
Evaluation

Your input is requested to help us improve future versions of the Diabetes and Cardiovascular Disease Provider Reference Guide (PRG). Please take a moment to complete this evaluation to improve the effectiveness and support the PRG provides you and your practice. The survey can also be accessed online at: <http://www.zoomerang.com/Survey/WEB22CFZRUNESP/>

Tell us about the PRG

Please rate 1- 5 (5 - very satisfied, 4- satisfied, 3- neutral , 2- dissatisfied, 1- very dissatisfied)

How would you rate your overall satisfaction with the content of the PRG?	5	4	3	2	1
How would you rate your satisfaction with each of these chapters?					
-Prevention and Delay of Type 2 Diabetes	5	4	3	2	1
-Screening and Diagnosis of Type 2 Diabetes, Hypertension and Dyslipidemia	5	4	3	2	1
-Comprehensive Management of Type 2 Diabetes	5	4	3	2	1
-Preventing and Managing Complications of Type 2 Diabetes	5	4	3	2	1
-Improving Type 2 Diabetes and Self Management	5	4	3	2	1
-Patient Resources	5	4	3	2	1
-Practice/ Clinic Resources	5	4	3	2	1

Please provide any recommendations to strengthen future versions to the PRG.

Tell us about yourself and your practice

Your answers to the following questions will help us assess whether we are addressing the needs of the various types of clinicians and practices that care for patients with diabetes. It will also help ensure a continued focus on reducing health disparities and access to care issues.

State your practice is located in: _____

Practice type: Private practice Public Health Clinic Community Clinic/Community Health Center

Practice characteristics (check all that apply) Urban Rural Suburban Solo/Small group (1-4)
 Medium group (5-150) Large group (151-1000) Very large group (> 1000)

Your estimated percent of your patients diagnosed with type 2 diabetes? _____%

Your training: MD/DO PA NP Other: _____

Your race/ethnicity (optional): African American/Black Alaskan Native/Native American
 Asian Hispanic/Latino Native Hawaiian or Other Pacific Islander White OTHER _____

If you would like to receive notification of webinars, tools and other resources offered by the CMA Foundation's Diabetes Quality Improvement Project, please provide your first and last name and email address.

Thank you for your assistance.
Please fax or e-mail this survey to:



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