

HEALTHY LIVING NT INFORMATION PACK EVALUATION FORM

We would appreciate it if you could complete the following survey and return it to healthy Living NT by mail, fax or at your next appointment. This survey will help us to ensure that the information we provide is useful and helpful in managing diabetes.

1. What type of information pack did you receive?

- Type 2 IGT Insulin Gestational Type 1

2. How much of the information did you read?

- All of it Some of it None of it

3. How informative did you find the information pack?

- Very informative Informative Adequate Not informative

4. Was there sufficient information provided in the information pack?

- Yes No

5. What, if anything, did you find most helpful/useful in the information pack?

6. What, if anything, did you find the least helpful/useful in the information pack?

7. Is there anything that you would like to see added to this information pack?

- Yes No

If yes, what would you like to see added?

8. Is there anything that you would like to see removed from the information pack?

- Yes No

If yes, what would you like to see removed?

9. Comments

Thank you for taking the time to complete this evaluation

Postcode: _____

Date: _____



healthylivingNT

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Healthy Living NT
is the trading name of the
Diabetes Association
of the Northern Territory
Incorporated.

Healthy Living NT
is the registered NT
licence holder for
Life. Be in it.

