

OMI PARTICIPANT FOLLOW-UP SURVEY

PARTICIPANT FEEDBACK

Please circle the number that best matches your opinion.

A. Participating in the WDA Type 2 Diabetes Outcomes Study:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| was very easy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | was very difficult |
| was enjoyable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | was frustrating |
| influenced my nutrition monitoring activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | did not influence my nutrition monitoring activities |

B. Which of the following did you experience as rewards? (check all that apply)

- Satisfaction of being part of a research project
- Increased research skills
- Introduced me to informed consent procedures
- Increased knowledge of outcomes monitoring
- Provided idea(s) for outcomes monitoring
- Helped standardize practice
- Increased opportunities to interact w/ patients
- Collected data for multiple use
- Increased awareness of biomedical or psychological factors to monitor in diabetes
- Felt sense of empowerment
- Received recognition by peers
- Received recognition by management
- Received recognition by WDA
- Other _____

C. Check all problems/challenges that you encountered:

- Lack of time
- Inadequately trained
- Protocol not clear
- Obtaining IRB approval
- Patient refusal to participate
- Difficulty obtaining current labs
- Unable to reach subject(s) for follow-up
- Lack of patients meeting inclusion criteria
- Awkward asking subject(s) to evaluate my effectiveness
- Collecting data simultaneously for ADA certification
- Lack of support from management
- Low perceived value
- Other _____

D. Regarding another outcomes study . . .

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|------------------------------------|
| I definitely would participate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I definitely would not participate |
|--------------------------------|---|---|---|---|---|---|---|------------------------------------|

(over)

E. How helpful were the following as you participated in the study?

| | very helpful | | | | | not at all helpful | | |
|--------------------------|--------------|---|---|---|---|--------------------|---|-----|
| a. Training Sessions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| b. OMI Study Packet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| c. Data Collection Forms | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| d. OMI Newsletters | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| e. Phone Calls | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| f. WDA Tabletop Display | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

F. We'd appreciate any further comments you may have. For example, what specific changes, if any, has this lead to in your practice, and/or what recommendations do you have for future outcomes studies.

DEMOGRAPHIC QUESTIONS

Number of Type 2 Diabetes subjects that you enrolled (please check one):

- none
- 1 - 2
- 3 - 5
- 6 - 8
- more than 8

Work Site Description (please check all that apply to the site at which you enrolled subjects):

Approximate Population Served by your Facility

- < 20,000
- 20,000 - 49,999
- 50,000 - 99,999
- 100,000 - 199,999
- ≥ 200,000

Type of Facility

- Inpatient Setting
- Outpatient Setting; if so, please identify type:
 - General Nutrition Clinic
 - Diabetes Clinic
 - Other: _____

Current Status, American Diabetes Assn. Certification

- ADA Certified Diabetes Education Program
- Non-certified Program, in the process of becoming certified
- Not certified