

# **Oral glucose tolerance test and continuous glucose monitoring for gestational diabetes diagnosis: a survey study of women and health care professionals.**

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# Supplementary material 1. CGM and OGTT acceptability questionnaire for women

## CGM acceptability questionnaire -

Please fill this questionnaire to help us understand how pregnant women find CGM.

\*Required

1. Email \*

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2. Name and Surname \*

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3. Phone number \*

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4. Did you find the device generally acceptable (tolerable)? \*

Mark only one oval.

1 2 3 4 5

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I found CGM overall very unacceptable      I found CGM overall very acceptable

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5. Could you please rate on the following scale the acceptability of the insertion of the device: \*

Mark only one oval.

1 2 3 4 5

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Insertion was very unacceptable      Insertion was very acceptable

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6. Could you please rate on the following scale the acceptability of wearing the device: \*

Mark only one oval.

1 2 3 4 5

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The device was difficult to wear or caused significant problems      The device was easy to wear and caused no problems

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7. Could you please rate on the following scale the acceptability of removal of the device: \*

Mark only one oval.

1 2 3 4 5

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Removal of the device was very unacceptable      Removal of the device was very acceptable

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8. Would you recommend this form of testing for gestational diabetes to other pregnant women? \*

Mark only one oval.

1    2    3    4    5

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I would not recommend      I would recommend this form of testing to other pregnant women

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9. Please provide any further comments in the space below:

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# OGTT acceptability questionnaire -

Please fill this questionnaire to help us understand how pregnant women find OGTT.

\*Required

1. Email \*

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2. Name and Surname \*

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3. Phone number \*

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4. Did you find the OGTT generally acceptable (tolerable)? \*

Mark only one oval.

1 2 3 4 5

I found the OGTT overall very unacceptable      I found the OGTT overall very acceptable

5. Could you please rate on the following scale the acceptability of having to fast to undergo the test: \*

Mark only one oval.

1 2 3 4 5

Fasting was very unacceptable      Fasting was very acceptable

6. Could you please rate on the following scale the acceptability of the glucose beverage: \*

Mark only one oval.

1 2 3 4 5

The glucose beverage was very unacceptable      The glucose beverage was very acceptable

7. Could you please rate on the following scale the acceptability of blood collection: \*

Mark only one oval.

1 2 3 4 5

Blood collection was annoying or caused significant problems      Blood collection was not annoying and caused no p

8. Could you please rate on the following scale the acceptability of the time frame of the test, including the 2 hours waiting period: \*

Mark only one oval.

1      2      3      4      5

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The time frame was very unacceptable      The time frame was very acceptable

9. Would you recommend this form of testing for gestational diabetes to other pregnant women? \*

Mark only one oval.

1      2      3      4      5

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I would not recommend it      I would recommend this form of testing to other pregnant women

10. Please provide any further comments in the space below:

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