**Diabetes Care Survey Questions**

**I receive diabetes lab results in a timely matter.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**I understand diabetes information provided by dietitian.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**My questions regarding my diabetes care are answered clearly by my provider**.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**I am able to make an appointment with my provider in a timely matter to discuss my diabetes.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**I am able to make an appointment with my dietitian in a timely matter.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**Diabetes education opportunities are offered in the community in which I reside.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment: (state community)

**My diabetes medications have been clearly explained to me.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment:

**If my blood sugar remains too high for a long time, I know what will happen to my body.**

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

Please comment: