

Please think about your recent experience of treatment by the Kersley Eye Clinic Ltd and complete the following as fully as possible by choosing the appropriate box or by giving your comments in writing.

Q1. How would you rate your Consultant Surgeon on the following?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of information (verbal or written) provided about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening carefully to you and answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability when you needed them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving you all the time you needed to discuss and agree your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing the risks and benefits of your surgery/treatment with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving you the opportunity to happily consent to your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of the service you received from your Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Overall, how would you rate the quality of service you received from the following people?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	Did Not Experience
The Practice Manager/ Medical Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. If applicable thinking about when you arrived at the hospital for treatment, how would you rate the following?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
The choice and availability of the admission date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accessibility of the facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The welcome you received from staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speed and efficiency of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality and choice of food/ snack available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness of the facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall level of comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall efficiency at the time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. How would you rate the standard of information you received?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
The information (verbal or written) provided before admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information (verbal or written) provided about aftercare support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of information (verbal or written) provided about what to expect during your recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of reassurance about who you should contact in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. Taking into account your overall experience, how would you rate the service provided?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. Would you recommend your Consultant Surgeon to a friend or relative?

	5 Yes	1 No
	<input type="checkbox"/>	<input type="checkbox"/>

Q7. Would you recommend treatment with the Kersley Eye Clinic Ltd to a friend or relative?

	5 Yes	1 No
	<input type="checkbox"/>	<input type="checkbox"/>

Your Feedback

Please give us your comments about your treatment with the Kersley Eye Clinic Ltd. We value what you have to say. It is an opportunity for us to learn and improve our service to you.

Q8. What did you like most about your treatment with the Kersley Eye Clinic Ltd?

Q9. What did you like least about your treatment with the Kersley Eye Clinic Ltd?

Q10. Any other feedback you may have for us?

Q11 How did you hear about the Kersley Eye Clinic Ltd?

- Recommendation from Friend or Family Member
- Referral from GP
- Referral from Optometrist
- Online Search
- Other (Please Specify)

Thank you for completing this questionnaire

All information you have provided will be treated confidentially. However we may wish to use your comments anonymously for marketing and training purposes. If you would like to be excluded from this, please tick this box