



# Let's hear your opinion of the Burden of Diabetes Report

Your opinion is very important to us. So please help us to improve this and other publications by taking a few minutes of your time to answer the following questions.

## A little bit about you

### 1. Please indicate your work setting or reason for interest in the report.

- State/local health department
- Hospital clinic/private practice/FQHC
- Non-profit organization
- Other public health setting
- Academic institution
- Personal interest in diabetes
- Acute care hospital
- Health maintenance organization
- Other: \_\_\_\_\_

### 2. Which best describes your professional or personal diabetes-related activities? (Please check all that apply)

- Public health
- Health promotion
- Volunteer activities
- Administration and planning
- Outreach and advocacy
- Personal experience managing diabetes
- Research/data analysis/evaluation
- Patient care and education
- Other: \_\_\_\_\_

### 3. I plan to use this information as reference for the development of: (Please check all that apply)

- Health education materials
- Proposal writing/planning
- Practice guidelines
- Advocacy efforts
- Public policies
- Other: \_\_\_\_\_
- Personal knowledge

### 5. Do you know where to go for additional information on Diabetes?

- Yes
- No

## Final opinion

### 13. After reading this report, do you feel that you are more informed about:

- a) The prevalence of diabetes in New Jersey (i.e. number and rate of people who have diabetes)?  Yes  No
- b) Primary and secondary prevention data?  Yes  No
- c) Medicine Part B changes in Diabetes Diagnosis and Treatment?  Yes  No
- d) Cardiovascular Disease and Diabetes?  Yes  No
- e) Self management of Diabetes?  Yes  No
- f) Flu and Pneumococcal Vaccinations and Diabetes?  Yes  No

### 12. Overall, the report met my diabetes data needs.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- No opinion

13. Comments or Suggestions: \_\_\_\_\_