



Doctor Certification Patient Survey

Your surgeon is seeking certification or re-certification from the Council for Refractive Surgery Quality Assurance (USA^Eyes), a nonprofit patient advocacy organization that monitors refractive surgery outcomes and patient satisfaction. Your answers to these questions will *directly* affect your doctor's ability to gain or maintain certification. **Your participation is therefore critical and may help future patients.**

Return the completed survey directly to USA^Eyes in the accompanying postage-paid envelope.



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Sacramento CA
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800-USA-EYES
www.USAEyes.org

- 1) Surgeon Code:

- 2) Age at time of surgery:

- 3) Month and year of birth:

- 4) Sex:
 - Male
 - Female
- 5) Your home zip code:

- 6) Before this most recent eye surgery experience, have you ever had any kind of eye surgery to reduce your need for corrective lenses?
 - No Previous Surgery
 - Yes, Previous Surgery
 - Not Sure
- 7) How many months since surgery?
 - 1-5
 - 6-9
 - 10-12
 - 13-18
 - 19+
- 8) Before surgery, were you nearsighted, or farsighted?
 - Nearsighted (Myopic)
 - Farsighted (Hyperopic)
 - Neither
 - Not Sure
- 9) Before surgery, did you have astigmatism?
 - Yes
 - No
 - Not Sure
- 10) Did you have surgery on one or both eyes?
 - One eye
 - Both eyes
- 11) Did you have more than one surgery per eye?
 - Yes
 - No
 - Not Sure
- 12) Before surgery did you need reading glasses or bifocals?
 - Yes
 - No
 - Not Sure

From this point forward, all questions relate only to your most recent refractive eye surgery experience with the doctor who is the subject of this survey.

- 13) Did you have monovision surgery (one eye for near vision, one eye for distance vision)?
- Yes, I had monovision correction
 - No, I did not have monovision correction
 - Not Sure
- 14) Which type of refractive surgery(s) did you have?
- Laser (Laser used to reshape the eye; Lasik, PRK, LASEK, Epi-Lasik, SBK, etc.)
 - Lens (Artificial lens implanted within the eye; P-IOL, RLE, ICL, etc.)
 - Mechanical (Surgical incision used to reshape the eye; AK, LRI, RK, etc.)
 - Not Sure
 - Other: _____
- 14) How often do you currently use glasses or contact lenses for reading *or* for distance vision?
- Never
 - Seldom
 - Frequently
 - Always
- 15) Describe your current use of glasses or contacts for reading or distance, *even if never used*.
- Much less than expected
 - Less than expected
 - As expected
 - More than expected
 - Much more than expected
- 16) Describe the quality of your current *daytime* vision without glasses or contacts.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 17) Describe the quality of your current *nighttime* vision without glasses or contacts.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 18) Describe the quality of your current vision *without* corrective lenses compared to your vision before surgery *with* corrective lenses.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 19) Describe your current overall quality of vision.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 20) Describe your current overall quality of life.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 21) Select the most accurate statement regarding unexpected complications.
- I did not have unexpected complications.
 - I had unexpected complications, which are now resolved.
 - I currently have unresolved complications that are seldom problematic.
 - I currently have unresolved complications that are frequently problematic.
 - I currently have unresolved complications that are always problematic.
- 22) After surgery, did you seek an opinion or help from another doctor?
- No, I did not seek a second opinion.
 - Yes, I sought a second opinion.
- 23) Describe your current incidence of vision fluctuations throughout the day.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 24) Describe your current incidence of light sensitivity (pain with light).
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected
- 25) Describe your current experience with dry eyes.
- Much better than expected
 - Better than expected
 - As expected
 - Worse than expected
 - Much worse than expected

26) Describe your current incidence of ghosting or doubled images.

- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected



Normal



Ghosting

27) Describe your current incidence of glare.

- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected



Normal



Glare

28) Describe your current incidence of halos.

- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected



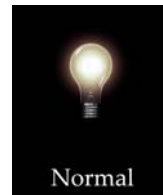
Normal



Halo

29) Describe your current incidence of starbursts.

- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected



Normal



Starburst

30) Knowing what you know now, would you have this surgery again?

- Definitely yes
- Probably yes
- Not sure/Neutral
- Probably not
- Definitely not






31) Knowing what you know now, would you recommend this *surgery* to friends and family?

- I would not normally recommend surgery.
- Definitely yes
- Probably yes
- Not sure/Neutral
- Probably not
- Definitely not

32) Knowing what you know now, would you recommend your *surgeon* to friends and family?

- I would not normally recommend a surgeon.
- Definitely yes
- Probably yes
- Not sure/Neutral
- Probably not
- Definitely not

Please mark the statement that most accurately describes your personal experience with the person in the photograph.

					
<input type="radio"/> Not recognized	<input type="radio"/> Not recognized	<input type="radio"/> Not recognized	<input type="radio"/> Not recognized	<input type="radio"/> Not recognized	<input type="radio"/> Not recognized
Recognized and opinion is...	Recognized and opinion is...	Recognized and opinion is...	Recognized and opinion is...	Recognized and opinion is...	Recognized and opinion is...
<input type="radio"/> Positive	<input type="radio"/> Positive	<input type="radio"/> Positive	<input type="radio"/> Positive	<input type="radio"/> Positive	<input type="radio"/> Positive
<input type="radio"/> Neutral	<input type="radio"/> Neutral	<input type="radio"/> Neutral	<input type="radio"/> Neutral	<input type="radio"/> Neutral	<input type="radio"/> Neutral
<input type="radio"/> Negative	<input type="radio"/> Negative	<input type="radio"/> Negative	<input type="radio"/> Negative	<input type="radio"/> Negative	<input type="radio"/> Negative

33) Any other comment. Continue on separate sheet if necessary.