

Patient Feedback Form

This booklet has been developed by a team of Mackay Health Professionals to meet local needs therefore your comments about the *Diabetes - Getting Started -Taking Control Booklet* are valuable to the distribution and future editions of this booklet.

Please complete the following feedback form and return by folding along the lines on reverse side and sealing the end with tape. No stamp is required as postage is pre-paid.

About You

1 Sex (Please Tick)
 Male Female

2 Age (Please Tick)

<20	<input type="checkbox"/>
20 - 34	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>
55 - 64	<input type="checkbox"/>
65 - 74	<input type="checkbox"/>
75 and over	<input type="checkbox"/>

Your Health

3. What are you main health problems?

(Please tick any that are applicable)

Diabetes	<input type="checkbox"/>
Prediabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>
Heart failure	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Other (please list)	<input type="checkbox"/>

4. How often have you visited a doctor in the last 6 months for?

	Diabetes	Other (Please Specify)
1-3 visits	<input type="checkbox"/>	<input type="checkbox"/>
4 - 8 visits	<input type="checkbox"/>	<input type="checkbox"/>
9 or more visits	<input type="checkbox"/>	<input type="checkbox"/>

Your opinion of the Diabetes Booklet

5. Have you found the booklet useful?
 Yes No

6. Did you find the booklet easy to read and understand?
 Yes No

7. Which section/s of the booklet did you find most interesting and useful?
 (tick as many as are applicable)

Diabetes Mellitus	<input type="checkbox"/>
Overview of the Management of Diabetes	<input type="checkbox"/>
Emotional Health and Diabetes	<input type="checkbox"/>
Complications of Diabetes	<input type="checkbox"/>
Healthy Eating and Diabetes	<input type="checkbox"/>
Exercise and Diabetes	<input type="checkbox"/>
Self Blood Glucose Monitoring	<input type="checkbox"/>
Hypoglycaemia	<input type="checkbox"/>
Foot Care and Diabetes	<input type="checkbox"/>
Travel and Diabetes	<input type="checkbox"/>
Diabetes Support	<input type="checkbox"/>
National Diabetes Service Scheme	<input type="checkbox"/>
Diabetes Internet Sites	<input type="checkbox"/>
Glossary	<input type="checkbox"/>

8. Are there any changes / additions /recommendations to the booklet?

9. Would you recommend the booklet to other people with diabetes?

Yes No

10. Where did you receive your copy of the *Diabetes - Getting Started -Taking Control* booklet?

(Please Tick)

GP	<input type="checkbox"/>
Practice nurse	<input type="checkbox"/>
Diabetes educator	<input type="checkbox"/>

Thank you for taking the time to complete this feedback form. Your comments are valuable.

Delivery Address:

43 Evans Ave
NORTH MACKAY QLD 4740

No stamp required
if posted in Australia



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