

PRE TRAINING SURVEY

Date:

Clinic/Office:

Title (check one):

- MD/ DO RN/NP PA RD CDE
 MA Receptionist Outreach Worker
 Other (Please name) _____

1. How familiar are you with the Community Chronic Care Network diabetes registry web site?
(Select one answer that best describes your highest level of usage.)

- a) I have never heard of it
 b) I have heard of it but do not know what it is for
 c) I know about it but have not entered any data or run reports
 d) I have entered data in the test site
 e) I have entered data on the live site
 f) I have run a report from either the test or live site
 g) I have used the test or live site thoroughly for entering data and running reports

If you have checked c – g, please answer the questions below.

	strongly agree	agree	neutral	disagree	strongly disagree
Using this registry will improve patient care in our clinic.	1	2	3	4	5
Using this registry will fit easily into our workflow.	1	2	3	4	5
Using this registry will improve our access to information about our patients with diabetes.	1	2	3	4	5

How likely are you to use this registry...

	Very likely	likely	don't know	not likely	probably will not
for patient visit?	1	2	3	4	5
to print an action list?	1	2	3	4	5
for patient outreach?	1	2	3	4	5
for looking up information on patients?	1	2	3	4	5
for entering information about patients?	1	2	3	4	5
as a part of your role in the clinic?	1	2	3	4	5

Thank you for your participation!