DIABETES PATIENT SURVEY

Please place a check or X inside the circle that best answers each of the following questions:

1. For my age, my overall health is: (check one box)

○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

2. How many years have you had diabetes? (neatly print the number of years inside the boxes provided) .... ☐☐

Thinking about the care you have received from your CURRENT diabetes care provider, how would you rate your provider on the following: (mark one circle on each line)

E = Excellent VG = Very Good G = Good F = Fair P = Poor

	E	VG	G	F	P
3. Diabetes care overall?	○	○	○	○	○
4. Questions about your diabetes were answered?	○	○	○	○	○
5. Ease of reaching someone in an emergency? (if this doesn't apply, leave blank)	○	○	○	○	○
6. Your test and laboratory results were reviewed and explained?	○	○	○	○	○
7. Concern, courtesy, respect, sensitivity of the provider you saw?	○	○	○	○	○

8. How often do you examine your feet? (check the box that best matches what you do)

○ Daily ○ Every other day ○ Once a week ○ Once a month ○ Never

	Y	N
9. Do you take insulin?	○	○

10. When do you check your blood sugar level with a finger stick? (check one box)

○ Never ○ Less than once a week ○ Once a week

○ Two to three times a week ○ Once a day ○ Twice a day

○ More than twice a day

	Y	N
11. Do you use tobacco products? (if you check "no" here, skip to question 14)	○	○

12. If you use tobacco products, how long has it been since your provider discussed with you the importance of NOT using tobacco products?

○ Within the past 12 months ○ 1 to 2 years ago ○ More than 2 years ago ○ Never

	Y	N
13. Has your provider referred you to a program to help you stop using tobacco products?	○	○

Has your provider or someone on your health care team discussed or given you information on:

	Y	N
14. the benefits of controlling your blood sugar?	○	○
15. the symptoms of and treatment for high and low blood sugar?	○	○
16. when to take your medications?	○	○
17. how to test for and keep track of your blood sugar?	○	○
18. how to take care of your feet?	○	○

Has your provider or someone on your health care team discussed or given you information on:

	Y	N
19. how to plan your meals to improve your blood sugar?	○	○
20. how to read food labels	○	○
21. how specific foods affect your blood sugar?	○	○