

**CLINICIANS, Your input is requested to help us improve future versions of *The Diabetes and Cardiovascular Disease Provider Reference Guide*. Please take a moment to complete this evaluation to improve the effectiveness and support this Reference Guide provides you and your practice.**

**Tell us about the Reference Guide**

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

- 1) *How would you rate your overall satisfaction with the content of the Reference Guide?* 5 4 3 2 1
- 2) *The content within each section is useful and relevant.*
  - Diabetes as a Cardiovascular Disease Overview 5 4 3 2 1
  - Screening and Diagnoses of Type 2 Diabetes 5 4 3 2 1
  - Clinical Management of Diabetes 5 4 3 2 1
  - Management of Diabetes-Related Cardiovascular Disease 5 4 3 2 1
  - Preventing and Managing Complications 5 4 3 2 1
  - Provider and Patient Communication 5 4 3 2 1
  - Self Management Resources and Patient Education 5 4 3 2 1
  - Clinical Resources for Health Care Providers 5 4 3 2 1
- 3) *Please provide any recommendations to strengthen future versions to the Reference Guide.*

**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.

- 4) *Your training*  MD/DO  PA  NP Other \_\_\_\_\_
- 5) *State your practice is located in* \_\_\_\_\_
- 6) *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)
- 7) *Practice type*  Private practice  Public Health Clinic  Community Clinic/Community Health Center
- 8) *Your estimated percent of your patients diagnosed with type 2 Diabetes?* \_\_\_\_\_ %
- 9) *Optional: Race/Ethnicity*  African American/Black  Alaskan Native/Native American  
 Asian  Hispanic/Latino  Native Hawaiian or Other Pacific Islander  White
- 10) *If you would like to receive updates, tools and resources developed by CMA Foundation’s Advancing Practice Excellence in Diabetes Program, please provide your first and last name and email address. Thank you.*

If you would like to complete this survey on-line please go to:  
[http://www.thecmafoundation.org/projects/aped/Provider\\_DiabetesRefGuide2010.html](http://www.thecmafoundation.org/projects/aped/Provider_DiabetesRefGuide2010.html)  
 Please fax or e-mail this survey to:



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