

 **NorthEast Pediatric Endocrinology**

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Dear Parent(s):

Several parents have expressed an interest in attending a support group for children with type I diabetes. As we have recently moved into a larger building at the Pediatric Pavilion, we hope to make this service available to our parents and patients in the near future. We are seeking feedback from our parents to make this a rewarding experience. If you would so kindly complete the enclosed questionnaire, it would greatly assist us in our planning process. Thank you.

Sincerely,

Kecha A. LynShue, MD

Thea L. Pfeifer, MD



DIABETES SUPPORT GROUP QUESTIONNAIRE

Name of child: _____

DOB: _____

Address: _____ Endocrinologist: _____

1. Would you be interested in attending a support group geared towards parents and children with type I diabetes?
 Yes No

2. Have you ever attended a Diabetes support group? Yes No

3. What day of the week would be best for you to attend the support group?
 Mon Tues Wed Thurs Fri Sat Sun

4. What time of day? AM PM

5. For how many hours? 1 hour 1.5 hours 2 hours >2 hours

6. Topics of interest:

Pump education: *Learn about different pumps on the market.*

Rookies meet Veterans: *Geared towards newly diagnosed patients.*

Meet the dietician

Adolescents: Diabetes and eating disorders

Adolescents: Diabetes management in college

Adolescents: Diabetes in the work force

Adolescents: Diabetes and driving

Management of diabetes in school

New on the horizon for diabetes care

Diabetes Jeopardy

Famous with diabetes: *Meet someone famous with diabetes.*

Other _____

Thank you for taking the time to complete this survey. Your feedback is greatly appreciated. Surveys can be returned to us via fax at (704) 403-2670 or can be mailed to the office at: 100 Medical Park Drive, Suite 310, Concord, NC 28025, Attn: Kecha A. LynShue, MD