.

### Q1. Eye Examination

	Disagree Strongly	Disagree	Undecided	Agree	Strongly Agree
The optometrist explained what was going to happen before the eye tests were undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were given time to ask questions with the optometrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The optometrist clearly explained what the eye examination showed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had contact lenses dispensed go to question 3 and omit question 2.

If you had spectacles dispensed go to question 2 and omit 3,4 and 5.

If you had both please completed question 2, 3 and 5.

Otherwise go to question 6 and complete the questionnaire.

### Q2. Spectacles dispensed

	Disagree Strongly	Disagree	Undecided	Agree	Strongly Agree
You were pleased with the help and advice your received when choosing your spectacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your spectacles arrived at the time you expected them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were happy with the fitting of your spectacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were shown how to maintain your spectacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3. Contact Lens Wearers**

	Disagree Strongly	Disagree	Undecided	Agree	Strongly Agree
The choice of contact lenses available was fully explained to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were shown how to clean, insert and remove your contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was explained what to do if you had a problem with your lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4. Have you had any problems since the lenses were fitted?**

Yes  No

**Q5. If you answered yes to question 3, has the problem been resolved?****Q6. Appointments and Reception**

	Disagree Strongly	Disagree	Undecided	Agree	Strongly Agree
You were offered a suitable appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were dealt with professionally at reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting area was clean and tidy and as you expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were seen at or very near your appointment time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were kept informed through the whole appointment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. Will you use this practice again?**

Yes  No

**Q8. Please add any other comments that you wish to make about the practice.**

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