

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



How long have you been going to the Diabetes Health Promoter (DHP)?

LESS THAN 3 MONTHS

AT LEAST 3 MONTHS BUT LESS THAN 1 YEAR

Date _____

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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