



Name (optional): _____

Date Completed: ____ / ____ / ____
MM DD YEAR

Participant Satisfaction with Diabetes Care - Baseline Survey

USE ENCLOSED ENVELOPE OR MAIL COMPLETED SURVEY TO:

HealthMapRx™ - Surveys

P.O. Box 22557

Charleston, SC 29413

The following questions ask your opinion about the quality of diabetes care you receive from your current health care providers (e.g., physicians, nurses, dietitians, pharmacists). Check a box on each line to indicate your ratings with regard to:

	Poor	Fair	Good	Very Good	Excellent
1. Basic information about diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Information about how to prevent or slow complications from diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Information about your diabetes medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Information about how to manage your diet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Information about how to monitor diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Being able to get answers to your questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your health care providers' respect for your opinions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your health care providers helping you find solutions to your diabetes-related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your health care providers caring about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Having a convenient location to see your health care providers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Being able to see a health care provider in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days of work have you missed over the last six-months due to your condition?

None 1 2 3 4 5 6 7 8 9 10+

This question asks your overall opinion of the health care you have received for diabetes.

Circle any number from 1 to 10 wherein higher numbers mean better care. For example, you could circle 1 if you feel that you had the “worst possible care,” or circle 10 if you feel you had the “best possible care,” or circle a number between the two extremes.

Worst Possible Care												Best Possible Care
1	2	3	4	5	6	7	8	9	10			

Insert: Employer Name