

GLAUCOMA REFERRAL REFINEMENT SCHEME - PATIENT SURVEY

Please answer the questions below by putting an **X** in ONE BOX for each question. We will keep your answers completely confidential.

1. Why did you attend for an initial eye examination?

- Reminder/recall received
- Vision related problem
- Non-vision related problem
- Other (please state _____
_____)

2. How long did you wait to get an appointment with the Glaucoma Referral Refinement Scheme optician (Optometrist)?

- Within two weeks
- Within one month
- More than one month

3. How convenient was the appointment?

- Very convenient
- Fairly convenient
- Not very convenient
- Not at all convenient

4. Overall were you satisfied with your visit?

- Yes
- No

5. How satisfied are you with the location of the optician (was it easy to get to?)

- Very satisfied
- Fairly satisfied
- Not very satisfied
- Not at all satisfied

6. How satisfied are you with the optician's premises / environment?

- Very satisfied
- Fairly satisfied
- Not very satisfied
- Not at all satisfied

7. How good was the optician at each of the following?

Giving you enough time

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Listening to you

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Explaining tests and treatments

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Involving you in decisions about your care

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Treating you with care and concern

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

8. Did you have confidence and trust in the optician you saw?

- Yes, definitely
- Yes, to some extent
- No, not at all

Don't know / can't say

9. If you have any other comments on how we can improve the Glaucoma Referral Refinement Scheme, please write them here:

10. Would you be willing to be telephoned to discuss your visit to the optician in more detail?

Yes

Please give your telephone/mobile number:

No