

Patient Experience Questionnaire

[Insert name of CCG / PEC] Glaucoma Repeat Readings Service

Your optometrist has carried out a supplementary test because either your Intra Ocular Pressure (IOP) was found to be raised at your recent eye test or your visual field test was inconclusive. The purpose of the supplementary test is to establish whether you need to be referred for further investigation.

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.

**Optical practice name:**…………………………………………………………………..…………………………………..

**How likely would you be to recommend this service to your friends and family?**

 Extremely likely ❑ Likely ❑ Neither likely nor unlikely ❑ Unlikely ❑

 Extremely unlikely ❑ Don't know ❑

**Do you have any further comments that you would like to make?**

…………………………………………………………………………………….............................................................................

…………………………………………………………………………………….............................................................................

…………………………………………………………………………………….............................................................................

…………………………………………………………………………………….............................................................................

…………………………………………………………………………………….............................................................................

**Please provide your name (If you would like a response):**

……………………………………………………………………………………....................................................

**THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE**