

Patients' feedback of surgery by Mr MU Saeed

To ensure that all the needs of my patients are met and to help improve the systems and all aspects of care, it is important to find out what your experience was like

I would be very grateful if you could complete this questionnaire and return it. Any information given will be treated to improve our service and may be mentioned on our website.

About your visit to the outpatient clinic

1. Please tick the response which comes closest to how you feel:

<i>I felt that Mr Saeed</i>		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
A.	Clearly explained what he was doing during the examination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Gave me a very thorough examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Helped me to understand what was wrong with my eye/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Clearly explained what <i>the risks</i> of cataract surgery are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Described to me how the operation would affect my sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Clearly explained what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Addressed all my concerns about the operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Told me all I needed to know about what would happen <i>after</i> my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	I felt that my views were respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	I felt confident of the professional skills of the Mr Saeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgery and follow up

2 Did you have any pain during surgery?

No pain at all Mild discomfort Mild pain Significant pain Excruciating pain

The Written Information You Received

3. Did you receive any written information about your condition?

Yes No

4. I found the written information easy to understand or adequate

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Visual Results

5. Are you happy with the improvement in your sight after cataract surgery

Delighted	Happy	Not Sure	Not happy	Disappointed
<input type="checkbox"/>				

6. Please tick the response which comes closest to how you feel:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
A My vision has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B I am relatively spectacle independent for distance tasks in the operated eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C I would recommend Mr Saeed to Colleagues / family / friends if they require cataract surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall evaluation of the service

8 How would you rate the care you received from Mr Saeed

Excellent	Good	Adequate	Poor	Very Poor
<input type="checkbox"/>				

9. Any other comments or suggestions on how we could improve the service?

Name: _____

Date of surgery: _____

Are you happy for us to use your comments on our website Yes No

Could you please complete this questionnaire and return it to Mr Saeed’s secretary

If you wish, you may directly leave feedback on our website <http://londoneyedoctors.co.uk/testimonials/>