## Patient Satisfaction Questionnaire

M

Procedure performed: Uppa Blephaeop (asty well 2. A. al FPC

	T			' 0			9 weeks a		
	Outstanding			Satisfactory			Improvement needed		
	9,	8	7	6	5	4	3	2	1
Were you treated kindly?	V							-	+
Did you feel safe?	<b>V</b> ,							<del> </del>	
Were you listened to?	V					-			ļ
Was the information given to	1								-
you easy to understand?	V								
Were treatment choices	/								<del> </del>
explained to you clearly?									1
Were you given time to think	1								-
and ask questions?	V								
Was the facility suitable for	1								
your needs?	V								
Was the facility clean?	1	-							
Were you clear about who to				-					
contact for your care if									
needed?									
How satisfied you feel with	7								
your experience?	V	ļ							

Did you feel discriminated against in any way?	Yes.	( No
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Would you recommend this service to your family and friends? (Yes.) No

Please add any further comments below:

I'm extremely happy with the whole process from start to anish. Mr Javaid was a pleasure to deal with and the end result is santastic. I wouldn't hesitate to recommend him to wiends + Family, and I'm SUC I'll be seeing him again soon.
Thank you so much

Thank you very much for your time to complete this survey
Please bring the completed survey back with you to your follow up appointment and hand it
to the receptionist, email it to <a href="mailto:info@javaid.co.uk">info@javaid.co.uk</a>.

Your Name - optional-