Providence | St. Peter Hospital

Family Practice Diabetes Patient Survey

Dear Patient's Name (from mail merge):

This survey is from [X] and the rest of your team at Family Practice. We care what you think. Would you please take a moment to fill out this survey? We will use the information to help us provide the best possible support to you and your fellow diabetes patients.

Have you participated in the following?

Yes	No	
❑	❑	Group Visit A 2-hour visit every 4 months where 15-20 diabetes patients meet together with a doctor.
❑	❑	Planned Visit Meet with a Medical Assistant to do labs, referrals, and self-management goals.
❑	❑	Provider Visit See your doctor for diabetes care.
❑	❑	Walking Club Saturday meeting at a park where Diabetes patients walk together.
❑	❑	Follow-up phone call A Medical Assistant calls you to check in on your self-management goals.
❑	❑	Newsletter You read the quarterly SPF SPANKS Diabetes Newsletter.
❑	❑	Pedometer You use one of the doctor-provided step counters.
❑	❑	Mentoring Other people with Diabetes call and check in with you by phone.
❑	❑	Other Please Specify _____
❑	❑	Other Please Specify _____

Whose support is important for you in self-managing your diabetes?

	Very Unimportant	Unimportant	Neutral	Important	Very Important	N/A
Parents	1	2	3	4	5	N/A
Partners	1	2	3	4	5	N/A
Friends	1	2	3	4	5	N/A
Children	1	2	3	4	5	N/A
Co-workers	1	2	3	4	5	N/A
Your Doctor	1	2	3	4	5	N/A
Your Medical Assistant/Nurse	1	2	3	4	5	N/A
Others in your Dr.'s Office	1	2	3	4	5	N/A
Other people with Diabetes	1	2	3	4	5	N/A

Thank you!

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On a scale of 1 to 5, rate how strongly you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Group Visits helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Planned Visits helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Provider Visits helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Walking Club helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Follow-up Phone Calls helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Newsletters helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
The pedometer helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Mentoring helped me make lifestyle changes Comments:	1	2	3	4	5	N/A
Other (please specify) helped me make lifestyle changes Comments:	1	2	3	4	5	N/A

What service(s) would you like your doctor's office to provide more of? _____

_____

_____

_____

_____

Please put this survey in the enclosed self-addressed stamped envelope, and mail it to our office.

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If you would like to participate in any of the programs we mentioned, please call XXXX at (555) 555-5555.

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Thank you!