Effective Health Care **Consumer & Clinician Products Questionnaire**

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:

- [ ] I am a health care professional who provides care to people with Type 2 diabetes
- [X] 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

5. Did you disagree with any of the information in the guide?

No

Yes ---> Please describe

6. Do you anticipate that you would use the information in this guide to: (*please answer all items*)

Inform/educate clinicians who treat people with Type 2 diabetes?	Yes	No	Not Applicable
Inform/educate patients who have Type 2 diabetes?	Yes	No	Not Applicable
Inform decisions about formularies or reimbursement?	Yes	No	Not Applicable
Influence clinical guidelines?	Yes	No	Not Applicable

7. Are there any other uses you would have for this guide?

No

Yes ---> Please describe

8. Would you recommend this clinician/policymaker guide to others?

Yes, definitely

Not sure ---> Why not?

No ---> Why not?

9. Would you like to give us any other comments or thoughts about the guide?

10. How did you find this 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

11. For what type of organization do you work?

University or other educational institution

Federal agency

State agency

County or city agency

HMO

Insurance provider

Pharmaceutical industry

Consumer advocacy organization

Professional advocacy organization

Other ---> Please describe

12. Are you:

- Male
- Female

13. What is your age?

- Under 30
- 30-44
- 45-59
- 60 or older