National Institute of Diabetes and Digestive and Kidney Diseases

NIDDK Health Information Survey

Health Information Survey

Disclaimer: The purpose of the survey is to collect responses from patients and health providers regarding their experience with NIDDK health information via the OCHIN electronic health record (EHR) system.

Public reporting burden for this collection of information is estimated to average 3 minutes total, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

* 1. Please select the health information topic from the dropdown below that you reviewed before starting this survey.

* 2. Using the following scale, please rate how helpful you found the health information provided by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

	Not at all helpful	Not so helpful	Somewhat helpful	Very helpful	Extremely helpful
Helpful	◯	◯	◯	◯	◯

* 3. Using the following scale, please rate how easy it was to understand the health information provided by NIDDK

	Not at all easy to understand	Not so easy to understand	Somewhat easy to understand	Very easy to understand	Extremely easy to understand
Easy to understand	◯	◯	◯	◯	◯

* 4. Using the following scale, please rate your experience with the length of the health information provided by NIDDK

	Too Long	Too Short	Length is okay
A reasonable length	◯	◯	◯

* 5. Did receiving the health information provided by NIDDK improve your visit with your healthcare provider?

☐ Yes

☐ No

☐ Other (please specify)

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[                                                        ]
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* 6. After reading the health information provided by NIDDK, do you plan to discuss any of the material with your healthcare provider in a follow up visit?

☐ Yes

☐ No

☐ Other (please specify)

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[                                                        ]
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Done

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