

Dr. Kawesch's LASIK Survey – Follow-up Appointment

Your Age: _____ Sex: Male Female Your Occupation: _____

Please circle your answers below. If you have additional comments, please use the space below or on the back of this sheet.

- 1) Approximately how long ago was your surgery?
 - a) 1 month
 - b) 3 months
 - c) 6 months
 - d) More than 6 months

- 2) In retrospect, do you feel that you were adequately informed and prepared for your LASIK experience?
 - a) Yes
 - b) No

- 3) Are you glad that you chose to have LASIK?
 - a) Yes
 - b) No

- 4) With regard to the following symptoms, describe the severity:

a) Night side effect (halos)	none	mild	moderate	severe
b) Blurriness	none	mild	moderate	severe
c) Light sensitivity	none	mild	moderate	severe
d) Dryness	none	mild	moderate	severe

- 5) With regard to the following traits, how would you rate Dr. Kawesch:

a) Competence:	poor	average	good	exceptional
b) Professionalism:	poor	average	good	exceptional
c) Bedside manner:	poor	average	good	exceptional

- 6) Would you recommend Dr. Kawesch to a close friend or family member?
 - a) Yes
 - b) No

- 7) What is the worst aspect of your LASIK experience?

- 8) What is the best aspect of your LASIK experience?

- 9) For someone who is considering LASIK, is there any advice that you would give to him/her?

Thank you for taking your time to complete this survey.