



COMMUNITY DIABETES PROGRAM

Your health and well-being is important to us! We want to know what we do well and how we can improve our services. Please take a moment to complete the survey and return it, sealed in the envelope provided, to the front desk at either the Erin or Rockwood clinics. Your opinion is greatly appreciated!

1. I have been aware of my Diabetes diagnosis or “At Risk” status, for _____ years/months.

2. I have been followed by this Diabetes team at the East Wellington Family Health Team for:

Less than 12 months 1–3 years 3-5 years more than 5 years

3. The type of diabetes I have is:

Type 1 Type 2 Pre-Diabetes Gestational At Risk I don't know

4. How strongly do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) I have a better understanding of my treatment options (such as medications, diet, exercise)	<input type="checkbox"/>				
Comments:					
b) I have a better understanding of my education options and where I might get help	<input type="checkbox"/>				
Comments:					
c) I have set personal goals to manage my diabetes or risk factors	<input type="checkbox"/>				
Comments:					
d) Follow-up appointments offered meet my needs	<input type="checkbox"/>				
Comments:					
e) If I didn't understand what I was taught during my visit, I felt comfortable discussing it with my diabetes educator	<input type="checkbox"/>				
Comments:					
f) I have a better understanding of the importance of foot care	<input type="checkbox"/>				
Comments:					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
g) I have a better understanding of the importance of eye care	<input type="checkbox"/>				
Comments:					
h) I have a better understanding of the importance of blood glucose testing	<input type="checkbox"/>				
Comments:					
i) Since receiving diabetes education my eating habits have improved	<input type="checkbox"/>				
j) Since receiving diabetes education I have improved my physical activity/exercise	<input type="checkbox"/>				
k) Since receiving diabetes education I feel I have the skills and confidence to manage my diabetes or risk factors	<input type="checkbox"/>				
Comments:					
l) I have the family/friend support I need to manage my diabetes or risk factors	<input type="checkbox"/>				
Comments:					
m) I can afford the things I need to manage my diabetes (if applicable) that are recommended to me (i.e. proper food, medications, exercise)	<input type="checkbox"/>				
Comments:					

5. What can we provide in the future to further assist you in your learning needs and managing diabetes?

- Managing my medications
- Exercise/Activity
- Foot Care advice
- Personal goal setting
- Diet/Nutrition
- Eye Care advice
- Other

Suggestions:

Thank you for taking the time to complete this survey.

Please return completed surveys, sealed in the envelope provided, to the staff at the front desk of either the Erin or Rockwood Clinics