

SUPPLEMENTARY DATA

Diabetes Self-Efficacy Questions

We would like to know *how confident* you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence level that you can do the tasks regularly at the present time. Our scale is from 1 –“Not at all confident” to 10-“Completely confident.”

	1 Not at all confident	2	3	4	5	6	7	8	9	10 Completely Confident
How confident do you feel that you can eat your meals every 4 to 5 hours every day, including breakfast every day?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example, snacks)?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can exercise 15 to 30 minutes 4 to 5 times a week?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can do something to prevent your blood sugar level from dropping when you exercise?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can judge when the changes in your illness mean you should visit the doctor?	1	2	3	4	5	6	7	8	9	10
How confident do you feel that you can control your diabetes so that it does not interfere with the things you want to do?	1	2	3	4	5	6	7	8	9	10