**Patient Satisfaction Questionnaire**

**Cataract Referral Service**

**Name of Optometric Practice……………………………………….**

Your have benefited from a Cataract Referral Service because your eye test showed you had signs of cataract. The purpose of the service is to assess whether referral for surgery is appropriate.

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.

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| --- | --- | --- |
|  | Yes | No |
| 1. Did you feel able to ask any questions regarding your condition? |  |  |
| 1. Were you provided with the Blepharitis leaflet |  |  |
| 1. Were you given the choice booklet and telephone number of the choice team to call to discuss choice of appointment and arrange booking with the hospital of your choice? |  |  |
| 1. Were you provided a copy of the RNIB Cataract Booklet or College of Optometrist leaflet |  |  |
| 1. Did the optometrist explain the risks and benefits of cataract surgery? |  |  |
| 1. Did you feel you received all the information you needed to help you decide whether you wanted to be referred for surgery? |  |  |
| 1. Were your questions answered satisfactorily? |  |  |
| 1. Did you feel that you were offered a professional service? |  |  |
| 1. Overall, were you happy and confident with the service provided? |  |  |

1. Do you have any comments that you would like to make regarding this element of your appointment?

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE