



Indian Health Service
Division of Diabetes Treatment and Prevention



Education Materials Online Catalog

IHS Division of Diabetes Treatment and Prevention (DDTP) Online Catalog Survey

The IHS Division of Diabetes Treatment and Prevention (DDTP) values your opinion and feedback and would like to use it to improve our processes, resources, and materials. Therefore, we ask that you please take a few minutes to complete this survey to provide input on how you access and use diabetes education materials and your experience with the IHS Division of Diabetes Education Materials and Resources (Online Catalog). You have the option of telling us who you are at the end of the survey or remaining anonymous.

Form Approved

OMB No. 0917-0036

Exp. Date 02/28/2025

Privacy policies related to this survey:

[IHS Privacy Policy Statement](#)

[SurveyMonkey Privacy Notice](#)

1. Do you use diabetes education materials for professional and/or personal purposes?

☐ Yes

☐ No



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2. What do you use diabetes education materials for? Check all that apply.

- ☐ Special Diabetes Program for Indians (SDPI) activities
- ☐ Patient education
- ☐ Health fair/Tribal event
- ☐ My own information
- ☐ To share with family members
- ☐ Other (specify):

3. How do you access/share diabetes education materials? Check all that apply.

- ☐ Desktop or laptop computer
- ☐ Tablet (e.g., iPad, Galaxy, Surface)
- ☐ Phone
- ☐ Printed resources (e.g., pamphlets, fact sheets, or tip sheets)
- ☐ Other (specify):

4. What diabetes education material topics are most helpful for you/your patients? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Diabetes Medications | <input type="checkbox"/> Foot Care | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Behavioral Health (e.g., depression, anxiety, stress, etc.) | <input type="checkbox"/> General Diabetes | <input type="checkbox"/> Oral Care |
| <input type="checkbox"/> Diabetes Prevention | <input type="checkbox"/> Heart Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Eye Care | <input type="checkbox"/> Kidney Health | |
| <input type="checkbox"/> Other (specify): | | |

5. Have you ever **accessed** the IHS Division of Diabetes Education Materials and Resources (Online Catalog)?

- ☐ Yes
- ☐ No



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6. How did you find out about the Online Catalog? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Email from DDTP | <input type="checkbox"/> Training or webinar |
| <input type="checkbox"/> DDTP or SDPI website | <input type="checkbox"/> Website search |
| <input type="checkbox"/> Social Media (e.g., Facebook, twitter, LinkedIn) | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other (specify): | |

7. What was your primary reason for accessing the Online Catalog?

- ☐ Looking for something specific
- ☐ Browsing available materials
- ☐ Just curious
- ☐ Other (specify):

8. Were you able to find what you were looking for?

- ☐ Yes
- ☐ No
- ☐ Not sure yet/still looking

9. Have you **ordered** printed diabetes education materials from the Online Catalog?

- ☐ Yes
- ☐ No



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10. If ordered, how did you use the diabetes education materials? Check all that apply.

☐ Special Diabetes Program for Indians (SDPI) activities

☐ Patient education

☐ Health fair/Tribal event

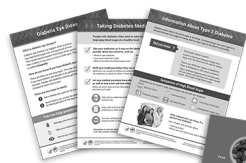
☐ My own information

☐ To share with family members

☐ Other (specify):



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11. Have you **downloaded** diabetes education materials (PDF files) from the Online Catalog?

☐ Yes

☐ No



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12. What did you do with the downloaded diabetes education materials? Check all that apply.

☐ Sent electronically to patient(s) (e.g., via email)

☐ Shared on social media

☐ Other (specify):

13. Did you print the downloaded diabetes education materials?

☐ Yes

☐ No



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14. If printed, how did you use the diabetes education materials? Check all that apply.

- ☐ Special Diabetes Program for Indians (SDPI) activities
- ☐ Patient education
- ☐ Health fair/Tribal event
- ☐ My own information
- ☐ To share with family members
- ☐ Other (specify):



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15. Indicate which of the following describe where you work. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> SDPI Program | <input type="checkbox"/> Other Federal Agency (specify below) |
| <input type="checkbox"/> Tribal Program or Facility | <input type="checkbox"/> University (specify below) |
| <input type="checkbox"/> Alaska Native Program | <input type="checkbox"/> State/Local Government (specify below) |
| <input type="checkbox"/> Urban Indian Program or Facility | <input type="checkbox"/> Non-profit Organization (specify below) |
| <input type="checkbox"/> Indian Health Service | |
| <input type="checkbox"/> Other (specify): | |

16. What group(s) do you work with? Check all that apply.

- ☐ Adults
- ☐ Children/Youth
- ☐ Elders
- ☐ Other (specify):

17. Tell us who you are. Check all that apply.

<input type="checkbox"/> Community Health Representative	<input type="checkbox"/> Fitness Specialist	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Dental Professional	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Physician
<input type="checkbox"/> Diabetes Educator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Registered Dietitian
<input type="checkbox"/> Diabetes Program Coordinator	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Other (specify):		
<div></div>		

18. Provide your name and email address if you do not mind being contacted for additional information (optional).

Name:

Email Address:



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Thank you for completing this survey. Your opinions matter and will help guide improvements in our processes, resources, and materials.

Do not hesitate to contact the IHS Division of Diabetes for any questions: diabetesprogram@ihs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average less than 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.