

Minor Eye Conditions Service Patient Questionnaire

1. Where did you have your appointment?

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.....

2. How likely are you to recommend this service to friends and family if they needed similar care or treatment? (Please circle the most appropriate response)

Extremely Likely Likely Neither Likely or Unlikely Unlikely Extremely Unlikely
OR Don't Know

3. Without access to this minor eye conditions service would you have? (Please circle the most appropriate response)

Visited A&E or an Urgent Care Centre Visited the GP Practice Visited the Pharmacy
Visited an opticians privately OR Done Nothing

4. Do you have any comments about the service you received?

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About You!

Primary Eyecare Oxfordshire Survey

We want to make sure that all people within our community receive a high level of service. By answering these questions, we can check that all of our community groups are happy with our services.

I do not wish to answer any of this section:

Gender: Male Female

Do you have a long-standing illness or disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Deaf / hard of hearing |
| <input type="checkbox"/> No | <input type="checkbox"/> Blind / visual impairment |
| <input type="checkbox"/> Do not wish to say | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Long-term condition |
| | <input type="checkbox"/> Mental Health Condition |

What age range do you fit into?

- 6-15 16-24 25-34 35-44 45-54 55-64 65-74 75+

What is your ethnic background?

- | | |
|--|---|
| WHITE
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Other- please specify | BLACK
<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> British
<input type="checkbox"/> Other- please specify |
| MIXED / MULTI ETHNIC
<input type="checkbox"/> White & Black African
<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other – please specify | ASIAN
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other – please specify |
| OTHER BACKGROUND
Gypsy and Traveller
<input type="checkbox"/> Irish
<input type="checkbox"/> Romany
<input type="checkbox"/> Other – please specify | Chinese or other ethnic group
<input type="checkbox"/> Chinese
<input type="checkbox"/> Phillipine
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Thai
<input type="checkbox"/> Other – please specify |

Do you have a carer? Yes No

Do you have a caring responsibility? Yes No

Thank you for completing this questionnaire