

Carer Satisfaction Questionnaire

Gloucestershire CCG Community Eye Care Services

The person that you have accompanied to the Optometrist has required additional tests, or additional visits to establish whether a referral to the Eye Hospital is necessary.

To ensure that the service has been set up to meet the needs of the patient and their carers, where appropriate, 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.

Your answers and comments will remain anonymous. When you have finished, please leave your completed questionnaire in the box provided.

1. Was it easier for you to help the patient visit the Optometrist rather than Eye Hospital for these additional tests?

Yes No

2. Was it easy for you arrange the appointment that was convenient for you in your role as carer?

Yes No

3. Were you informed how long the appointment may take?

Yes No

4. Was the person in your care able to request that you may be present in the examination room?

Yes No

5. Was the person in your care able to request that you may be informed as to the outcome of the examination and the discussion regarding their care?

Not Applicable Yes No

6. If so, do you feel that you were able to ask questions regarding the results of the examination and the ongoing care?

Not Applicable Yes No

7. Did you feel that your questions were listened to and answered satisfactorily?

Not Applicable Yes No

8. Did the Optometrist explain when a further examination may be required?

Yes No

9. Were you, or the patient, given a leaflet about the relevant Service?

Yes No

10. How would you rate the quality of the care you received during this examination?

Excellent Very Good Good Fair Poor

11. Do you have any further comments as to your experience of this service or how you may feel it may be improved?

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Thank you for taking the time to fill in this Questionnaire