

| CIBA Vision OPT- 691592 2003 Optician of the Year Award | | | | | January 2003 | |
|---|---|-------|------|--|--------------|-------|
| 0-1 | Date of phone call | | 0-2 | Start time of phone call | | |
| 0-3 | End time of phone call | | 0-4 | Date of visit | | |
| 0-5 | Time on entry to shop | | 0-6 | Time of exit from shop | | |
| 0-7 | Optician branch number | | 0-8 | Optician (branch) name | | |
| 0-9 | Are you currently a glasses/contact lens wearer | Y / N | 0-10 | At this eye test, were you prescribed glasses / contact lenses | | Y / N |

Question responses with a . next to them require a comment.

Section 1 – Telephone Appointment - You must call the opticians and say that you haven't had your eyes tested for a few years and really need them doing again. You'd like to book an appointment for an eye test. Ask for an appointment within the next week

| | | | | | |
|------|---|--|----|----|----|
| 1-1 | Was the telephone answered promptly (within 5 rings) and professionally? | | Y | N | |
| | | | 3 | 0 | |
| 1-2 | Did they ask if you were a new or existing customer? | | Y | N | |
| | | | 1 | 0 | |
| 1-3 | Did they clarify the purpose of the call? | | Y | N | |
| 1-3a | If Yes, did they ask if it was for a sight test / spectacles? | | Y | N | NA |
| | | | 1 | 0 | 0 |
| 1-3b | Did they ask if it was for a contact lens examination? | | Y | N | NA |
| | | | 3 | 0 | 0 |
| 1-3c | Both? | | Y | N | NA |
| | | | 5 | 0 | 0 |
| 1-3d | Other? Please comment | | Y. | N | NA |
| 1-4 | Did they ask when would be convenient for you? | | Y | N | |
| | | | 3 | 0 | |
| 1-5 | Did they give you a few options to choose from? | | Y | N | |
| | | | 3 | 0 | |
| 1-6 | Was it easy to get an appointment (hassle-free, pleasurable)? Please proceed with the appointment irrespective of how far in advance you make it. | | | | |
| | Yes – available at the time/day requested | | | A | |
| | | | | 3 | |
| | Yes – not when requested but within a month | | | B | |
| | | | | 3 | |
| | No – it was difficult to make an appointment | | | C | |
| | | | | 1 | |
| | No – failed to make an appointment. Please comment | | | D. | |
| | | | | 0 | |
| | No – but they took your number incase of cancellation | | | E | |
| | | | | 1 | |
| 1-7 | Did they ask if you would like a reminder and your preferred method of reminder? | | Y | N | |
| | | | 3 | 0 | |
| 1-8 | Did they offer you directions and parking information? | | Y | N | |
| | | | 3 | 0 | |
| 1-9 | Did they remind you what to bring to the appointment (e.g. glasses, contact lenses, sunglasses, old prescription)? | | Y | N | |
| | | | 3 | 0 | |
| 1-10 | Did you receive a reminder to confirm your appointment? | | | | |
| | Yes – phone call | | | A | |
| | | | | 3 | |
| | Yes – text message | | | B | |
| | | | | 3 | |
| | Yes – mail | | | C | |
| | | | | 3 | |
| | No | | | D | |
| | | | | 0 | |

Section 2 – Getting there, First Impressions and Welcome. Upon entrance to the store do not immediately approach a member of staff. You should browse the eyewear displays and wait to be approached by the staff member. During your initial browse, please note if any contact lens point of sale material was displayed within the store.

| | | | | | |
|-----|---|--|---|---|--|
| 2-1 | Was access to the premises easy? (wheelchair & buggy access) | | Y | N | |
| | | | 3 | 0 | |
| 2-2 | Was the shop clean & tidy? | | | | |
| | Very clean and tidy & smelt fresh? | | | A | |
| | | | | 3 | |
| | Mainly clean & tidy? | | | B | |
| | | | | 1 | |
| | Not very clean & tidy / Stuffy? | | | C | |
| | | | | 0 | |
| 2-3 | Was the shop inviting and well merchandised? | | Y | N | |
| | | | 1 | 0 | |
| 2-4 | Was your entry acknowledged (eye contact, verbally or non verbally) even if the member of staff was busy? | | Y | N | |
| | | | 5 | 0 | |

| | | | | | | | |
|---|---|---|---|-----------------------|---|----|---|
| 2-5 | How long did you have to wait before a member of staff approached you? | | | | | | |
| | Approached immediately upon entrance | | | | | A | 5 |
| | Approached within 2 minutes | | | | | B | 3 |
| | Had to approach them | | | | | C | 0 |
| 2-6 | On greeting you.. | | | | | | |
| 2-6a | Did the member of staff smile and make eye contact? | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-6b | Did the member of staff greet you with a 'Good Morning, Hello, How Can I Help you' or similar? | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-7 | Did the member of staff make you feel welcome and at ease | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-8 | Were the members of staff wearing name badges? | | | Y | N | | |
| 2-9 | Did the Optical Assistant reference the diary to confirm your appointment? | | | Y | N | | |
| | | | | 1 | 0 | | |
| 2-10 | Had they prepared a record card for you <u>prior</u> to your arrival? | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-11 | When the practice was collecting personal information about you before your eye examination, how was this done? | | | | | | |
| | Discreetly and efficiently | | | | | A | 3 |
| | Efficiently but within earshot of others | | | | | B | 1 |
| | Inefficiently and unprofessionally. (Please comment) | | | | | C. | 0 |
| 2-12 | Which member of staff collected the above information? | Optical assistant | Optometrist | Dispensing optician | | | |
| 2-13 | Did the staff ask you questions about your lifestyle habits? | | | | | | |
| 2-13a | Reading | | | Y | N | | |
| | | | | 1 | 0 | | |
| 2-13b | Work | | | Y | N | | |
| | | | | 1 | 0 | | |
| 2-13c | Whether you regularly use a computer | | | Y | N | | |
| | | | | 1 | 0 | | |
| 2-13d | Sports and leisure | | | Y | N | | |
| | | | | 5 | 0 | | |
| 2-13e | Driving | | | Y | N | | |
| | | | | 1 | 0 | | |
| 2-13f | Socialising | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-14 | Please comment as to whom asked you questions about your lifestyle and at what stage during your visit | Optical assistant . | Optometrist . | Dispensing optician . | | | |
| 2-15 | Were you escorted to the waiting area by the Optical Assistant using the appropriate salutation? (i.e. your Title) | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-16 | Was there a seat available with some up to date and suitable literature? | | | Y | N | | |
| | | | | 3 | 0 | | |
| 2-16a | If Yes, was it eye care literature? | | | Y | N | NA | |
| | | | | 3 | 0 | | |
| 2-16b | Video / CD ROM display | | | Y | N | NA | |
| 2-16c | Glossies / Newspapers | | | Y | N | NA | |
| | | | | 1 | 0 | | |
| Section 3 – Browsing and Waiting | | | | | | | |
| 3-1 | Was there any display material for Glasses / Contact Lenses in the shop? | | | | | | |
| | Posters, leaflets and other information on spectacles? Please describe look of posters – eye catching, informative etc | | | | | A. | 3 |
| | Just spectacle frames | | | | | B | |
| | Posters, leaflets and other information on contact lenses? Please describe look of posters – eye catching, informative etc | | | | | C. | 3 |
| | No material observed | | | | | D | |
| 3-2 | Were refreshments made available to you? Score Yes if they were available or offered even if you do not have any yourself. | | | Y | N | | |
| | | | | 3 | 0 | | |
| 3-3 | Was a rest room (toilet facilities) available for you use ? | | | Y | N | | |
| 3-3a | If Yes, was the rest room clean? | | | Y | N | NA | |
| | | | | 3 | 0 | | |
| Section 4 – Handover to the Optometrist | | | | | | | |
| 4-1 | How long were you kept waiting to see the Optometrist? Please comment on how long you waited in minutes. | | | | | | |
| | A - On time. | b - Acceptable. (No more than 10 minutes) | c - Unacceptable. (Greater than 10 minutes) | | | | |
| | 5 | 3 | 0 | | | | |
| 4-2 | If you were not seen on time, were you given an explanation or apology for the wait | | | Y | N | NA | |
| | | | | 1 | 0 | | |
| 4-3 | Did the optical assistant hand you over and introduce the Optometrist by name? | | | Y | N | | |
| | | | | 5 | 0 | | |
| Section 5 – Eye Examination and Explanation of Results | | | | | | | |

| | | | | |
|-------|--|----------------|--------------------------|--|
| 5-1 | Did the Optometrist greet you by name? | Y 3 | N 0 | |
| 5-2 | Did they restate their name? | Y 3 | N 0 | |
| 5-3 | Was the Optometrist wearing a name badge or was there a name on the consulting room door? | Y 1 | N 0 | |
| 5-4 | Once in the consulting room, how were you made to feel? | | | |
| | Relaxed and at ease (Please comment) | | A. 3 | |
| | Slightly uncomfortable (Please comment) | | B. 1 | |
| | Very uncomfortable (Please comment) | | C. 0 | |
| 5-5 | Were you invited to sit down? | Y 1 | N 0 | |
| 5-6 | Were you advised where to put your belongings? | Y 1 | N 0 | NA |
| 5-7 | Did the Optometrist take a thorough medical/optical history? | Y 3 | N 0 | |
| 5-8 | Did they use open questions whilst gathering the information? | Y 3 | N 0 | NA |
| 5-9 | How easy was it to air your feelings/concerns with/to the optometrist? (Please comment) | | | |
| | | A - Easy. 5 | b – Quite easy. 3 | c – Not easy. 0 |
| | | | d – Very difficult. 0 | |
| 5-10 | Did you feel that the optometrist had a good understanding of your particular lifestyle needs? (either from questioning you or from reading your lifestyle questionnaire) | | | |
| | | A – Very 5 | b – Reasonable 3 | c – Poor 0 |
| 5-11 | Did they clarify and summarize this information back to you before proceeding? | Y 3 | N 0 | NA |
| 5-12 | Were you given an explanation of what was now going to happen to you? (Tests and locations) | Y 5 | N 0 | |
| 5-13 | Were explanations repeated throughout the eye test? | Y 3 | N 0 | NA |
| 5-14 | Did you feel at ease asking questions? | Y 3 | N 0 | |
| 5-15 | If you are 40+ or have a family history of glaucoma, were any of the following tests carried out during the eye examination? | | | |
| 5-15a | Measuring the pressure in your eye (often a puff of air) (test for Glaucoma) | Y 3 | N 0 | NA |
| 5-15b | Measuring your visual fields (bringing a small target in from the periphery or asking how many small lights are flashing in front of your eyes) (test for Glaucoma / brain tumour) | Y 3 | N 0 | NA |
| 5-16 | At the end of the eye test were you happy with the explanation given by the optometrist of the findings? | | | |
| | | A –Very 3 | b – Fairly 1 | c - Not really that happy (Please comment) 0 |
| 5-17 | In your opinion, how did you feel that the eye test was carried out? | | | |
| | Very professional and informative | | A 5 | |
| | Reasonably professional and informative | | B 3 | |
| | Unprofessional and with limited information (Please comment) | | C. 0 | |
| | Extremely unprofessional and unpleasant (Please comment) | | D. 0 | |
| 5-18 | Did the Optometrist have good personal hygiene? (hands, breath etc) | Y 3 | N 0 | |
| 5-19 | Was the consulting room clean & tidy? | | | |
| | Very clean and tidy & smelt fresh? | | A 3 | |
| | Mainly clean & tidy? | | B 1 | |
| | Not very clean & tidy / Stuffy? | | C 0 | |
| 5-20 | If you needed a prescription, how did they explain this to you? Score NA if you did not need a prescription and go to section 10 | | | |
| | Sensitively | | A 3 | |
| | In a matter of fact way | | B 1 | |
| | In an offhand manner | | C 0 | |
| | NA (did not need a prescription) | | NA | |

| | | | | |
|--|---|----|----|----|
| 5-21 | If you needed an <u>updated</u> prescription, did the Optometrist discuss your various eyecare options with you? Score NA if you did not need an updated prescription and go to 5-22. | | | |
| | Spectacles and contact lenses | | A | |
| | | | 5 | |
| | Spectacles only | | B | |
| | | | 1 | |
| | Spectacles and spectacle lens coatings | | C | |
| | | | 3 | |
| | Other – please comment | | D. | |
| | NA (did not need an updated prescription) | | NA | |
| 5-22 | If there was <u>no change</u> in your prescription did the Optometrist offer any alternatives to your spectacles? | | | |
| | Contact lenses | | A | |
| | | | 5 | |
| | New spectacle frames | | B | |
| | | | 3 | |
| | New spectacle lenses or coatings | | C | |
| | | | 3 | |
| | NA go to 5-23 | | NA | |
| 5-23 | Did the Optometrist look at the condition of your spectacles? | Y | N | NA |
| | | 3 | 0 | |
| 5-24 | Were you advised when your next eye test was needed? | Y | N | |
| | | 3 | 0 | |
| Section 6 – Handover to Dispensing Optician | | | | |
| 6-1 | If you were handed over to another member of staff following the eye test, how was the handover? | | | |
| | Professional with a comprehensive explanation of requirements | | A | |
| | | | 5 | |
| | Professional with a brief explanation of requirements | | B | |
| | | | 3 | |
| | Professional but with no explanation | | C | |
| | | | 1 | |
| | Unprofessional. (Please comment) | | D. | |
| | | | 0 | |
| | NA (not handed over) | | NA | |
| 6-2 | Did they explain why you were being handed over and to whom? | Y | N | NA |
| | | 5 | 0 | |
| 6-3 | Did you feel that the support staff, optometrist and dispensing staff all supported each other in the advice and help given? Score NA if you were only dealt with by one person | | | |
| | Supported each other very well | | A | |
| | | | 3 | |
| | Supported each other fairly well | | B | |
| | | | 1 | |
| | Supported each other poorly. (Please comment) | | C. | |
| | | | 0 | |
| | NA (only dealt with one person) | | NA | |
| Section 7 – Choosing Frames & Spectacle Lenses - If no prescription required, please go to section 10 | | | | |
| 7-1 | If you needed a prescription, did the member of staff mention/talk about any of these options? | | | |
| 7-1a | One or two different options for glasses | Y | N | NA |
| | | 1 | 0 | |
| 7-1b | Talked through both glasses and contact lens options | Y | N | NA |
| | | 5 | 0 | |
| 7-2 | Did you need to probe for additional information? | Y | N | NA |
| | | 1 | 0 | |
| 7-3 | Did they mention the cost of any of the options? | Y | N | NA |
| 7-4 | What was the spectacle frame choice like? | | | |
| 7-4a | Wide range of frames to suit all tastes and ages | Y | N | NA |
| | | 3 | 0 | |
| 7-4b | Limited number and range of frames. (Please comment) | Y. | N | NA |
| | | 1 | 0 | |
| 7-5 | Did the layout of the spectacle frame display look inviting and well laid out? (Please comment) | Y | N. | NA |
| | | 3 | 0 | |
| 7-6 | Did any member of staff suggest putting in some contact lenses to help you choose frames? | Y | N | NA |
| | | 5 | 0 | |
| 7-7 | Did the optician discuss the suitability of the spectacle frames you had with your current prescription? Score NA if you do not currently wear spectacles. | Y | N | NA |
| | | 3 | 0 | |
| 7-8 | Did they discuss the features / benefits of different types of spectacle lenses? | Y | N | NA |
| | | 3 | 0 | |
| 7-9 | Did they offer value added coatings / products to enhance the look of the spectacle lenses? E.g. non scratch coatings, anti reflective coatings etc | Y | N | NA |
| | | 3 | 0 | |
| 7-10 | Did the member of staff offer you any advice on how to care for spectacles? e.g. cleaning etc. (Please comment) | Y. | N | NA |
| | | 3 | 0 | |
| 7-11 | Did the member of staff mention any aftercare available once you have chosen your frames / lenses? e.g. you can pop back if you find them uncomfortable, not sure how to use them etc. (Please comment) | Y. | N | NA |
| | | 3 | 0 | |

| | | | | |
|--|---|---------|---------|----|
| 7-12 | Did the member of staff mention any additional products available once you have chosen your frames / lenses? e.g. cleaning fluids/cloths, sunglasses, non prescription/patterned lenses. (Please comment) | Y. 3 | N 0 | NA |
| 7-13 | Did they offer you a contact lens examination at this stage, if you were not offered one when you made the appointment? (Please comment) | Y. 5 | N 0 | NA |
| 7-14 | In your opinion, how did you feel the dispensing was carried out? | | | |
| | Very professional and informative | | A 3 | |
| | Reasonable professional and informative | | B 1 | |
| | Unprofessional and with limited information (Please comment) | | C. 0 | |
| | Extremely unprofessional and unpleasant (Please comment) | | D. 0 | |
| | NA | | NA | |
| Section 8 – The Contact lens Examination. | | | | |
| 8A | If offered/discussed did you accept a contact lens appointment? If NO – please go to section 10 | Y | N | |
| 8-1 | When you booked your contact lens appointment, were you given some contact lens literature to read beforehand? | Y 3 | N 0 | NA |
| 8-2 | How competent were the support staff at answering your initial questions about Contact Lenses? (You should ask something about types, ease of use, cleaning, comfort, cost etc) | | | |
| | Answered all questions easily | | A 5 | |
| | Answered with some difficulty (Please comment) | | B 1 | |
| | Couldn't answer any questions | | C. 0 | |
| | NA | | NA | |
| 8-3 | Were any of the following tests carried out during the contact lens assessment? | | | |
| 8-3a | Keratometry (measurement of the curves of your eye) | Y | N | NA |
| 8-3b | Slit lamp exam (checking the surface of your eye, tears etc) | Y | N | NA |
| 8-3c | Flourescein (yellow dye to look for drying) | Y | N | NA |
| 8-3d | Lid exam (examining underneath the eyelids) | Y | N | NA |
| 8-4 | Did you have a discussion about the different contact lens types? If Yes, which types were discussed | Y. 3 | N 0 | NA |
| 8-5 | Were you made aware of the cost of different lens options? | Y 3 | N 0 | NA |
| 8-6 | Did you feel the contact lenses chosen for you reflect your lifestyle needs? | Y 5 | N 0 | NA |
| 8-7 | Were you offered spectacles as back up to your contact lenses? | Y 3 | N 0 | NA |
| Section 9– Wearing and Caring for Contact Lenses. Only complete this section if you accepted a teaching appointment on how to use contact lenses. | | | | |
| 9-1 | Where was the teaching appointment undertaken? | | | |
| | Clean, tidy, quiet room away from distraction | | A 3 | |
| | Clean, tidy area in main dispensing area with some distraction | | B 3 | |
| | Untidy, messy room away from distraction | | C 1 | |
| | Untidy, messy area in main dispensing area with some distraction | | D 0 | |
| | Other | | E. | |
| | NA | | NA | |
| 9-2 | Did the support staff clearly demonstrate inserting and removing your contact lenses? | | | |
| | Yes | | A 3 | |
| | Talked me through it but did not demonstrate | | B 1 | |
| | No | | C 0 | |
| | NA | | NA | |
| 9-3 | If solutions are required with your lenses, were these adequately demonstrated to you? | | | |
| | Yes very clearly | | A 3 | |
| | Yes somewhat clearly | | B 1 | |
| | No not very clearly | | C 0 | |
| | NA | | NA | |
| 9-4 | Did a member of staff address any concerns that you might have had regarding the use of contact lenses e.g. eye irritation, lenses falling out, swimming in lenses etc | Y 3 | N 0 | NA |
| 9-5 | Did you understand all the information given to you? | Y 3 | N 0 | NA |

| | | | | |
|--|---|---------|---------|----|
| 9-6 | Were you asked to sign / did you sign a disclaimer/agreement to say that you understood all the information given to you? | Y 3 | N 0 | NA |
| 9-7 | Was an appointment offered for your next aftercare check-up before you left the practice? | Y 3 | N 0 | NA |
| 9-8 | Did you leave the practice confident that you could manage at home with your contact lenses? | Y 5 | N 0 | NA |
| Section 10 – Product Presentation, Payment and Leaving the Practice. All to answer. | | | | |
| Thank them for their time and say you don't want to commit to frames/lenses and you may come back | | | | |
| 10-1 | Did the member of staff try to understand why you did not want to commit today and ask if there was anything else you wanted to know/think about? | Y 3 | N 0 | NA |
| 10-2 | Did the member of staff give you a copy of your prescription? | | | |
| | Yes – without prompting | | A 3 | |
| | Yes – but you had to ask for a copy | | B 3 | |
| | Yes – but reluctantly | | C 1 | |
| | No | | D 0 | |
| | NA | | NA | |
| 10-3 | How was the payment for our eye test dealt with? | | | |
| | Efficiently with a full option of payment methods | | A 3 | |
| | Efficiently but limited options for payment | | B 1 | |
| | Slowly and only ½ options for payment | | C 0 | |
| 10-4 | Did the member of staff call you by your name during the transaction? | Y 3 | N 0 | NA |
| 10-5 | Were you given something to take away which had the contact details for the shop on it? | Y 3 | N 0 | NA |
| 10-6 | As you left the shop, how did the staff member see you out? | | | |
| | Thanked/ invited to return/see you tomorrow | | A 5 | |
| | Just thanked and goodbye | | B 3 | |
| | No thank you/ turned immediately to another customer or task | | C 0 | |
| Section 11 – Overall | | | | |
| 11-1 | Overall, how would you rate the <u>overall</u> service received on this visit? | | | |
| | Truly Magic! I left feeling I had been “Wowed”! (please comment) | | A. 5 | |
| | Very good | | B 3 | |
| | Good | | C 3 | |
| | Average (please comment) | | D. 1 | |
| | Bad (please comment) | | E. 0 | |
| | Very bad (please comment) | | F. 0 | |
| 11-2 | Did you feel confident in the service that you received? | Y 3 | N 0 | NA |
| 11-3 | If you were a real customer, please record the most positive aspect of your visit | | | |
| 11-4 | If you were a real customer, please record the most negative aspect of your visit | | | |
| 11-5 | If you were a real customer, would you have purchased from this store today? (please comment) | Y. 3 | N. 0 | |
| 11-6 | If you were a real customer, would you consider purchasing from this store in the future? (please comment) | Y. 1 | N. 0 | |
| 11-7 | State your overall impressions/comments on any particularly good/bad aspects of the shop or the service you received. | | | |