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 Pills for Type 2 Diabetes: a Guide for Adults consumer 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 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. Would this guide be useful for the majority of your patients with Type 2 diabetes?

Yes

Not sure ---> Why not?

No ---> Why not?

2. Would you keep copies in your office to give or show to patients?

Yes

Not sure ---> Why not?

No ---> Why not?

3. Would this guide help you to discuss treatment options for Type 2 diabetes with your patients?

Yes, definitely

Not sure ---> Why not?

No ---> Why not?

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.

Yes, definitely
Not sure ---> Why not?
No ---> Why not?

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

6. 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 the companion clinician's guide

Colleague

Professional organization email, newsletter, journal ---> Please describe

Other ---> Please describe

7. 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

8. Are you:

Male

Female

9. What is your age?

Under 30

30-44

45-59

60 or older