

PATIENT SURVEY

This survey is about your diabetes and what you felt about the clinic where you saw your GP & Practice Nurse, in conjunction with a Diabetes Specialist & Diabetes Educator in your general practice. Your personal information and identity will remain completely confidential.

This first section is designed to find out a little more about you.

CODE	<i>Office only</i>	What is your date of birth?	
PRACTICE		Are you Male or Female? <i>Please Circle</i>	
How far did you travel to attend this clinic?		km
How long have you had diabetes?		years
How long have you been attending this general practice?		years

Please read the questions carefully before ticking the most appropriate box

1	<p>Have you ever had a consultation with a Diabetes Specialist before?</p> <p><input type="checkbox"/> Yes; At Hospital Outpatients Department</p> <p><input type="checkbox"/> Yes; As a patient in hospital</p> <p><input type="checkbox"/> Yes; At a Private Clinic</p> <p><input type="checkbox"/> Yes; At another clinic</p> <p><input type="checkbox"/> No</p>
2	<p>Have you ever had an appointment with a Diabetes Nurse Educator before?</p> <p><input type="checkbox"/> Yes; At Hospital Outpatients Department</p> <p><input type="checkbox"/> Yes; As a patient in hospital</p> <p><input type="checkbox"/> Yes; At a Private Clinic</p> <p><input type="checkbox"/> Yes; At another clinic</p> <p><input type="checkbox"/> No</p>
3	<p>Who <u>else</u> do you see in relation to your diabetes? <i>(You may tick multiple boxes)</i></p> <p><input type="checkbox"/> Dietician</p> <p><input type="checkbox"/> Podiatrist</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Exercise Physiologist</p> <p><input type="checkbox"/> Other; <i>Please list</i></p>

<i>Please read the following statements carefully before circling the most appropriate number</i>		1. Strongly Disagree	2. Disagree	3. Neither Agree nor Disagree	4. Agree	5. Strongly Agree
4	I like being able to attend this clinic in my usual general practice	1	2	3	4	5
5	I feel I had enough time with the GP, Specialist and Nurses during the clinic	1	2	3	4	5
6	The appointment times for the clinic <u>did not</u> suit me	1	2	3	4	5
7	The clinic is well organised	1	2	3	4	5
8	The clinic cost <u>too much</u>	1	2	3	4	5
9	I was given the opportunity to ask questions about my treatment and care	1	2	3	4	5
10	I was given the opportunity to share in decisions about my treatment and care	1	2	3	4	5
11	The clinic <u>has not</u> been useful	1	2	3	4	5
12	The assessment undertaken by the Diabetes Educator and Nurse is valuable	1	2	3	4	5
13	The examination undertaken by the Diabetes Specialist and GP is valuable	1	2	3	4	5
14	The health care team working together is essential for my overall care	1	2	3	4	5
15	I feel there was <u>too much</u> information for me to take in at the clinic	1	2	3	4	5
16	I understand how to better manage my diabetes because of the clinic	1	2	3	4	5
17	My diabetes will be better controlled because of the clinic	1	2	3	4	5
18	Do you have suggestions for improving the clinic? <i>Please List</i>					
Thank you for your time and patience in completing this survey. Please place the completed survey in the pre-paid envelope provided and post.						