Franciscan Health Type II Diabetes Follow-up Survey

Rate the following on a scale of 1 (least) to 5 (most) based on your understanding.

1. Prior to your initial visit with the pharmacist, how well did you feel you could manage your Type II Diabetes?

   1 2 3 4 5
   Least Most

2. Following your visit with the pharmacist, how well do you feel can manage your Type II Diabetes?

   1 2 3 4 5
   Least Most

3. How understanding was the pharmacist of your situation?

   1 2 3 4 5
   Least Most

Rate the following on a scale of 1 (least) to 5 (most) based on your experience.

1. How did you feel about your experience with the pharmacist today?

   1 2 3 4 5
   Least Most

2. How helpful did you find the pharmacist today?

   1 2 3 4 5
   Least Most

3. How likely are you to return using the pharmacist services?

   1 2 3 4 5
   Least Most

Comments: