

# Diabetes Group Visit - Customer Feedback Form

**St. Peter Family Practice**  
525 Lilly Road NE \* Olympia, WA 98506  
(360) 493-7230 \* fax (360) 493-4180

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
PCP \_\_\_\_\_ Date \_\_\_\_\_

1. What is important to you? What do you want to learn more about? (Check those that apply)

- Planning meals
- Reading and understanding food labels
- Dining out or eating with friends
- Holiday and/or vacation eating
- Grocery shopping
- Encouraging family to make food changes also
- Understanding barriers to exercise
- Maintaining exercise routines
- Blood sugars - checking and understanding them
- Avoiding/preventing foot problems
- Realistic goal setting
- Coping with stress or depression
- Communicating with my doctors and nurses

2. How satisfied are you with:

	<i>Excellent</i>					<i>Poor</i>
The overall care you've received?	1	2	3	4	5	5
The answers to your questions about diabetes?	1	2	3	4	5	5
Access to care during emergencies?	1	2	3	4	5	5
The explanation of your lab results?	1	2	3	4	5	5
The way you're treated by SPFP staff, specifically:						
• our front office	1	2	3	4	5	5
• our nurses & medical assistants	1	2	3	4	5	5
• our doctors & other providers	1	2	3	4	5	5

3. Please note any other comments or input you'd like to share:

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Thanks! We appreciate your input.