



Patient Satisfaction Questionnaire

You have been able to access a Minor Eye Conditions appointment with your local optometrist for an eye condition which you have recently suffered. 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. Who referred you to the Minor Eye Conditions Service?

GP Optometrist Self Other

2. Were you happy with the level of choice of optometrists you were offered?

Yes No

3. Did you find the journey to see the optometrist easier than it would have been travelling to hospital for an appointment?

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 details of the condition you were suffering?		<input type="checkbox"/>	<input type="checkbox"/>
b) If medication was prescribed, did the optometrist fully explain the reasons why you should use it?		<input type="checkbox"/>	<input type="checkbox"/>
c) Did you feel able to ask any questions regarding your condition?		<input type="checkbox"/>	<input type="checkbox"/>
d) Were your questions answered satisfactorily?		<input type="checkbox"/>	<input type="checkbox"/>
e) Did you feel that you were offered a professional service?		<input type="checkbox"/>	<input type="checkbox"/>
f) Overall, were you happy and confident with the service provided?		<input type="checkbox"/>	<input type="checkbox"/>

5. If this service was not available where else would you have attended?

A&E GP Walkin Centre Pharmacy



6. How likely are you to recommend this service to friends and family if they needed similar care or treatment?

- Extremely Likely
- Likely
- Neither Likely or Unlikely
- Unlikely
- Extremely Unlikely

7. What age range to you fit into?

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

8. Are you?

- Male Female Transgender Prefer not to say Other

9. 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

10. 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.