

Date: January 29, 2008

Location: ESC – Hubbard

**Circle your response to the statement below that refers to the Diabetes Days at Primary Health Care.**

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|---|----------|---------|---------|---------------|-----------|
| 1. The waiting time before and between my appointments.....                       | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 2. The support given by the health care team.....                                 | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 3. How well the health care team answers my questions.....                        | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 4. The health care team's efforts to help me improve my health or stay healthy.   | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 5. The courtesy and respect shown to me by the health care team.....              | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 6. The clarity of information I receive from the health care team.....            | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 7. The opportunity to ask questions to the health care team.....                  | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 8. The health care team's ability to teach me something new about my diabetes...  | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 9. The overall quality of my diabetes care .....                                  | Poor.... | Fair... | Good... | Very Good.... | Excellent |
| 10. How I rate this type of visit compared to my regular diabetes appointment.... | Poor.... | Fair... | Good... | Very Good.... | Excellent |

Other comments:

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