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 guestion, 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. 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

НМО

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