

Patient Satisfaction Questionnaire

Gloucestershire CCG Repeat Readings Service

Your Optometrist has carried out an additional test because your Intra Ocular Pressure (IOP) was found to be raised at your recent eye examination and/or your visual field test produced a potentially abnormal result. The purpose of the additional test 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 the Optometrist rather than having to be referred to the Eye Hospital?

Yes No

2. Were you given a leaflet explaining this service?

Yes No

3. Did the Optometrist explain the reason that you needed the additional test?

Yes No

4. Did the Optometrist put you at ease regarding the need for this additional test?

Yes No

5. Did you feel able to ask any questions regarding concerns you may have with the results of this test?

Yes No

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

Yes No

7. If your Optometrist DID refer you, did they explain the next steps in this process and the approximate timescale?

Not Applicable Yes No

8. If your Optometrist DID refer you, did they give you a glaucoma information leaflet?

Not Applicable Yes No

9. If the Optometrist did NOT refer you, did your Optometrist explain when your routine sight test is due?

Not Applicable Yes No

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

Excellent Very Good Good Fair Poor

11. Would you recommend this service to your friends and family?

Yes No

12. About You

a) Are you Male Female

b) What age range do you fit into?

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

c) 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

14. 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