

## CUSTOMER FEEDBACK SURVEY

Sampling: 50% of customers attending pilot camp; equal distribution of men and women and (if possible) age groups, and customers referred for cataract and other eye problems.

Introduction: We would like to know your opinions on our vision screening processes. Please share with us honestly. No identifying information will be collected or shared.

Gender: \_\_\_ male; \_\_\_ female; \_\_\_ other

Age group: \_\_\_ below 18 \_\_\_ working age; \_\_\_ senior citizen

Q. No.	Question	Coding Categories	Comment
1.	Were you instructed to wash your hands before entering?	Yes No	1 2
2.	What is your overall level of satisfaction with cleanliness/safety (hand washing, mask wearing, distance) at the outreach program <i>(can you please comment on why you chose this option?)</i>	Not at all satisfied Partly satisfied Satisfied More than satisfied Very satisfied	1 2 3 4 5
3.	In your opinion, how important and necessary are the following actions for keeping you and your family safe from COVID-19?		
		Very important	Moderately important
	Wearing a mask		
	Washing hands with soap and water or using hand sanitizer frequently		
	Social distancing		
4.	In your opinion, based on your experience in the outreach program which protective practice you and your family can do it at home and outside in the public places?	Wearing a mask Washing hands with soap and water or using hand sanitizer frequently Social distancing	Yes/No Yes/No  Yes/No
5.	How safe do you feel during eye screening outreach program	Very safe Somewhat safe Not very safe Not safe at all Don't know Refuse to answer	1 2 3 4 5 6



**VisionSpring**

See well. Do well.

6.	During refraction (when the optometrist was looking closely into your eyes) prior to this, did you see the optometrist wash or sanitize their hands?	Yes No	1 2	
7.	Based on the COVID-19 prevention measures you saw today, would you recommend your family, coworkers or neighbors to come to this outreach program? <b><i>Can you please comment on why you chose this option?</i></b>	Yes No	1 2	
8.	Have you been referred for suspected cataract and other eye disorder during eye screening program?	Yes No	1 2	
8a.	If yes, did you receive treatment for cataract or other eye problems advised during eye screening program?	Yes No	1 2	
8b.	If no, please specify the reason?			
9.	Any suggestions for improvements?			
<b>THANK YOU!</b>				