

Form Approved OMB No. 0935-0128 Exp. Date XX/XX/20XX

Thank you for taking the time to tell us what you think about the Comparing Oral Medications for Adults with Type 2 Diabetes clinician summary guide. The information you provide will help us to improve current and future guides. You may choose not to answer any question, and your responses are completely anonymous. No information that could be used to identify you will be collected. The average time required to complete this survey is 5 minutes.

0. Please choose ONE statement that best describes you:

X I am a health care professional who provides care to people with Type 2 diabetes I am a health care administrator or policymaker

I have Type 2 diabetes

I am the caregiver, family member or friend of someone with Type 2 diabetes Other ---> Please describe yourself

1. How useful to you was the clinical bottom line section?

Very useful

Somewhat useful

Not very useful ---> Why not?

2. How useful to you was the confidence scale?

Very useful

Somewhat useful

Not very useful ---> Why not?

3. How useful was the cost information?

Very useful

Somewhat useful

Not very useful ---> Why not?

4. Did you learn anything new from the guide?

Yes, a lot

Yes, some

No

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0128) AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

5. What was your level of knowledge on this topic before reading the guide?

Limited Fair Good Very Good Expert 6. Did you disagree with any of the information in the guide? Nο Yes ---> Please describe 7. Will the information in this guide influence or change your treatment recommendations in the future? Yes Not sure ---> Why not? No ---> Why not? 8. Would this guide help you to discuss treatment options with your patients? Yes Not sure ---> Why not? No ---> Why not? 9. Would you recommend this clinician guide to others? Yes, definitely Not sure ---> Why not? No ---> Why not? 10. Would you like to give us any other comments or thoughts about the guide? 11. How did you find this clinician guide? Internet search I received an e-mail notification from AHRQ's Effective Health Care Program Link from another website ---> Which website? Link from companion consumer's guide Colleague Professional organization email, newsletter, journal ---> Please describe Other ---> Please describe 12. Have you seen the companion patient guide, Pills for Type 2 Diabetes: A Guide for Adults, which is available at the Effective Health Care website? No No, but I plan to look at it Yes. I have looked at it 13. What type of health care professional are you? Physician

Physician Assistant

Nurse Practitioner

Registered Nurse

Pharmacist

Social Worker

Health Educator

Dentist

Medical/nursing/dental/pharmacy student

Other ---> Please describe

14. Are you:

Male

Female

15. What is your age?

Under 30

30-44

45-59

60 or older