

IHS Division of Diabetes Treatment and Prevention (DDTP) Online Catalog Survey for those that Order Materials

The IHS Division of Diabetes Treatment and Prevention (DDTP) values your opinion and feedback. We will use your feedback to improve our processes, resources, and materials. Please take a few minutes to complete this survey to provide input on 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. How do you plan to use the diabetes education material(s) you ordered? Check all that apply.

- ☐ Special Diabetes Program for Indians (SDPI) activities
- ☐ Patient education
- ☐ Health fair/Tribal event
- ☐ My own information
- ☐ Share with family members and/or friends
- ☐ Other (please specify)

2. How did you learn about the Online Catalog? Check all that apply.

- ☐ Email from DDTP
- ☐ Training or webinar
- ☐ DDTP or SDPI website
- ☐ Website search
- ☐ Social Media (e.g., Facebook, Twitter, LinkedIn)
- ☐ Word of mouth
- ☐ Other (please specify)

3. Were you looking for something specific?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No
- ☐ If not, why?

5. Rate the following aspects of your Online Catalog experience.

	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied	N/A
Searching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If dissatisfied with any aspect, why?

6. Overall, what was good about your experience with the Online Catalog?

7. Do you have any suggestions for improving the Online Catalog?

8. Provide any other comments or information regarding your experience with the Online Catalog.

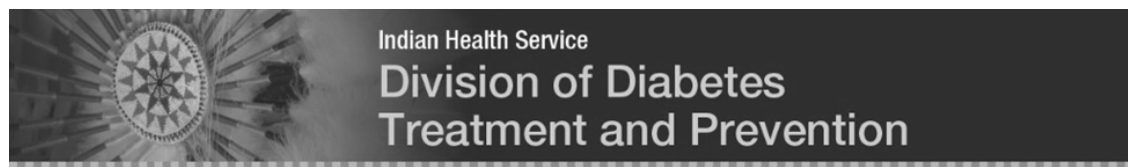


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9. Are you willing to respond to additional questions on the specific materials that you ordered?

☐ Yes

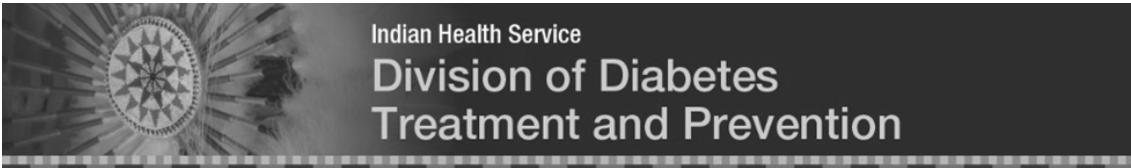
☐ No



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10. Select one of the materials that you ordered.

- ☐ A River Runs Through Us 90-Day Journal for Wellness
- ☐ My Native Plate
- ☐ Handout: Information About Type 2 Diabetes
- ☐ Handout: Tips for Managing Blood Sugar
- ☐ Handout: Keeping your Feet Healthy
- ☐ Handout: Taking Diabetes Medicines
- ☐ Handout: Protecting Your Kidneys When You Have Diabetes
- ☐ Eagle Book: Coyote and the Turtle's Dream
- ☐ Eagle Book Series (4 books)
- ☐ Handout: Know Your Numbers: A1C and Blood Pressure
- ☐ Other (please specify)



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11. Rate the following aspects of the material selected in Question 10.

	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied	N/A
Graphics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Ties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If dissatisfied with any aspect, why?

12. Did you distribute the material selected in Question 10 to others as a part of your job?

☐ Yes

☐ No 



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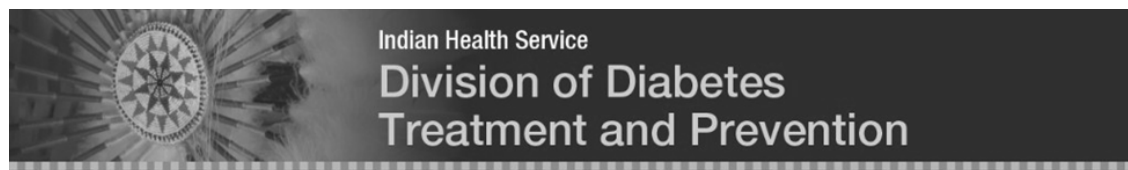
13. How did you distribute (check all that apply)?

☐ Directly to a patient/client

☐ At an event

☐ In a waiting room

☐ Other (please specify)

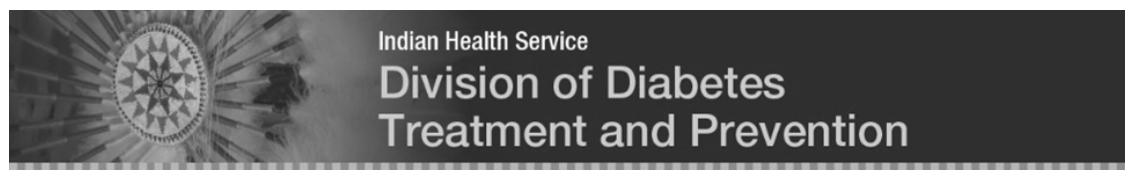


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14. Do you have another material to rate?

☐ Yes

☐ No



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15. Select one of the materials that you ordered.

☐ A River Runs Through Us 90-Day Journal for Wellness

☐ My Native Plate

☐ Handout: Information About Type 2 Diabetes

☐ Handout: Tips for Managing Blood Sugar

☐ Handout: Keeping your Feet Healthy

☐ Handout: Taking Diabetes Medicines

☐ Handout: Protecting Your Kidneys When You Have Diabetes

☐ Eagle Book: Coyote and the Turtle's Dream

☐ Eagle Book Series (4 books)

☐ Handout: Know Your Numbers: A1C and Blood Pressure

☐ Other (please specify)



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16. Rate the following aspects of the material selected in Question 15.

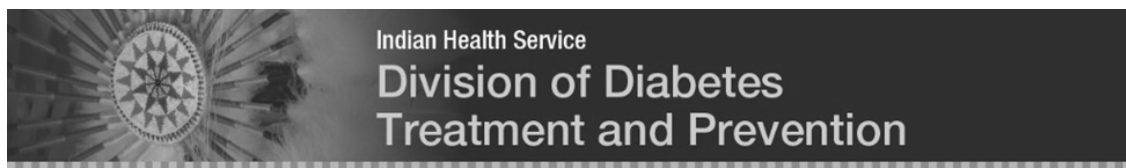
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied	N/A
Graphics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Ties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If dissatisfied with any aspect, why?

17. Did you distribute the material selected in Question 15 to others as a part of your job?

☐ Yes

☐ No 



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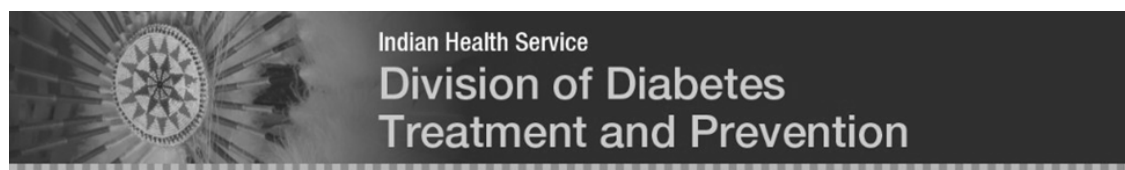
18. How did you distribute (check all that apply)?

☐ Directly to a patient/client

☐ At an event

☐ In a waiting room

☐ Other (please specify)

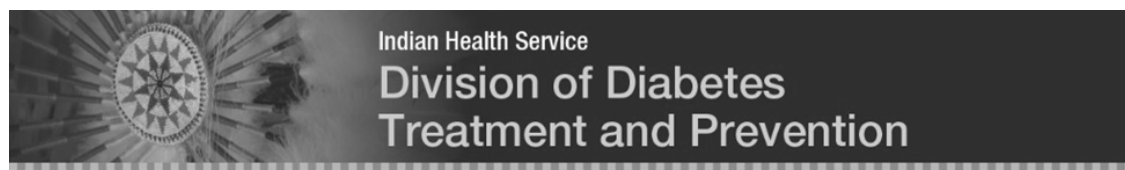


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19. Do you have another material to rate?

☐ Yes

☐ No



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22. Did you distribute this material that you ordered?

☐ Yes

☐ No



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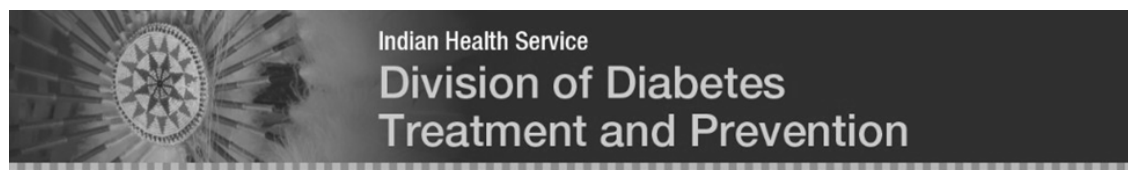
23. How did you distribute (check all that apply)?

☐ Directly to a patient/client

☐ At an event

☐ In a waiting room

☐ Other (please specify)



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24. Do you have another material to rate?

☐ Yes

☐ No



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25. Select another material that you ordered.

☐ A River Runs Through Us 90-Day Journal for Wellness

☐ My Native Plate

☐ Handout: Information About Type 2 Diabetes

☐ Handout: Tips for Managing Blood Sugar

☐ Handout: Keeping your Feet Healthy

☐ Handout: Taking Diabetes Medicines

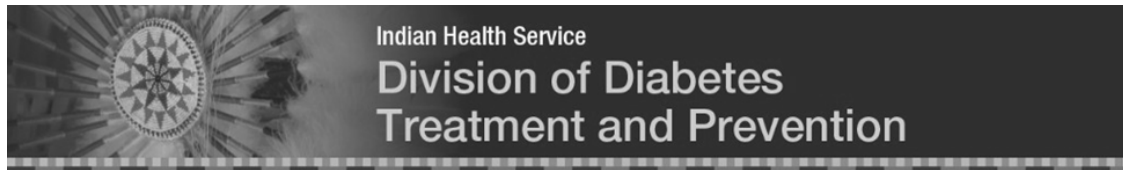
☐ Handout: Protecting Your Kidneys When You Have Diabetes

☐ Handout: Know Your Numbers: A1C and Blood Pressure

☐ Eagle Book: Coyote and the Turtle's Dream

☐ Eagle Book Series (4 books)

☐ Other (please specify)



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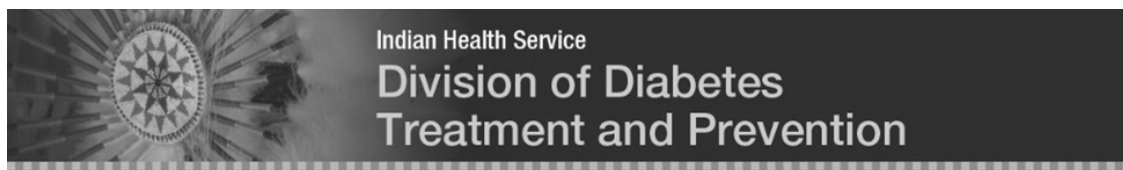
26. Rate the following aspects of the material you selected.

	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfies	N/A
Graphics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Ties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Did you distribute this material that you ordered?

☐ Yes

☐ No



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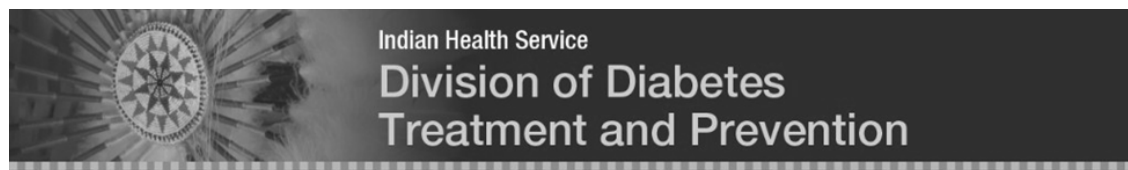
28. How did you distribute (check all that apply)?

☐ Directly to a patient/client

☐ At an event

☐ In a waiting room

☐ Other (please specify)

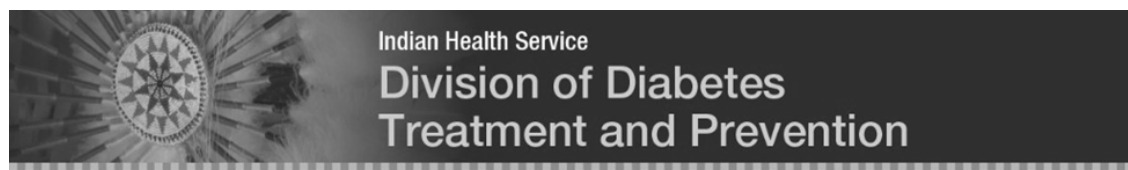


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29. Do you have another material to rate?

☐ Yes


☐ No



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32. Did you distribute this material that you ordered?

☐ Yes

☐ No 



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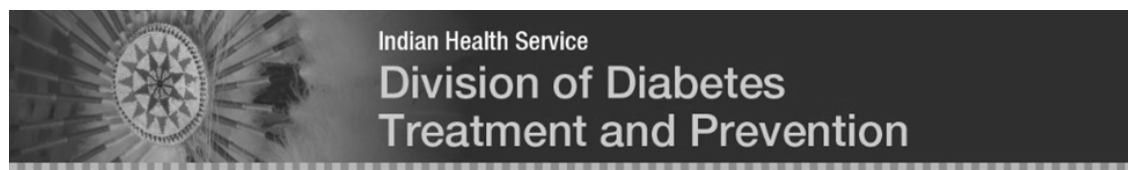
33. How did you distribute (check all that apply)?

☐ Directly to a patient/client

☐ At an event

☐ In a waiting room

☐ Other (please specify)



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About You...

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

- ☐ SDPI Program
- ☐ Tribal Program or Facility
- ☐ Alaska Native Program
- ☐ Urban Indian Program or Facility
- ☐ Indian Health Service
- ☐ Other Federal Agency (specify below)
- ☐ University (specify below)
- ☐ Non-profit Organization (specify below)
- ☐ Other (please specify)

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

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

36. 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 (please specify) | | |

37. 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.