

Chapter Survey

8. Please evaluate the relative value of the individual pieces of the *Highlight on Diabetes Meeting*

Resource Kit:

| | Did Not Use | No Value | Little Value | Neutral | Valuable | High Value |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Slide deck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient education materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Video | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Customizable poster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Customizable ad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Display panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. How did you benefit from this grant?

10. What did you like best about the grant process and the AAFP Foundation *Highlight on Diabetes Meeting* Resource Kit?

11. How could the grant process and the Meeting Resource Kit be improved?

Email, fax, or mail the completed Chapter Survey to: Email: sgoodman@aafp.org; Fax: 913-906-6095; Mail: AAFP Foundation, Attn: Sondra Goodman, 11400 Tomahawk Creek Parkway, Ste. 440, Leawood, KS 66211.

Support for this program is made possible by the AAFP Foundation through a grant from Sanofi.