Doctor Certification Patient Survey

Your surgeon is seeking certification or re-certification from the Council for Refractive Surgery Quality Assurance (USAEyes), 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 USAEyes in the accompanying postage-paid envelope.

1) Surgeon Code: __________________
2) Age at time of surgery: ________________
3) Month and year of birth: ________________
4) Sex:
   - Male
   - Female
5) Your home zip code: ________________

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.

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

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800-USA-EYES
www.USAEyes.org
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

27) Describe your current incidence of glare.
- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected

28) Describe your current incidence of halos.
- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected

29) Describe your current incidence of starbursts.
- Much better than expected
- Better than expected
- As expected
- Worse than expected
- Much worse than expected

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.

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