

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

X I have Type 2 diabetes

I am the caregiver, family member or friend of someone with Type 2 diabetes

Other ---> Please describe yourself

1. Did you trust the information in the *Pills for Type 2 Diabetes: A Guide for Adults* guide?

Yes

No ---> Why not?

2. Did you learn anything new about the **benefits of the different pills for Type 2 diabetes?**

Yes, a lot

Yes, some

No

3. Did you learn anything new about the **risks or side effects of the different pills for Type 2 diabetes?**

Yes, a lot

Yes, some

No

4. How useful was the cost information?

Very useful

Somewhat useful

Not very useful ---> 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.

5. Would the guide help you to talk with a doctor or nurse about pills for Type

2 diabetes?

Yes

No ---> Why not?

6. Would the guide help you to make a decision about choosing or changing pills for Type 2 diabetes?

Yes

No ---> Why not?

7. Overall, how useful to you was the information in this guide?

Very useful

Somewhat useful

Not very useful ---> Why not?

8. Would you recommend this 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 about pills for Type 2 diabetes?

Internet search

Link from another website ---> Which website?

Clinic or doctor's office

Friend/family

Magazine, journal, or newsletter ---> Please describe

Other ---> Please describe

11. Are you:

Male

Female

12. What is your age?

Younger than 18

18-29

30-39

40-49

50-59

60-69

70-79

80 or older

13. What is the highest level of education you have completed?

Some high school

Graduated high school or GED

Some college, no degree
Associate's degree
Bachelor's degree
Master's, professional, or doctoral degree

14. How would you rate your current health status?

Very Poor
Poor
Fair
Good
Very Good
Excellent

15. Do you have health insurance that covers all or part of the costs for pills to treat Type 2 diabetes?

Yes
No

16. Are you Hispanic or Latino/Latina?

No
Yes

17. What is your race? Please select one or more.

American Indian or Alaska Native
Asian
Native Hawaiian or other Pacific Islander
Black or African American
White