March 14, 2008

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