Pre- and Post-Operative Cataract Community Service Pathway

Issued by
Local Optical Committee Support Unit
December 2008

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Currently under review
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Outline Description

The pre- and post-operative cataract pathway is designed to improve the patient journey by reducing the number of patient visits overall and to include as few visits to secondary care as possible.

It eliminates the requirement for a visit to the GP and also provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

Key Drivers

The national key drivers include:

- NHS Standard Contract 2016-17 (March 2016)
- HM Treasury Spending Review and Autumn Statement (November 2015)
- NHS Commissioning for Quality and Innovation (CQUIN) Guidance for 2015/16 (March 2015)
- NHS Serious Incident Framework (March 2015)
- NHS Standard Contract 2015-16 (March 2015)
- NHS England Business Plan (March 2015)
- National Information Board Personalised Health and Care 2020 (November 2014)
- NHS Five Year Forward View (October 2014)
- NHS Outcomes Framework 2015 to 2016 (Dec 2014)
- NHS Constitution (March 2013)
- Safeguarding Vulnerable People in the Reformed NHS (March 2013)
- The Information Governance Review (March 2013)
- Commissioning Better Care: Urgent Care (Feb 2013)
- NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013
- Everyone Counts: Planning for Patients 2013/14 (Dec 2012)
- Securing excellence in commissioning primary care (June 2012)
- Health & Social Care Act 2012
- Equity & Excellence: liberating the NHS (2010)
- Right Care: Increasing Value – Improving Quality (June 2010)
- NHS 2010-15; from good to great (Jan 2010)
• Quality Innovation Productivity & Prevention (QIPP) agenda
• Implement care closer to home; convenient quality care for patients (April 2007)

The UK Vision Strategy 2013-2018

Purpose of the Service

The service will be provided in the community, and will be easily accessible and equitable. Widespread adoption of this pathway and the IT system will remove the ‘post code lottery’ of its availability:

• Provide a rapid access, high quality service to patients with cataract
• Ensure equity of service including provision to housebound individuals
• Reduce the total number of patient visits
• Reduce the number of visits the patient makes to secondary care
• Reduce waiting lists
• Improve the quality of referrals
• Reduce the incidence of preventable blindness due to cataract in line with the Vision 2020 strategy
• Support care closer to home as expressed in the ‘Our Health Our Care Our Say’ White Paper
• Improve quality of life in line with World Class Commissioning vision
• Provide accurate data about outcomes and patient satisfaction

Description: Pre-op Service

The patient may self-refer into the service or they may be referred by their GP or by a non-participating optometrist (although it is expected that most is not presenting any significant visual or optometrists in an area would opt to participate in the service).

Stage one

A routine GOS or private sight test will reveal the presence of cataract and, as now, the examining optometrist will discuss this with the patient. If the cataract lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If however the patient wishes to consider surgery, then the optometrist will discuss this and if the patient wishes to proceed, the optometrist will provide a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.
The assessment may be carried out at this time if:

- the optometrist is accredited in the service
- if time permits and
- the patient agrees

If not, a further appointment is made for a full cataract assessment.

In the unlikely event that the examining optometrist is not participating in the service, then a list of all optometrists in the service will be provided to the patient so that they can arrange an appointment for the assessment. A GOS 18 referral form will be completed and provided to the patient, or sent directly to the participating optometrist of choice.

In a domiciliary situation the same will apply. However, if the examining optometrist is not accredited the patient will be referred using a GOS18 in the normal way.

**Stage two**

The patient attends for the full cataract assessment to elicit relevant ocular, medical and social information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care. This will include:

- Pupil dilation and examination by indirect ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract.
- Discussion of the health questionnaire and any outstanding issues dealt with.
- Communicating the relative risks and benefits of cataract extraction
- Ascertaining the patient’s willingness for surgery

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

a) Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery or because the patient has chosen to be referred privately.

b) Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.
It will be the optometrist’s responsibility to establish the patient’s eligibility. *They should therefore only assess and refer patients under this service who are NOT already under the care of an NHS Trust ophthalmologist for another active ocular condition.*

N.B. A letter to the consultant explaining the patient’s current visual difficulties is appropriate for patients under the care of an NHS Trust consultant ophthalmologist for another active ocular condition.

**Patients not requiring NHS referral**

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that:

- having been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery
- have been assessed under the service but have chosen to be referred for private treatment rather than NHS surgery – these should be referred directly to a named consultant

In these cases the GP should be informed and the fee claimed.

**Stage three**

If the patient is willing to undergo surgery and the optometrist considers that they are suitable, then the referral form will be completed and the optometrist will, in accordance with the local protocol:

- Provide the patient with the choice of treatment centres and fax or post the referral and self assessment health questionnaire to this centre or
- Fax or post the referral and self assessment health questionnaire to the Patient Advice and Referral centre (PAR)

The optometrist will make every effort to ascertain the suitability of the patient for direct referral and their willingness to undergo surgery. It will ultimately be the consultant team that determines the most appropriate clinic route so it would be inappropriate to discuss with patients their likely pathway.
Patients who fail to confirm or attend their appointment

- **Receipt of referral by treatment centre or PAR** – if the patient ultimately fails to contact the treatment centre/PAR a letter should be issued to the referring optom advising them that the patient failed to contact the treatment centre/PAR.

- **Initial outpatient appointment, pre-operative assessment or day of surgery** – if the patient fails to attend their initial outpatient appointment, the pre-operative assessment appointment or their day of surgery they will be classified by the hospital as a DNA (Did Not Attend). Patients that DNA are automatically discharged and a letter should be issued to the referring optometrist advising them of this.

In either of these cases the optometrist should contact the patient and identify whether he/she is still interested in surgery and should notify the GP accordingly.

**Domiciliary patients**

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. In order to qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided, and be able to co-operate with the procedure. Generally, the assessment will be carried out in their home and at the same time where possible and the self assessment health questionnaire will be issued.

If the sight test is carried out by a non-participating optometrist, the patient will be referred via the traditional route using a GOS 18 to the GP.

The pathway then follows stages 2 and 3 of the normal pathway but in the patient’s home. In some cases, it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit, e.g. discussion of the health self assessment questionnaire.

**Description: post-op service**

Following day case cataract surgery at the Treatment centre the patient is discharged with appropriate instructions and medication. The treatment centre will carry out post operative follow-up as per that centre’s internal protocols (some follow up at 24 hrs,
others at 1 week). If the patient experiences a red or painful eye in the weeks following the operation they are instructed to seek help immediately from the treatment centre.

If all is well the patient will be instructed to visit the referring optometrist after 4 weeks for the final post-op examination and GOS refraction.

Outcomes

1. If the patient is happy, the eye is white and vision is good the optometrist will:
   a) Complete the report form and send copies to the treatment centre and GP
   b) Refer to the treatment centre for second eye op if appropriate
   c) Discharge the patient and advise on the interval before next routine GOS ST

2. If there any signs of post-operative complications the optometrist will refer back to the treatment centre with the appropriate urgency.

Special requirements – equipment

In order to fully participate in the service, optometric practices should employ accredited optometrists and have suitable equipment. It is expected that the required equipment would already be available, as most of it is used for the provision of GOS, for example:

- Slit lamp
- Fundus viewing lens (e.g. Volk)
- Tonometer
- Distance test chart (Snellen/logmar)
- Near test type
- Appropriate ophthalmic drugs for pupil dilation
- Internet access

Special requirements – competencies

The competencies required for participating optometrists are all included in the core competencies defined by the GOC.

Training and accreditation for participating optometrists to participate in the cataract service will include knowledge of the referral criteria and risk factors for cataract surgery.

To become accredited, ophthalmic practitioners should complete the LOCSU / WOPEC Cataract Distance Learning modules and be registered with the General Optical Council...
Patient information

The patient will be provided with an information leaflet about cataract and what they can expect to happen on referral at the time of the assessment. This will be available to print from the software package or as electronic documents to download and print in the short term.
**Direct Cataract Referral Pathway**

### STAGE ONE

- **Patient self presents with visual problems**
- **Routine sight test reveals presence of cataract**
  - **Patient not interested in surgery**
  - **Patient advised of cataract and questioned about whether they would consider surgery**
    - **Patient provided with pre-visit questionnaire and cataract information leaflet; appointment made for a full assessment with participating optometrist**
    - **Patient interested in surgery**
      - **Patient's GP informed, and decision recorded in notes**
  - **Patient's GP informed, and decision recorded in notes**

### STAGE TWO

- **Accredited optom discusses pre visit questionnaire answers with patient**
  - **Full assessment undertaken including dilation and patient informed of the procedure and possible outcomes**
  - **Patient declines surgery**
    - **Pathway ends here**
  - **GP and referring optom informed**
  - **Patient requests surgery**
    - **Patient requests private surgery**
    - **Pathway ends here**
    - **Patient referred directly to ophthalmologist and GP informed**
    - **Referral form and health questionnaire sent to relevant establishment and copied to GP**
      - **Referral form and health questionnaire sent to relevant establishment and copied to GP**

### STAGE THREE

- **Patient request NHS surgery**
  - **Patient request NHS surgery**
    - **Choice provided by optom (or patient referred to centre providing Choose and Book)**
      - **Claim for payment submitted by participating optom**
Patient or representative requests a domiciliary sight test due to visual problems → Patient referred by GP for domiciliary sight test

STAGE ONE

Routine sight test reveals presence of cataract

Patient not interested in surgery or unable to travel to treatment centre in suitable transport → Patient's GP informed, and decision recorded in notes → Pathway ends here

Patient / representative advised of cataract and questioned about whether they would consider surgery → Non-participating optometrist? Patient referred to GP via GOS18

Patient interested in surgery and able to travel to treatment centre in suitable transport → Patient provided with pre-visit questionnaire and cataract information leaflet; full assessment arranged

STAGE TWO

Participating optom assists with completion of questionnaire and discusses answers with patient (this could be carried out at the same time as ST if appropriate) → Full assessment undertaken including dilation and patient informed of the procedure and possible outcomes

Patient declines surgery → Pathway ends here

GP & referring optom informed

Patient requests surgery → Patient request NHS surgery → Choice provided by optom (or patient referred to centre providing Choose and Book)

Patient requests private surgery → Patient referred directly to ophthalmologist and GP informed

Referral form and health questionnaire sent to relevant establishment and copied to GP → Patient sent appointment → Claim for payment submitted by participating optom

STAGE THREE
Post-operative Cataract Pathway

**EYE UNIT**
Patient has cataract surgery in Day Unit

24 hour check by telephone by nurse practitioner from Day Unit and/or check within 1st week by consultant.

Returns to Eye Unit for second eye op

Patients with red or painful eye or any concerns contacts Eye Unit for emergency appointment

4 weeks post op Patient attends participating optometrist for final post-operative check and refraction

Examining optom sees post op complication

Post op complications referred urgently to Eye Unit as appropriate

All OK

Patient discharged if second eye surgery not necessary

Report completed and copies sent to Eye Unit and GP

Optom claims fee

Pathway ends

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# Anytown LOC/CCG
## Cataract Referral Form

### Patient's Details

| First name: |  |
| Last name: |  |
| DOB: |  |
| NHS number: |  |
| Address: |  |

| Phone: |  |
| Mobile: |  |
| Email: |  |

### Optometrist / Practice

| Optometrist: |  |
| OPL number: |  |
| Practice: |  |
| Phone: |  |

### Patient's GP

| GP name: |  |
| Practice: |  |

### Sph | Cyl | Axis | Prism | VA | Add | Near VA | Pre-cataract VA | IOP(mmHg) | Instrument | Time | Date: |
<table>
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</tbody>
</table>

### Patient diluted?

| Yes | No |

If no, reason:

### Any co-existing ocular pathology?

(If yes, please indicate with a tick below)

| Yes | No |

### Significant AMD?

Right | Left

### Diabetic retinopathy?

Right | Left

### Amblyopia?

Right | Left

### Under treatment for glaucoma?

Yes | No

### Cornea healthy? (if no, detail below)

Yes | No

Other:

### Patient indicates previous refractive surgery?

Yes | No

Approx surgery date:

### Patient has completed a self-assessment questionnaire? (required for referral)

Yes | No

### Is patient experiencing visual difficulties due to cataracts?

Yes | No

### Benefits and risks of cataract surgery have been explained?

Yes | No

### Patient wants cataract surgery at this time? (if no, inform GP)

Yes | No

### Patient has chosen to be referred for NHS treatment? (choose no for private referrals)

Yes | No

### Patient previously assessed and now wishes to be referred?

Assessment date:

Yes | No

### Sight test carried out today? (if no, indicate date)

Sight test date:

Yes | No

### Additional comments:

Signature:  
Date:
### Anytown LOC/CCG
#### Post-Operative Cataract Report

<table>
<thead>
<tr>
<th>Patient’s Details</th>
<th>Optometrist / Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td>Optometrist:</td>
</tr>
<tr>
<td>Last name:</td>
<td>OPL number:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Practice:</td>
</tr>
<tr>
<td>NHS number:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

| Phone:            | GP name:               |
| Mobile:           | Practice:              |
| Email:            |                         |

### Procedure details

<table>
<thead>
<tr>
<th>Procedure undertaken</th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pin hole VA Right:</td>
<td></td>
<td>Left:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Consultant:

| Treatment centre: |                         |
| Date of procedure:|                         |

### Slit lamp examination

<table>
<thead>
<tr>
<th>Patient gives/has a history of pain, discomfort or sudden reduction in vision?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior chamber activity present? (&gt; 2 cells seen in 2x2 mm field)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Wound red or unusual in any way?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Corneal clarity affected?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Posterior synechiae?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Thickening or posterior capsule?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any vitreous activity?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intolerable or unacceptable astigmatism?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intolerable or unacceptable anisometropia?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Corrected acuity &lt; post-op PH or &lt; 6/12?</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

### IOP (mmHg)

<table>
<thead>
<tr>
<th>Right eye:</th>
<th>Left eye:</th>
</tr>
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</table>

### Refraction

<table>
<thead>
<tr>
<th>Sph</th>
<th>Cyl</th>
<th>Axis</th>
<th>Prism</th>
<th>Base</th>
<th>VA</th>
<th>Add</th>
<th>Near VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td></td>
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<td>L</td>
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</table>

### Rx dispensed?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Action taken / conclusion

<table>
<thead>
<tr>
<th>Surgical outcome – Px is: (tick 1 one only)</th>
<th>Pleased?</th>
<th>Disappointed?</th>
<th>Neither?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable for discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsuitable for discharge send review appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have already made arrangements for urgent referral</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I confirm that I have carried out the above examination.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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Patient Satisfaction Questionnaire

[insert name of CCG] Cataract Referral Refinement Service

Your have accessed the [insert name of CCG] Cataract Referral Refinement Service because your recent eye test showed you had signs of cataract. The purpose of the service is to assess whether referral for surgery is appropriate. This service is currently being run as a pilot scheme, and we would be interested to hear about your experience of this service, before we consider whether to continue it in the future.

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.

1. Were you happy that your optometrist was able to carry out this assessment instead of you having to attend a hospital appointment to have it done?

   Yes ❑    No ❑

2. Did you find the journey to see the optometrist easier than it would have been travelling to [insert name of hospital eye clinic] for an appointment?

   Yes ❑    No ❑
3. In terms of the service that the optometrist provided...

<table>
<thead>
<tr>
<th></th>
<th>Please tick one box</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Did the optometrist explain the risks and benefits of cataract surgery?</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>b)</td>
<td>Did you feel able to ask any questions regarding your condition?</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>c)</td>
<td>Were your questions answered satisfactorily?</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>d)</td>
<td>Did you feel you received any information you needed to help you decide whether you wanted to be referred for surgery?</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>e)</td>
<td>Did you feel that you were offered a professional service?</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>f)</td>
<td>Overall, were you happy and confident with the service provided?</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

4. If you were referred for surgery by your optometrist, were you offered a choice of hospital for your appointment?

Yes ❑ No ❑ Not applicable ❑

5. If you were referred for surgery by your optometrist, how long did you wait to see an ophthalmologist at hospital?

❑ 1-6 weeks ❑ 7-12 weeks ❑ 13-18 weeks
❑ 18 weeks + ❑ Not applicable

6. What age range do you fit into?

❑ 0-25 ❑ 26-40 ❑ 41-55 ❑ 56-70 ❑ 70+

7. Are you...

❑ Male ❑ Female
8. How would you describe your ethnicity?

<table>
<thead>
<tr>
<th>Asian or Asian British</th>
<th>Mixed</th>
<th>Other Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bangladeshi</td>
<td>□ White &amp; Asian</td>
<td>□ Chinese</td>
</tr>
<tr>
<td>□ Indian</td>
<td>□ White &amp; Black African</td>
<td>□ any other ethnic group</td>
</tr>
<tr>
<td>□ Pakistani</td>
<td>□ White &amp; Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>□ any other Asian background</td>
<td>□ any other Mixed background</td>
<td></td>
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<table>
<thead>
<tr>
<th>Black or Black British</th>
<th>White</th>
</tr>
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<tbody>
<tr>
<td>□ African</td>
<td>□ British</td>
</tr>
<tr>
<td>□ Caribbean</td>
<td>□ Irish</td>
</tr>
<tr>
<td>□ any other Black background</td>
<td>□ any other White background</td>
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9. Do you have any further comments that you would like to make?

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THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE

Please return this questionnaire in the pre-paid envelope