

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

Hospital Name (delete as appropriate):

- Lansdown Lodge Consulting Rooms
- Nuffield Health Cheltenham Hospital
- Cheltenham General Hospital
- Gloucester Royal Hospital
- Tetbury Hospital

**Q1.** 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 level of information provided before admission	<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 at reception	<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"/>

# PATIENT SATISFACTION SURVEY

**Q2.** While you were in hospital how would you rate the following?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	Did Not Experience
The facilities on the day surgery ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The quality of food/ snack available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The choice of food / snack provided	<input type="checkbox"/>	<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"/>	

**Q3.** How would you rate the overall cleanliness of the following?

	5 Very Clean	4 Clean	3 Fairly Clean	2 Not Very Clean	1 Not at All Clean
The hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The day surgery ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4.** How would you rate the Nursing Staff 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"/>
Their level of efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentiveness and listening carefully to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of service you received from the nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PATIENT SATISFACTION SURVEY



**Q5.** 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"/>
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"/>

**Q6.** Overall, how would you rate the quality of service you received from the following (excluding Nursing Staff)?

	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"/>
The Consultant Anaesthetist	<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"/>

# PATIENT SATISFACTION SURVEY

**Q7.** Thinking about when you were discharged from the hospital, how would you rate the following?

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
Overall efficiency at the time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of 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"/>

**Q8.** Taking everything into account from the moment you arrived, through your stay in hospital and up to the moment you were discharged, how would you rate the overall 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"/>

**Q9.** Would you recommend your Consultant Surgeon to a friend or relative?

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

**Q10.** Would you recommend treatment with the Consultant Eye Surgeon Partnership 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 Consultant Eye Surgeons Partnership. We value what you have to say. It is an opportunity for us to learn and improve our service to you.**

**Q11.** What did you like most about your treatment with the Consultant Eye Surgeons Partnership?

**Q12.** What did you like least about your treatment with the Consultant Eye Surgeons Partnership?

Any other feedback you may have for us?

**Thank you for completing this questionnaire  
Please return in the pre-paid envelope provided**

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.