

1 Week post-op questionnaire

Question	Answer options
Please rate your satisfaction with the surgeon who performed your eye surgery.	0-10 (not at all satisfied > extremely satisfied)
Please rate your satisfaction with the hospital where you had your eye surgery.	0-10 (not at all satisfied > extremely satisfied)

3 Month post-op questionnaire

Question	Answer options
Please rate your satisfaction with the outcome of your eye surgery.	0-10 (not at all satisfied > extremely satisfied)
How often do you wear glasses for distance activities (e.g. driving, watching TV)?	0-10 (always > never)
How often do you wear glasses for mid-distance activities (e.g. using a computer, cooking)?	0-10 (always > never)
How often do you wear glasses for near-distance activities (e.g. reading, using a mobile phone)?	0-10 (always > never)
How often do you wear glasses for medical reasons (e.g. astigmatism)?	0-10 (always > never)
Do you now have the visual outcomes that you discussed and agreed with your surgeon?	Yes / No / Not sure

1 Year post-op questionnaire

Question	Answer options
Please rate your satisfaction with the outcome of your eye surgery.	0-10 (not at all satisfied > extremely satisfied)
Do you experience any disturbances with your vision during the day?	0-10 (frequent and bothersome > never)
Do you experience any disturbances with your vision in the evening/night-time?	0-10 (frequent and bothersome > never)
In the last 12 months have you had a laser treatment on your cornea (e.g. LASIK, PRK)?	Yes / No
In the last 12 months have you had a laser treatment inside your eye (e.g. Nd:YAG, capsulotomy)?	Yes / No
In the last 12 months have you had a supplementary intraocular lens (IOL) implanted inside your eye?	Yes / No

2 Year post-op questionnaire

Question	Answer options
In the last 12 months have you had a laser treatment on your cornea (e.g. LASIK, PRK)?	Yes / No
In the last 12 months have you had a laser treatment inside your eye (e.g. Nd:YAG, capsulotomy)?	Yes / No
In the last 12 months have you had a supplementary intraocular lens (IOL) implanted inside your eye?	Yes / No

3 Year post-op questionnaire

Question	Answer options
In the last 12 months have you had a laser treatment on your cornea (e.g. LASIK, PRK)?	Yes / No
In the last 12 months have you had a laser treatment inside your eye (e.g. Nd:YAG, capsulotomy)?	Yes / No
In the last 12 months have you had a supplementary intraocular lens (IOL) implanted inside your eye?	Yes / No