



**THE DIABETES EQUITY PROJECT
DIABETES HEALTH PROMOTION
VISIT FIVE**

How long have you been going to the Diabetes Health Promoter? **Date** _____



LESS THAN 3 MONTHS AT LEAST 3 MONTHS BUT LESS THAN 1 YEAR MORE THAN 1 YEAR

Name and Phone (optional) _____	1 	2	3	4 
1. Were you treated with respect today?	0	0	0	0
2. During today's visit, did you increase your understanding of diabetes care for yourself?	0	0	0	0
3. Do you feel that you could call the Diabetes Health Promoter to ask questions about the care of your diabetes?	0	0	0	0
4. How likely would you be to recommend this program to one of your friends or family members who has diabetes too?	0	0	0	0
Comments: _____				

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