

Care to share Your OCT Experience

1. Describe your OCT experience in one word....

2. On a scale of 1-5 (with five being the most comfortable) how comfortable did you feel during the scan?

Not very comfortable 1 2 3 4 5 Very comfortable

3. Would you say that you are now aware of some of the advantages of having an OCT scan?

Yes / No

4. How reassured do you feel knowing the health of your eyes?

Very reassured somewhat reassured No change

5. Overall how satisfied are you with your OCT procedure?

Not very

1	2	3	4	5	6	7	8	9	10
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 Very

6. How responsive have we been in relation to your questions and concerns? (Circle below)

Very responsive somewhat responsive Not very responsive

Please specify and further questions or concerns here...

7. How likely is it that you would recommend this service to a friend or colleague?

Not very

1	2	3	4	5	6	7	8	9	10
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 Very