

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
- 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?**

No  
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