

Dr. Kawesch's LASIK Survey – Postoperative day 1

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) Do you feel that you were adequately informed and prepared for your LASIK experience?
 - a) Yes
 - b) No
- 2) If you took Valium® or sedation did it help you relax?
 - a) Yes
 - b) No
 - c) I did not take any valium
- 3) During the surgery, was LASIK painful?
 - a) No pain
 - b) Mild discomfort, but not painful
 - c) Moderate pain
 - d) Severe pain, not tolerable
- 4) During the surgery, was it difficult to look at the “red light”?
 - a) Yes
 - b) No
- 5) During the surgery, was the eyelid speculum too uncomfortable?
 - a) Yes
 - b) No
- 6) After LASIK were your eyes painful, *and if so for how long*?
 - a) No pain
 - b) Mild discomfort, but not painful
 - c) Moderate pain
 - d) Severe pain, not tolerable
- 7) Today, are you satisfied with the clarity of your vision?
 - a) Yes
 - b) No
- 8) Today, would you have been able to work, if desired?
 - a) Yes
 - b) No
- 9) Today, would you have been able to see clear enough to safely drive yourself to this appointment, if desired?
 - a) Yes
 - b) No
- 10) 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 |
- 11) Would you recommend Dr. Kawesch to a close friend or family member?
 - a) Yes
 - b) No
- 12) 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.