TO BE COMPLETED BY A DOCTOR:

CENTER ID:  |__|__|__|__|__|__|

PATIENT'S ID:  |__|__|__|
DIAINFORM Questionnaire

Dear Madam, Dear Sir,

Thank you for accepting our invitation to participate in the DIAINFORM study. Its objective is to determine the reasons that may interfere with the achievement of therapeutic goals of diabetes treatment. The results of this study will show which areas and issues associated with the treatment should be paid more attention in the future, in order to further improve the quality of patient care.

One of the parts of the study is a questionnaire survey exploring different aspects of insulin therapy that could affect its results. Its objective is to find out how this treatment is perceived by you as a patient.

This largest questionnaire survey includes a set of questions that are focused on individual areas significantly affecting the treatment outcomes, such as HYPOGLYCEMIA, EDUCATION, DIET, BLOOD GLUCOSE MEASUREMENTS, INSULIN APPLICATION, and your PHYSICAL ACTIVITY. Additional two questionnaires, which are less extensive, are designed to determine how the treatment is perceived by you as a patient and to estimate your quality of life, which means how diabetes affects your life.

Please take your time and think carefully before answering the questions. If something is unclear, you may ask your doctor or nurse. Completing the questionnaire will take about 30 to 60 minutes.

DIAINFORM is a study conducted in the Czech and Slovak Republics, and will evaluate the results of about 1500 insulin-treated patients. We believe the results of this study will help to significantly improve the quality of care for diabetes patients.

Thank you again for your participation in the study and for taking the time to fill out the said questionnaires.

For the investigating team

Jan Brož, MD

CONSULT ALL YOUR SIDE EFFECTS WITH YOUR DOCTOR.

The following questionnaire contains questions where you choose an answer from the available scale. We're trying to figure out how the things are assessed by you subjectively. The scale can be expressed in words. For example

□ Much better □ Somewhat better □ About the same □ Somewhat worse □ Much worse.

In such cases, please mark with a cross the statement that best describes your opinion. Your answers may also be expressed as numerical series, for example □ 1 □ 2 □ 3 □ 4 □ 5. In such cases, a help is provided with the questions (1 = poor, 3 = good, 5 = excellent). Again, please mark with a cross the number that best reflects your assessment of the given question. Note: mark number 2 if your assessment is somewhere between poor and good, and number 4 if your assessment is between good and excellent.
Part 1 – HYPOGLYCEMIA

In this part, please answer the questions related to hypoglycemia. The first 6 questions are related to the period of the preceding month. Further questions are related to the period of the last 6 months or a little longer period. The purpose of the first questions is to find out how often you experience hypoglycemia episodes and classify them according to whether you only have symptoms of hypoglycemia, whether these symptoms are also confirmed by measurements using your blood glucose meter, whether hypoglycemia occurred during the night or whether you only had symptoms of hypoglycemia but your meter showed normal or elevated blood glucose levels.

Your hypoglycemic episodes in the last month

Please mark with a cross the number that corresponds to the estimated number of your hypoglycemia episodes (lows) in the last month, or indicate the number

1. How many hypoglycemic episodes have you had over the last month (total number)?
   Indicate the number: ______

2. How many of the total number of hypoglycemic episodes (referred to in Question 1) have you confirmed by measuring with blood glucose meter (value less than 3.9 mmol/L)?
   Indicate the number: ______

3. How many of the total number of hypoglycemic episodes (referred to in Question 1) were severe (you were unable to help yourself, you needed someone else’s help)?
   Indicate the number: ______

4. How many of the total number of hypoglycemic episodes (referred to in Question 1) occurred during the night (during the sleep)?
   Indicate the number: ______

5. How many of the total number of nocturnal hypoglycemia (referred to in Question 4) were severe (you were unable to help yourself, you needed someone else’s help)?
   Indicate the number: ______

6. How many of the total number of hypoglycemic episodes (referred to in Question 1) occurred during your working hours?
   Indicate the number: ______
7. How many times in the last month have you had hypoglycemic symptoms but your blood glucose level measured by the meter was above 3,9 mmol/L?

   Indicate the number: ______

8. How many times in the last month have you had a feeling in the morning that you experienced hypoglycemia during the night which didn’t wake you up?

   Indicate the number: ______

Your hypoglycemic episodes in the last 6 months. Please add your estimate.

9. How many hypoglycemic episodes have you had over the last 6 months (total number)?

   Indicate the number: ______

10. How many of the total number of hypoglycemic episodes (referred to in Question 9) have you confirmed by measuring with blood glucose meter (value less than 3.9 mmol/L)?

    Indicate the number: ______

11. How many of the total number of hypoglycemic episodes (referred to in Question 9) were severe (you were unable to help yourself, you needed someone else’s help)?

    Indicate the number: ______

12. How many of the total number of hypoglycemic episodes (referred to in Question 9) occurred during the night (during the sleep)?

    Indicate the number: ______

13. How many of the total number of nocturnal hypoglycemia (referred to in Question 12) were severe (you were unable to help yourself, you needed someone else’s help)?

    Indicate the number: ______

14. How many times in the last 6 month have you had hypoglycemic symptoms but your blood glucose level measured by the meter was above 3,9 mmol/L?

    Indicate the number: ______
15. In how many of your severe hypoglycemic episodes (from the number referred to in Question 11) were you unconscious?
   Indicate the number: ______

16. How many times in the last 6 months have you had a feeling in the morning that you experienced hypoglycemia during the night which didn't wake you up?
   Indicate the number: ______

17. How many of the total number of hypoglycemic episodes (referred to in Question 9) have occurred during your work?
   Indicate the number: ______

18. How many times in the last 6 months have you received treatment from an emergency medical service because of hypoglycemia?
   Indicate the number: ______

19. How many times in the last 3 years have you received treatment from an emergency medical service because of hypoglycemia?
   Indicate the number: ______

20. How many times in the last 3 years have you been hospitalized because of hypoglycemia?
   Please indicate the number of hospitalizations: ______
Circumstances of hypoglycemia

In this part, please answer the questions concerning in particular your usual symptoms of hypoglycemia and how do you usually cope with hypoglycemia.

21. I am able to recognize hypoglycemia

Please choose the relevant answer by marking X in the appropriate box.

- □ I think every time
- □ 1 out of 2 cases
- □ 1 out of 3 cases
- □ 1 out of 4 cases
- □ 1 out of 5 cases
- □ 1 out of 6 cases
- □ None

22. Mark with a cross the number best describing how well you are able to recognize hypoglycemia

(1 = I am able to recognize excellently, 7 = I do not recognize at all)

□ □ □ □ □ □ □
1 2 3 4 5 6 7

23. Mark with a cross all symptoms that you experience in relation to hypoglycemia

Please mark with a cross (X) all of your usual warning symptoms.

- □ Sweating
- □ Heart pounding
- □ Shaking of limbs
- □ Hunger
- □ Fatigue
- □ Blurred vision
- □ Loss of visual field
- □ Headache
- □ Seeing spots before eyes
- □ Double vision
- □ Impaired speech
- □ Impaired thinking
- □ I do not recognize familiar people
- □ I am aggressive towards other people
- □ Muscle weakness
- □ Other, specify: ____________________________
24. Which of the symptoms of hypoglycemia do you most often experience first?
Please chose one symptom by marking "X" in the appropriate box.

- □ Sweating
- □ Heart pounding
- □ Trembling of limbs
- □ Hunger
- □ Fatigue
- □ Blurred vision
- □ Loss of visual field
- □ Headache

- □ Seeing spots before eyes
- □ Double vision
- □ Impaired speech
- □ Impaired thinking
- □ I do not recognize familiar people
- □ I am aggressive towards other people
- □ Muscle weakness
- □ Other, specify: ______________________

25. Which of the symptoms of hypoglycemia do you most often experience as second?
Please chose one symptom by marking "X" in the appropriate box.

- □ Sweating
- □ Heart pounding
- □ Trembling of limbs
- □ Hunger
- □ Fatigue
- □ Blurred vision
- □ Loss of visual field
- □ Headache

- □ Seeing spots before eyes
- □ Double vision
- □ Impaired speech
- □ Impaired thinking
- □ I do not recognize familiar people
- □ I am aggressive towards other people
- □ Muscle weakness
- □ Other, specify: ______________________
26. Which of your symptoms of hypoglycemia most often resolve last? Please chose one symptom by marking “X” in the appropriate box.

- [ ] Sweating
- [ ] Heart pounding
- [ ] Trembling of limbs
- [ ] Hunger
- [ ] Fatigue
- [ ] Blurred vision
- [ ] Loss of visual field
- [ ] Headache
- [ ] Seeing spots before eyes
- [ ] Double vision
- [ ] Impaired speech
- [ ] Impaired thinking
- [ ] I do not recognize familiar people
- [ ] I am aggressive towards other people
- [ ] Muscle weakness
- [ ] Other, specify: _______________________

27. At what blood glucose value do you usually start feeling symptoms of hypoglycemia? Please mark with a cross one appropriate interval.

- [ ] 5.0 to 4.0 mmol/L
- [ ] 4.0 to 3.6 mmol/L
- [ ] 3.5 to 3.1 mmol/L
- [ ] 3.0 to 2.6 mmol/L
- [ ] 2.5 to 2.0 mmol/L
- [ ] below 2.0 mmol/L
- [ ] above 5 mmol/L

28. With the onset of hypoglycemia, I measure my blood glucose level using the meter: Please chose one option by marking “X” in the appropriate box.

- [ ] Always
- [ ] Every second time
- [ ] Every third time
- [ ] Every fourth time
- [ ] Every fifth time
- [ ] Almost never

29. Once the hypoglycemia resolves, I measure my blood glucose level using the meter: Please chose one option by marking “X” in the appropriate box.

- [ ] Always
- [ ] Every second time
- [ ] Every third time
- [ ] Every fourth time
- [ ] Every fifth time
- [ ] Almost never
30. **In the last 6 months, my lowest measured blood glucose value during hypoglycemia was**
   Please enter the value: _______ mmol/L

31. **I always carry with me a safety supply of carbohydrates (sugars) in case of hypoglycemia**
   Please choose one option by marking "X" in the appropriate box.
   
   - Always
   - Almost always
   - When I remember
   - Almost never
   - Never

32. **I keep my glucose values higher than I should due to fears of hypoglycemia**
   Please choose one option by marking "X" in the appropriate box.
   
   - Never
   - Almost never
   - Sometimes yes
   - Mostly yes
   - Always

33. **How many grams of carbohydrates do you typically use to manage hypoglycemia?**
   Please choose one option by marking "X" in the appropriate box.
   
   - 10 g
   - 15 g
   - 20 g
   - 25 g
   - 30 g
   - 50 g
   - I don't know exactly
34. If hypoglycemia recurs on the same day, would you take more carbohydrates to manage it than in the first case? Please chose by marking “X” in the appropriate box.

☐ YES
☐ NO

35. If YES, how many grams of carbohydrates will you add compared to the first occurrence of the day? Please mark "X" in the appropriate box.

☐ by 10 g
☐ 15 g
☐ 20 g
☐ 25 g
☐ 30 g
☐ 45 g
☐ 50 g
☐ 60 g
☐ 70 g
☐ 80 g
☐ I don't know

36. In how many minutes since developing hypoglycemia will you begin to feel relief, if you take carbohydrates to manage it? Please indicate the time in minutes ________ min

37. How often after a hypoglycemic episode do you have recurrent hypoglycemia within the next two hours? Please mark "X" in the appropriate box.

☐ Always
☐ Every second episode
☐ Every third episode
☐ Every fourth episode
☐ Every fifth episode
☐ Every sixth episode
☐ Less frequently

38. How many times in the last 6 months have you had to use a glucagon injection in relation to hypoglycemia? Please mark "X" in the appropriate box.

☐ 0x
☐ 1x
☐ 2x
☐ 3x
☐ 4x
☐ 5x
☐ 6x
☐ 7x
☐ More than 7 times, specify____
39. Have you ever experienced hypoglycemia while driving a car
   Please mark "X" in the appropriate box.
   □ Never  □ 4 times a year
   □ 1 times a year  □ 5 times a year
   □ 2 times a year  □ More frequently, specify________
   □ 3 times a year  □ I don’t drive

40. Estimate how many times in the last month have you experienced hypoglycemia while at work?
   Please mark "X" in the appropriate box.
   Please indicate the number: __________

41. Estimate how many times in the last 6 month have you experienced hypoglycemia while at work?
   Please mark "X" in the appropriate box.
   Please indicate the number: __________

42. Have you suffered any injury over the last 10 years in relation to hypoglycemia?
   Please chose by marking "X" in the appropriate box or indicate the number of injuries.
   □ YES, please indicate the number: __________
   □ NO

43. What do you consider to be the most frequent cause of your hypoglycemia (please mark "X" in the appropriate box according to the order of frequency and estimate the percentage of all cases)

<table>
<thead>
<tr>
<th>Cause</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>in % of total:________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical work</td>
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<td>in % of total:________</td>
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<tr>
<td>Sports</td>
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<td></td>
<td>in % of total:________</td>
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<tr>
<td>Diet failure</td>
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<td></td>
<td>in % of total:________</td>
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<tr>
<td>Insulin dose error</td>
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<td>in % of total:________</td>
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<tr>
<td>Non-adherence to the time of food intake</td>
<td></td>
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<td>in % of total:________</td>
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<tr>
<td>Other cause:_______________________________</td>
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<td></td>
<td></td>
<td>in % of total:________</td>
</tr>
</tbody>
</table>
44. How often (in percentage of cases) do you develop hypoglycemia after physical activity?
   Please mark "X" in the appropriate box.
   
   □ Les than 10%  □ 60%
   □ 10%  □ 70%
   □ 20%  □ 80%
   □ 30%  □ 90%
   □ 40%  □ Always
   □ 50%  

45. In how many % of cases, such hypoglycemia occurs already during the physical activity?
   During the physical activity __________ %

46. How do you recognize hypoglycemia during physical activity?
   Please mark "X" in the appropriate box.
   
   □ Like in other circumstances
   □ Worse
   □ Very poorly
   □ I am unable to recognize

47. To prevent hypoglycemia in relation to physical activities:
   Please mark "X" in the appropriate box.
   
   □ I increase carbohydrates
   □ I decrease my insulin dose
   □ I use both
   □ I take no special precautions

48. Have you ever been unconscious in relation to hypoglycemia and physical exertion?
   Please mark "X" in the appropriate box and if relevant, indicate the numbers:
   
   □ YES, please indicate how many times: _______
   □ NO
Part 2 – EDUCATION

In this part, please answer the questions about you, the availability of diabetes care for you and the issues associated with education

49. What is the population of your hometown / place of living?
   Please mark "X" in the appropriate box.
   - Less than 500
   - Less than 1,000
   - Less than 10,000
   - Less than 30,000
   - Less than 50,000
   - Less than 100,000
   - Less than 200,000
   - Prague
   - Brno
   - Ostrava

50. What is your education?
   Please mark "X" in the appropriate box.
   - Elementary school
   - Secondary school / College
   - University

51. What is the scope of your work?
   Please choose the correct answer(s) by marking "X" in the appropriate box(s).
   - Full-time
   - Part-time
   - I am unemployed at the moment
   - I am retired
   - Disability pension
   - Student
   - I am on maternity leave
52. If you have a disability pension, please specify
   Please choose correct answer by marking "X" in the appropriate box.
   - [ ] I have full disability pension
   - [ ] I have partial disability pension

53. If you are work in a shift operation
   Please choose correct answer(s) by marking "X" in the appropriate box.
   - [ ] I work in a one-shift operation
   - [ ] I work in a two-shift operation
   - [ ] I work in a three-shift operation

54. What type of work do you perform?
   Please choose the correct answer by marking "X" in the appropriate box.
   - [ ] Mostly mental, sedentary work
   - [ ] Mostly physical work
   - [ ] Combined type of work (mental + physical)
   - [ ] I am unemployed
   - [ ] I am a retired pensioner
   - [ ] I am a student

55. How many times in the last year have you visited the doctor who provides follow-up care for your diabetes

   Please indicate the number of follow-up visits:________

56. The doctor providing follow-up care for your diabetes is available for you:
   Please choose the correct answer by marking "X" in the appropriate box.
   - [ ] Near the place of my residence or work
   - [ ] At a more distant place, but in the same area as my place of residence or work
   - [ ] In a different city or town than my place of residence or work
57. During your diabetes treatment, have you completed at least one systematic, several-hour (can be divided over several days or visits to the doctor) training on diabetes, its nature, hazards and principles of therapy: 
Please choose the correct answer by marking "X" in the appropriate box.

☐ Yes, in a spa
☐ Yes, in a specialized center
☐ Yes, during several visits to the doctor
☐ Yes, on educational stay organized by the Confederation of Diabetes Patients or another patient organization
☐ No

58. Have you ever been instructed or advised on: Was it during the last 6 months?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
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<tr>
<td>Body weight reduction</td>
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<tr>
<td>Blood glucose measurements and checks</td>
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<tr>
<td>Physical activity</td>
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<tr>
<td>Hypoglycemia</td>
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<tr>
<td>Use of insulin or tablets</td>
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<tr>
<td>Complications of diabetes</td>
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<tr>
<td>Driving motor vehicles</td>
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<tr>
<td>Alcohol consumption and its relation to diabetes</td>
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</tbody>
</table>
59. Please use the following scale/numbers to rate your knowledge in the following areas? (1 = poor, 3 = good, 5 = excellent)

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<tbody>
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</tbody>
</table>

60. During my treatment, I have been instructed about diet:
Please choose by marking "X" in the appropriate box.

<table>
<thead>
<tr>
<th>Source</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized nutritional therapist</td>
<td></td>
<td></td>
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<tr>
<td>Nurse in the office</td>
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<tr>
<td>Doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

61. As part of your regular care for the lower limbs, do you check you legs and feet for any risks of accidental injuries that may have escaped your attention:
Please choose by marking "X" in the appropriate box.

- Daily
- Daily at bedtime
- Incidentally
- Only in case of injury

62. Do you prepare specific questions before visiting your diabetologist (1 = never, 3 = sometimes, 5 = regularly):
Please choose by marking "X" in the appropriate box.

- 1
- 2
- 3
- 4
- 5
**63. I discuss questions related to diabetes treatment with my diabetes doctor or nurse, at about the following percentage ratio:**

Please indicate the appropriate percentage (%):

- Doctor: _____ %
- Nurse: _____ %

---

**64. I learn about practical matters associated with the disease from the following sources:**

Please specify the sources of information by percentage rate (the sum of all items should be 100%)

<table>
<thead>
<tr>
<th>Source</th>
<th>How many percent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From the doctor</td>
<td>%</td>
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<tr>
<td>From the nurse</td>
<td>%</td>
</tr>
<tr>
<td>From books intended for patients</td>
<td>%</td>
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<tr>
<td>From journals</td>
<td>%</td>
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<tr>
<td>From the family</td>
<td>%</td>
</tr>
<tr>
<td>From TV</td>
<td>%</td>
</tr>
<tr>
<td>From Internet</td>
<td>%</td>
</tr>
<tr>
<td>From daily newspapers</td>
<td>%</td>
</tr>
</tbody>
</table>

**Sum: 100%**

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**65. Would it be easier for you in terms of understanding the diabetes, if you get more information from the following sources:**

Please number the following options in order of preference using the numbers 1 to 8, where 1 = the easiest.

- From the doctor
- From the nurse
- From publications intended for patients
- From journals
- From the family
- From TV
- From Internet
- From daily newspapers

---

**66. How long should optimally be the meeting with your doctor and nurse so that you can discuss everything you need?**

Please indicate the required time in minutes.

- With your doctor: _____ min
- With your nurse: _____ min.
67. **How would you describe your health condition:**
   Please mark "X" in the appropriate box.

   - [ ] Excellent
   - [ ] Very good
   - [ ] Good
   - [ ] Satisfactory
   - [ ] Poor

68. **How would you describe your condition compared to the situation one year ago:**
   Please mark "X" in the appropriate box.

   - [ ] Much better
   - [ ] Somewhat better
   - [ ] About better
   - [ ] About the same
   - [ ] Somewhat worse
   - [ ] Much worse
Part 3 – DIET

In this part, please answer the questions regarding your diet in relation to diabetes.

69. **What is the daily recommended amount of carbohydrates in your diet?**
   Please indicate whether you know your recommended amount of carbohydrates and whether you adhere to this amount.

   - [ ] I know and adhere thereto: _____
   - [ ] I know but do not adhere: _____
   - [ ] I do not know

70. **Do you take into account the amount of energy in your food?**
   Please choose the correct answer by marking "X" in the appropriate box.

   - [ ] Yes
   - [ ] Mostly yes
   - [ ] Sometimes
   - [ ] Never

71. **Do you take into account the glycemic index of the individual meals?**
   Please choose the correct answer by marking "X" in the appropriate box.

   - [ ] Yes
   - [ ] Mostly yes
   - [ ] Sometimes
   - [ ] Never
   - [ ] I don’t know exactly what it is

72. **Which meals make up your regular daily plan?**
   Please choose all the meals that make up your basic regular daily diet plan by marking “X” in the appropriate boxes.

   - [ ] Breakfast
   - [ ] Morning snack
   - [ ] Lunch
   - [ ] Afternoon snack
   - [ ] Dinner
   - [ ] Second dinner

73. **What are the meals, before which you regularly take your preprandial insulin, if it is a part of your treatment? (preprandial insulin = bolus insulin, administered to cover the intake of carbohydrates with the food). The question also pertains to premixed insulin, if you use it for the treatment**
   Please indicate all the meals, before which you take your preprandial insulin, by marking X in the appropriate boxes.

   - [ ] Breakfast
   - [ ] Morning snack
   - [ ] Lunch
   - [ ] Afternoon snack
   - [ ] Dinner
   - [ ] Second dinner
74. What is the amount of carbohydrates that can be contained in your individual meals?  
Please indicate the corresponding values, or if you don’t know, mark “X” in the box “I don’t know”

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Morning snack</th>
<th>Lunch</th>
<th>Afternoon snack</th>
<th>Dinner</th>
<th>Second dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ g</td>
<td>_____ g</td>
<td>_____ g</td>
<td>_____ g</td>
<td>_____ g</td>
<td>_____ g</td>
</tr>
</tbody>
</table>

- [ ] I don’t know  - [ ] I don’t know  - [ ] I don’t know  - [ ] I don’t know  - [ ] I don’t know

75. Do you keep the amount of carbohydrates in the individual meals on the same level?  
(i.e. the same amount of carbohydrates for breakfast, etc.?)  
Please choose the correct answer by marking “X” in the appropriate box.

- [ ] All the time, unless there is a serious reason to change
- [ ] No, I change it according to my current preferences

76. When changing the amount of carbohydrates in a meal compared to the usual amount, do you also change your dose of preprandial insulin? This question also applies to premixed insulin, if you use it for the treatment.  
Please choose the correct answer by marking “X” in the appropriate box.

- [ ] Yes, all the time (except for specific situations)
- [ ] Rarely
- [ ] No

77. What number from the following scale would you use to rate your confidence for dose adjustment of prandial insulin? (1 = poor, 3 = good, 5 = excellent)? This question also applies to premixed insulin, if you use it for the treatment.  
Please choose the correct answer by marking “X” in the appropriate box.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5

78. Estimate how many times did you change the time of starting a main meal by more than 1 hour compared to your usual time over the last month?  
Please choose the correct answer by marking “X” in the appropriate box.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 and more
79. If you eat breakfast regularly, please estimate how many breakfasts have you missed over the last month?  
Please choose the correct answer by marking "X" in the appropriate box.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5 and more

80. If you eat lunch regularly, please estimate how many lunches have you missed over the last month?  
Please choose the correct answer by marking "X" in the appropriate box.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5 and more

81. If you eat dinner regularly, please estimate how many dinners have you missed over the last month?  
Please choose the correct answer by marking "X" in the appropriate box.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5 and more

82. If you eat snacks regularly, please estimate how many snacks have you missed over the last month?  
Please choose the correct answer by marking "X" in the appropriate box.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10 and more

83. Have you been advised to eat a low-salt diet?

☐ YES  ☐ NO

84. If YES, did you adhere to it?

☐ Never  ☐ Moderately often  ☐ Often  ☐ All the time
Part 4 – INSULIN ADMINISTRATION AND DOSE ADJUSTMENT

In this part, please answer the questions related to the use of insulin in general and to the specific use of basal or premixed preprandial insulin. Your diabetes doctor or nurse will help you identify which of your insulins are preprandial, basal or premixed insulins.

All the participants should fill out the "introductory section".
If you are using only basal insulin for your treatment, please fill out only the following section 1.
If you using only preprandial insulin for your treatment, please fill out only the following section 2.
If you are using basal insulin and separately administered preprandial insulin for your treatment, please fill out the following sections 1 and 2.
If you are using premixed insulin therapy (concomitantly administered mixture of basal and preprandial insulin), please fill out the following section 3.

Introductory section

85. Indicate the percentage of injections sites that you use for insulin administration
   Please indicate the relevant % value corresponding to the respective injection sites (the sum should be 100%).
   Arm _______ %
   Abdomen _______ %
   Buttocks _______ %
   Thighs _______ %

86. Within a single injection site, do you rotate the site of insulin administration?
   Please choose the correct answer by marking “X” in the appropriate box (1= always – 2 – 3 – 4 – 5= never).

Section 1: Basal insulin

87. What number from the following scale would you use to rate your confidence for dose adjustment of basal insulin?
   (1 = poor, 3 = good, 5 = excellent)
   Please choose the correct answer by marking "X" in the appropriate box.
88. **Do you know about the possibility of using basal insulin dose adjustment based on a titration scheme?**
(a change of insulin dose based on regular daily blood glucose measurements lasting several days to weeks)

Please choose the correct answer by marking "X" in the appropriate box.

☐ YES
☐ NO

89. **Have you ever used a titration scheme (a change in insulin dose based on the regular daily blood glucose measurements lasting at least for 3 days) for adjusting the basal insulin dose?**

Please choose the correct answer by marking "X" in the appropriate box.

☐ Never
☐ Once in the entire duration of treatment
☐ At least once in the current year

90. **Estimate how many doses of basal insulin have you missed over the last month**

Please choose the correct answer by marking "X" in the appropriate box.

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 and more

91. **Estimate how many times from the above number you missed your dose intentionally**

Please choose the correct answer by marking "X" in the appropriate box.

☐ 1x
☐ 2x
☐ 3x
☐ 4x
☐ 5 and more times

92. **At what time do you normally inject your basal insulin?**

Please choose the correct answer by marking "X" in the appropriate box.

Indicate the time of application, in the event of treatment with two doses of basal insulin, please indicated time of both doses.

First dose: [___] : [___] (hr : min)

Second dose: [___] : [___] (hr : min)

93. **How many doses of basal insulin have you changed by more than 1 hour over the last month compared to the usual time of application?**

Please choose the correct answer by marking "X" in the appropriate box.

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 and more times
94. In how many cases from the above number did you change the time of dose intentionally?
Please choose the correct answer by marking "X" in the appropriate box.

- 1x
- 2x
- 3x
- 4x
- 5 and more times

95. How many basal insulin doses have you intentionally decreased compared to the dose that you usually administer?
Please choose the correct answer by marking "X" in the appropriate box.

- 1
- 2
- 3
- 4
- 5 and more

96. How many times over the last month did you intentionally decrease this dose because of fears from possible hypoglycemia during the sleep?
Please choose the correct answer by marking "X" in the appropriate box.

- 1x
- 2x
- 3x
- 4x
- 5 and more times

Section 2: Preprandial insulin

97. What number from the following scale would you use to rate your confidence for dose adjustment of prandial insulin?
(1 = poor, 3 = good, 5 = excellent)
Please choose the correct answer by marking "X" in the appropriate box.

- 1
- 2
- 3
- 4
- 5

98. Estimate how many doses of preprandial insulin have you missed over the last month
Please choose the correct answer by marking "X" in the appropriate box.

- 0
- 1
- 2
- 3
- 4
- 5 and more

99. Estimate how many times from the above number you missed your dose intentionally
Please choose the correct answer by marking "X" in the appropriate box.

- 0x
- 1x
- 2x
- 3x
- 4x
- 5 and more times
100. **Which of the preprandial insulin doses do you forget most frequently?**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ Morning  ☐ Noon  ☐ Evening

101. **How long in advance before the meal do you normally apply your preprandial insulin?**
    Please provide the appropriate information in minutes: _______ minutes

102. **Estimate how many doses of preprandial insulin have you changed over the last month by more than 15 minutes compared to the usual time interval from the meal?**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ 0x  ☐ 1x  ☐ 2x  ☐ 3x  ☐ 4x  ☐ 5 and more times

103. **In how many cases from the above number did you change the time of dose intentionally?**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ 0x  ☐ 1x  ☐ 2x  ☐ 3x  ☐ 4x  ☐ 5 and more times

104. **Estimate how many doses of preprandial insulin have you intentionally decreased compared to the usual dose?**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ 0x  ☐ 1x  ☐ 2x  ☐ 3x  ☐ 4x  ☐ 5 and more times

105. **How many times over the last month did you intentionally decrease this dose because of fears from possible hypoglycemia?**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ 1x  ☐ 2x  ☐ 3x  ☐ 4x  ☐ 5 and more times

**Section 3: A part for the patients with premixed insulin**

106. **What number from the following scale would you use to rate your confidence for insulin dose adjustment? (1 = poor, 3 = good, 5 = excellent)**
    Please choose the correct answer by marking "X" in the appropriate box.
    
    ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
107. Estimate how many doses of premixed insulin have you missed over the last month
   Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times

108. Estimate how many times from the above number you missed your dose intentionally
   Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times

109. How long in advance before the meal do you normally apply your premixed insulin?
   Please provide the appropriate information in minutes: ________ minutes

110. Estimate how many doses of premixed insulin have you changed over the last month
    by more than 15 minutes compared to the usual time interval from the meal?
    Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times

111. In how many cases from the above number did you change the time of dose intentionally?
    Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times

112. Estimate how many doses of preprandial insulin have you intentionally decreased compared to the usual dose?
    Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times

113. How many times over the last month did you intentionally decrease this dose because of fears from possible hypoglycemia?
    Please choose the correct answer by marking "X" in the appropriate box.

   |   |   |   |   |   |   |
   0x 1x 2x 3x 4x 5 and more times
Part 5 – SELF-MONITORING OF BLOOD GLUCOSE

In this part, please answer the questions related to your self-monitoring of blood glucose using a blood glucose meter.

114. In how many days a week do you measure your blood glucose at least once?

Please indicate the number of days: _______

115. How many times a day do you usually measure your blood glucose level in the day of measurement?

Please indicate the number of measurements: _______

116. Do you measure small blood glucose profile (measurement of blood glucose before meals and at bedtime) at least one day of the week?

Please choose the correct answer by marking "X" in the appropriate box.

☐ YES
☐ NO

117. Estimate how many times in a month do you usually measure your small blood glucose profile

Please indicate the number of measurements: _______

118. Estimate in how many day in a month do you approximately measure your morning fasting glucose level

Please indicate the number of measurements: _______

119. Do you perform a postprandial blood glucose measurement, which means 60 to 120 minutes after the meal?

Please choose the correct answer by marking "X" in the appropriate box.

☐ Never
☐ Once monthly
☐ Once weekly
☐ Twice weekly
☐ Three times weekly
☐ 3 and more times a week

120. Do you perform a fasting blood glucose measurement, which means in the morning before the main meal of the day?

Please choose the correct answer by marking "X" in the appropriate box.

☐ Never
☐ Once monthly
☐ Once weekly
☐ Twice weekly
☐ Three times weekly
☐ 3 and more times a week
121. Do you regularly record your blood glucose values in your diary?

Please choose the correct answer by marking "X" in the appropriate box.

☐ YES
☐ NO
☐ Only unusual values

122. Do you record your insulin dose values in the same diary?

Please choose the correct answer by marking "X" in the appropriate box.

☐ Yes, all the time
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never

123. About how many test strips do you use for blood glucose checks over the calendar year?

Please choose the correct answer by marking "X" in the appropriate box.

☐ 100
☐ 200
☐ 300
☐ 400
☐ 500
☐ 600
☐ 700
☐ 800
☐ 900
☐ 1,000
☐ More, specify:___
Part 6 – SPORTS

In this part, please answer the questions related to your playing sports and physical activity.

124. Have you been instructed that you should perform regular exercise or physical activities?

Please choose the correct answer by marking "X" in the appropriate box.

☐ Yes  ☐ No  ☐ I don't know exactly

125. How often do you perform regular physical activities?

Please choose the correct answer by marking "X" in the appropriate box.

☐ Less than once weekly
☐ Once weekly at least for 30 minutes
☐ 4 times weekly at least for 30 minutes
☐ More than 4 times weekly

126. Have you performed any of the following sports activities over the last week?

1= No
2= Less than 30 minutes (weekly)
3= 30 to 60 minutes a week
4= 1 to 3 hours a week
5= More than 3 hours a week

- Weight training / Cardio
- Walking as exercise
- Swimming or gymnastics in the pool
- Cycling (outdoors or indoors)
- Ball games (football, basketball, ..)
- Other exercise, specify:__________________