

**Patient Questionnaire**

1. How many times have you attended the University clinic in the past 2 years?
  
2. Please specify which of the following services you have used. Please tick all that apply:  
Sight test                       Contact Lens Fitting                       To purchase spectacles   
Out of Hours service                       Check up for an existing eye condition
  
3. Have you been satisfied with the level of service you have received?
  
4. Did the student introduce themselves to you as a trainee and inform you that they were working under supervision?
  
5. Was the supervisor present throughout the eye examination and were you satisfied with the level of supervision provided?
  
6. Have you experienced any difficulties with any of the pre-registration students you have seen in the clinic? If yes please specify.
  
7. Were there any areas in which you consider the student lacked the necessary knowledge or skill to perform the required functions? If yes, please specify.
  
8. Were there any areas in which you consider the student was of a higher standard than expected? If yes, please specify.
  
9. Were you satisfied with the communication you received from the student during your visit?
  
10. Were you satisfied with the level of information you received from the University about the services available at the clinic? If no, please explain why.
  
11. Please use this space to provide any additional comments