

Appendices

Appendix 1: Overview of Health Literacy Studies

Author(s), year Source	Design	Participants' characteristics N, diabetes type, recruitment site [age, sex, race, educational level]	HL measure (levels) / [domain addressed]	Outcomes	Type of analysis performed	Covariates*:	Main findings† †	Quality Rating
Aikens & Piette, 2009 USA (36)	Cross-sectional	1376 patients with T2DM recruited from general medicine clinics [antihyperglycemic group: Mean age (SD): 55.3(11.8); 61.6% females; Race: 58.3% African American & 41.7% other races; years of education: 21.6% < 12 years; 35.7% = 12 years, & 42.7% > 12 years; antihyperglycemic + antihypertensive group: Mean age (SD): 57.2(10.7); 68.3% females; Race: 61.9% African American & 38.1% other races; years of education: 22.8% < 12 years; 36.6% = 12 years, & 40.6% > 12 years]	3-brief* SQs (problem learning, needing help reading, not confident with forms) [Functional HL]	Medication beliefs (BMQ)	Spearman correlation, multiple linear regression analysis	Age, sex, race, income, number of medical conditions, number of prescribed medications, insulin use, satisfaction with medication information	HL was associated with concerns about medications harmfulness	Good
Arthur et al., 2009 USA (31)	Cross-sectional	31 patients with T2DM recruited from a primary care clinic in an urban public hospital [79.4% females; Race: 100% African American; Mean years of education (SD): 11.6 (2.3)]	REALM Categorical (2 levels: inadequate vs. marginal-adequate) [Functional HL]	Patient-physician communication	Chi-square difference test	None	HL was associated with paternalistic interactions with care providers	Fair
Bains & Egede, 2011 USA Ψ (13)	Cross-sectional	125 patients with T2DM recruited from a primary care clinic [Age: 50.7% were under 65 years old & 49.3% 65 years and above; 72.5% females, Race: 71.4% black & 28.6% white; Education: 68.2% ≤ high school & 31.8% > high school]	REALM-R Continuous [Functional HL]	Glycemic control (A1c), diabetes knowledge (DKQ), self-care (SDSCA), medication adherence (Morisky score)	Spearman correlation Multiple linear regression	Age, sex, race, educational level, income, health status	HL was associated with diabetes knowledge, but not with A1c, self-care or medication adherence	Good

DeWalt et al., 2007 USA (28)	Cross-sectional	268 patients with T2DM recruited from general internal medicine clinics [High HL group: Mean age (SD): 58 (11); 69% females; Race: 48% African American, 49% white; Mean education years (SD): 12(3); Low HL group: Mean age (SD): 62 (10); 57% females; Race: 74% African American, 25% white, & 1% other races; Mean education years (SD): 8(3)]	REALM Categorical (2 levels: low vs. high) Continuous [Functional HL]	Glycemic control (A1c), health-related quality of life, trust (WFPTS), self-efficacy (DMSES), involvement in decision making (DPMD, FPI), knowledge	Pairwise correlation	None	HL was associated with self-efficacy, and involvement in decision making, but not with A1c, health-related quality of life, or trust	Fair-good
Gazmararian et al., 2003 USA (21)	Cross-sectional	266 patients with T1DM or T2DM recruited from a national managed care organization [NR]	s-TOFHLA Categorical (3 levels: inadequate, marginal, adequate) Continuous [Functional HL]	Diabetes knowledge (11 questions)	Multiple linear regression	Age, diabetes duration, attended a diabetes class, education, cognitive health, physical functioning, mental functioning	HL was associated with diabetes knowledge	Fair-good
Gerber et al. 2006 USA (22)	Cross-sectional	255 patients with T1DM or T2DM recruited from 5 community-based clinics [Mean age (SD): 55.2(12.3); 65.9% females; Race: 30.2% African-American, 64.7% Hispanic, 3.1% Caucasian, & 2% other races; Education: 45% < high school, 34.5% some or completed high school, & 20.4% > high school]	s-TOFHLA Categorical (3 levels: inadequate, marginal, adequate) [Functional HL]	Diabetes knowledge (KDQ), self-efficacy	Partial correlation	Age, diabetes duration, treatment regimen	HL was associated with knowledge, but not with self efficacy	Good
Ishikawa & Yano, 2011 Japan (18)	Cross-sectional	143 patients with T2DM recruited from a university hospital [Mean age (SD): 65(9.1); 42.7% females; Education: 23.8% middle school, 48.9% high school, 13.3% vocational school, 14% university or higher]	Self-rated HL scale**: Communicative HL-subscale [Interactive HL]	Glycemic control (A1c), self-efficacy	Pearson correlation Multiple linear regression Logistic regression	Age, sex, education, duration of diabetes, A1c, and visit length	Communicative HL was associated with self-efficacy and with A1c	Good
Ishikawa et al., 2009 Japan (32)	Cross-sectional	134 patients with T2DM recruited from a university hospital [Mean age (SD): 65(9); 44% females; Education: 23.9% middle school, 48.5% high school, 14.2% vocational school, 13.4% university or higher]	Self-rated HL scale, 3 subscales** [Functional HL, Interactive HL, Critical HL]	Patient-physician information exchange (RIAS)	Logistic regression	Age, sex, education, duration of diabetes, A1c, visit length	Functional HL was associated with asking close-ended questions & information giving; Critical HL was associated	Good

							with psychosocial information giving; communicative HL was associated with counseling, and perception of physician's explanation.	
Ishikawa et al., 2008 Japan W (25)	Cross-sectional	138 patients with T2DM recruited from outpatient family medicine clinics [Mean age (SD): 65(9.9); 47.1% females; Education: 21.7% middle school, 43.5% high school, 13.8% vocational school, 12.3% university or higher]	Self-rated HL scale, 3 subscales** [Functional HL, Interactive HL, Critical HL]	Glycemic control (A1c), self efficacy, diabetes knowledge	Spearman correlation	None	HL was associated with diabetes knowledge and self efficacy, but not with A1c	Fair-good
Kim et al. 2004 USA (23)	Longitudinal	92 patients with T1DM or T2DM, recruited from diabetes education classes at a hospital [High HL group: mean age = 58.2 years; 58.6% females; Race: 36.2% white, 60% black, & 2.9% other; Mean education years = 14. Low HL group: mean age = 67.2; 81% females; Race: 20% white, 75% black, & 5% other; Mean education years = 10.2]	s-TOFHLA Categorical (2 levels: adequate vs. limited) [Functional HL]	Glycemic control (A1c), Self-care (SDSCA), diabetes Knowledge (DKQ)	Paired t-test, ANCOVA	Age, years of education, income	HL was associated with diabetes knowledge, but not with A1c or self-care	Good
Laramee et al., 2007 USA (35)	Cross-sectional	998 patients with T1DM or T2DM recruited from family medicine and general internal medicine clinics [Mean age (range): 65(22-93); 54% females; Race: 97% white & 3% other races; Education: 75% high school graduate & 25% other educational level]	s-TOFHLA Continuous [Functional HL]	Heart failure	Logistic regression	Age, sex, race, income, marital status, health insurance	HL was not associated with heart failure	Good
Lyles et al., 2011 USA W (37)	Cross-sectional	17,795 patients with T1DM or T2DM from Kaiser Permanente Northern California [Age: 21% < 50 years, 50% 50-64 years, 29% ≥ 65 years; 49% females; Race: 20% Black, 23% Latino, 27% White, 13% Asian, 11% Filipino, 7% other races; Education: 46% ≤ high school, 24% some college, 29% ≥ college]	3-brief* SQs (problem learning, needing help reading, not confident with forms) [Functional HL]	Healthcare and general discrimination	Logistic regression	Age, sex, race, educational level, income, English proficiency	HL was associated with healthcare and general discrimination	Good
Mancuso, 2010 USA (14)	Cross-sectional	102 patients with T1DM or T2DM recruited from two urban primary care clinics [Mean age (SD): 52(9.1); 60.8% females; Race: 12.7% non-Hispanic Caucasian, 79.4% non-Hispanic Black/African American, 5.9% Hispanic/Latino American, 2% other races; Education: 70.6% ≤	TOFHLA Continuous [Functional HL]	Glycemic control (A1c), diabetes knowledge (DKT), self-care (SDSCA), depression (CES-D), patient trust	Spearman correlation Multiple linear regression	Patient trust, depression, diabetes knowledge, performance of self-care activities	HL was associated with diabetes knowledge, but not with A1c, self-care, or depression	Good

Mbaezue et al., 2010 USA (29)	Cross-sectional	high school, 29.4% > than high school] 189 patients with T1DM or T2DM recruited from one large hospital-based clinic [Mean age (SD): 51.2 (10); 58.7% females; Race: 94.7% African American & 5.3% white; Education: 32.3% <high school; 33.9% high school graduate & 33.9% some college]	s-TOFHLA Categorical (2 levels: inadequate vs. adequate) [Functional HL]	(HCR Trust Scale) SMBG (Diabetes Care Profile)	Logistic regression	Age, education, insurance status, diabetes duration	symptoms HL was not associated with SBMG	Good
McCleary-Jones, 2011 USA (24)	Cross-sectional	50 patients with T1DM or T2DM recruited from a community health center [Mean age (SD): 58.6 (11.5); 76% females; Education: 6%: 7-11 grade, 28%: HS/GED, 24% some college, 20% college grad, 22% grad degree]	REALM Continuous [Functional]	Diabetes knowledge (DKT), self-care (SDSCA)	Pearson correlation	None	HL was associated with diabetes knowledge, but not with self-efficacy HL was not associated with self-care	Fair-good
Morris et al., 2006 USA (20)	Cross-sectional	1002 patients with T1DM or T2DM recruited from the Vermont Diabetes Information System [Median age (IQR): 66 (57-74); 54% females; Race: 97% white; Education: 25% ≤ high school, 36% high school, 31% some college or graduated college, & 9% had graduate education]	s-TOFHLA Categorical (3 levels: inadequate, marginal, adequate) & continuous [Functional HL]	Glycemic control (A1c), LDL, blood pressure, self-reported diabetes complications	Multiple linear regression, logistic regression	Age, sex, race, marital status, insurance, income, duration of diabetes, diabetes education, depression, alcohol use, medication use	HL was not associated with A1c, LDL, blood pressure, or self-reported diabetes complications	Good
Osborn et al., 2010 USA Ψ (39)	Cross-sectional	130 patients with T2DM, recruited from an outpatient primary care clinic [Mean age (SD): 62.7 (11.8); 72.5% females; Race: 28.6% non-Hispanic white & 71.4% non-Hispanic black; Mean education years (SD): 12.4 (5.2)]	REALM-R Categorical (2 levels: low vs. high) [Functional HL]	Glycemic control (A1c), self-care (SDSCA),	SEM	Diabetes Knowledge, diabetes fatalism, social support	There was no direct association between HL and diabetes self-care or A1c. HL had an indirect effect on diabetes self-care and A1c through social support	Good
Powell et al., 2007 USA (12)	Cross-sectional	68 patients with T2DM recruited from an academic general internal medicine clinic [Median age (IQR): 55 (51-60); 79.4% females; Race: 66.2% African American & 33.8% other races; Education: 4.4% < 4 th grade, 10.3% 4 th – 6 th grade, 13.2% 7 th – 8 th grade, 72.1% high school]	REALM Categorical (4 levels) [Functional HL]	Glycemic control (A1c), diabetes knowledge (DKT), diabetes-related health beliefs (DHBM)	one-way ANOVA Multiple linear regression	Age, race, educational level, treatment regimen	HL was associated with A1c and diabetes knowledge, but not with diabetes-related health beliefs	Good
Rothman et al., 2004	Longitudinal	217 patients with T2DM recruited from the US academic general internal medicine practice [Control group Low HL mean age = 59(10.4)]	REALM Categorical (2 levels: low vs.	Achievement of goal A1c levels	Logistic regression	Age, sex, race, income, insulin status at enrollment,	HL was an effect modifier for reaching goal	Good

USA (50)		years; 53% females; 68% African American; 82% < high school education. Control group High HL mean age = 56(10.9) years; 58% females; 55% African American; 26% < high school education. Intervention group Low HL mean age = 57(10.5) years; 55% females; 94% African American; 82% < high school education. Intervention group High HL mean age= 51(13.1) years; 65% females; 51% African American; 59% < high school education]	high) [Functional HL]			duration of disease, baseline A1c	levels of A1c	
Sarkar et al., 2010 USA ω (11)	Cross-sectional	14,357 patients with T2DM recruited from Kaiser Permanente Northern California [Mean age (SD): 58 (10); 49% females; Race: 17% African American, 22% non-Hispanic white, 18% Latino, 23% Asian, & 20% other races]	3-brief* SQs (problem learning, needing help reading, not confident with forms) [Functional HL]	Patient reported frequency of significant hypoglycemia	Logistic regression	Age, sex, race, English proficiency, medication type, diabetes duration, A1c, glomerular filtration rate, income, dementia, and history of stroke	HL was associated with significant hypoglycemia	Good
Sarkar et al., 2010 USA ω (33)	Cross-sectional	14,102 patients with T1DM or T2DM from Kaiser Permanente Northern California [Mean age: 59; 49% females; Race: 21% African-American, 28% non-Hispanic white, 14% Latino, 9% Asian, 12% Filipino, & 17% other races; Education: 10% no degree, 30% high school, 27% some college, & 33% college grad/post grad]	3-brief* SQs (problem learning, needing help reading, not confident with forms) [Functional HL]	Use of internet portal	Logistic regression	Age, sex, race, educational attainment, income	HL was associated with the use of the internet portal	Good
Schillinger et al., 2002 USA ψ (10)	Cross-sectional	408 patients with T2DM recruited from two primary care clinics at a US public hospital [Mean age (SD): 58.1 (11.4); 58% females; Race: 18% Asian, 25% Black, 42% Latino; & 15% White; Education: 46% \leq high school, 23% = high school, 28% some college &/or technical school, & 3% had a graduate degree]	s-TOFHLA Continuous [Functional HL]	Glycemic control (A1c), self-reported diabetes complications	Multiple linear regression, logistic regression	Age, sex, race, education, language, insurance, social support, depression, treatment regimen, diabetes duration, diabetes education	HL was associated with A1c and self-reported complications	Good
Schillinger et al., 2003 USA ψ (51)	Cross-sectional	61 patients with T2DM recruited from two primary care clinics at a US public hospital [Age: 55.7% \geq 65 years 44.3% < 65 years; 49% females; Race: 55.7% African American & 44.3% non-African American]	s-TOFHLA Categorical (2 levels: inadequate vs. marginal) [Functional HL]	Glycemic control (A1c)	Logistic regression (using data for patients with low and marginal HL only)	Age, sex, race, diabetes duration, insulin use, number of new concepts conveyed	HL was associated with glycemic control	Good

Schillinger et al., 2004 USA ψ (52)	Cross-sectional	408 patients with T2DM recruited from two primary care clinics at a US public hospital [Mean age: 58.1; 58% females; Race: 18% Asian, 25% Black, 42% Latino; & 15% White; Education: 46% \leq high school, 23% = high school, 28% some college &/or technical school, & 3% had a graduate degree]	s-TOFHLA Categorical (3 levels: inadequate, marginal, adequate) [Functional HL]	Quality of physician-patient communication (IPC)	Logistic regression (one model for people with inadequate HL & one for people with adequate HL)	Age, sex, race, education, language, insurance, treatment regimen, A1c, depression score, diabetes duration, Spanish fluency, length of time in the physician's care	HL was associated with explanatory/participatory dimensions of patient-physician communication, but not with the listening dimensions	Good
Schillinger et al., 2006 USA ψ (53)	Cross-sectional	395 patients with T2DM recruited from two primary care clinics at a US public hospital [Mean age (SD): 57.9(11.4); Race: 18.5% Asian/Pacific Islander, 25.3% black, 42.3% Hispanic, & 13.9% white; Education: 46.8% \leq high school, 24.1% = high school, & 29.1% some college &/or technical school]	s-TOFHLA Continuous [Functional HL]	Glycemic control (A1c)	SEM	Age, race, educational level, primary language, insurance status	HL was associated with A1c	Good
Tang et al., 2007 China (17)	Cross-sectional	149 patients with T2DM recruited from a diabetes education management centre of a public hospital [Mean Age (range): 59.8 (27-90); 45.6% females; Education: 55.8% \leq primary education, 39.6%: secondary education, & 4.7% \geq college education]	s-TOFHLA Continuous [Functional HL]	Glycemic control (A1c)	Spearman correlation Multiple linear regression	Sex, insurance status, duration of diabetes, patient awareness score, C-SDSCA score	HL was associated with A1c	Good
Thabit et al., 2009 Ireland (54)	Cross-sectional	100 patients with T2DM recruited from diabetes outpatient service [Immigrant patients: Mean age (SD): 45.8(11.8); Irish patients: Mean age (SD): 60.1(11)]	REALM Continuous [Functional HL]	Glycemic control (A1c)	Pairwise correlation (N=50)	None	HL was associated with A1c	Fair-good
Wallace et al., 2010 USA (30)	Cross-sectional	208 patients with T2DM recruited from a diabetes management program at an internal medicine practice [Mean age (range): 58 (23-85); 64% females; Race: 48% African American; Education: 34% < high school]	s-TOFHLA Categorical (2 levels: Adequate vs. inadequate), & continuous [Functional HL]	Self-management support (PACIC)	Pearson correlation Multiple linear regression	Sex, race, duration of diabetes	HL was associated with self management support	Good
Williams et al., 1998 USA (26)	Cross-sectional	114 patients with T1DM or T2DM recruited from 2 urban public hospitals [Inadequate HL group: Mean age (SD): 57.4(9.3); 76% females; Race: 18% black, 2% white, 80% Latino; Years of schooling: 78% \leq 6 years, 16% 7-11 years, 4% 12 years, & 2% > high school; Marginal HL	TOFHLA Categorical (3 levels: inadequate, marginal, adequate)	Glycemic control (A1c), blood pressure, diabetes knowledge	Multiple linear regression, Chi-square test	None	HL was associated with diabetes knowledge, but not with A1c or blood pressure	Good

group: Mean age (SD): 53.2(8.8); 69% females; [Functional HL]
Race: 31% black, 69% Latino; Years of
schooling: 39% ≤ 6 years, 39% 7-11 years, 15%
12 years, & 8% > high school; Adequate HL
group: Mean age (SD): 49.2(10.3); 67%
females; Race: 37% black, 33% white, 29%
Latino; Years of schooling: 2% ≤ 6 years, 29% 7-
11 years, 37% 12 years, & 31% > high school]

† Variables used in multivariate analysis, or adjusted for in bivariate analysis; if both analyses were performed, the reported variables are the ones included in multivariate analysis.

‡ Adjusted analyses results are reported. In case adjustment was not performed, un-adjusted analyses findings are reported. If both bivariate and multivariate analysis were done; findings based on

multivariate analysis were reported.

Ψ, ψ, ω Indicates that the identified record is one of multiple publications of the same study; publications that have the same symbol are from the same study.

* Each question is analyzed separately as a categorical variable (2 levels).

** Each subscales is analyzed separately as a categorical variable (2 levels).

*** Self-care was assessed by asking “overall, what grade would you give yourself on your diabetes self-care in the past 6 months?”; response categories ranges from 1 to 9.

SD: Standard Deviation; OR: Odds Ratio; IQR: Interquartile range; SEM: Structural Equation Modeling; T1DM: Type 1 Diabetes Mellitus; T2DM: Type 2 Diabetes Mellitus; HL: Health Literacy; NR: Not Reported; BMQ: Beliefs about Medications Questionnaire; C-SDSCA: Chinese – Summary of Diabetes Self Care Activities; CESD-10: Center for Epidemiologic Studies Depression Scale-10; DBP: Diastolic Blood Pressure; DFS: Diabetes Fatalism Scale; DHBM: Diabetes Health Belief Model; DKQ: Diabetes Knowledge Questionnaire; DKT: Diabetes Knowledge Test; DMSES: Diabetes Management Self-Efficacy Scale; DPMD: Desire to Participate in Medical Decision making; DSHLM: Diabetes specific health literacy measure; FPI: Facilitation of Patient Involvement; HCR: Health Care Relationship Trust Scale; HDL: High Density Lipoprotein; IPC: Interpersonal Processes of Care in Diverse Populations Questionnaire; KDQ: Knowledge Diabetes Questionnaire; LDL: Low Density Lipoprotein; MOS: Medical Outcomes Study; PACIC: Patient Assessment of Chronic Illness Care; PFI: Facilitation of Patient Involvement scale; REALM-R: Rapid Estimate of Adult Literacy in Medicine- Revised; RIAS: Roter Interaction Analysis System; s-TOFHLA: Test of Functional Health Literacy in Adults – Short form; 3-brief SQs: 3 brief screening questions; SBP: Systolic Blood Pressure; SCQ: Self-administered Comorbidity Questionnaire; SDSCA: Summary of Diabetes Self Care Activities; SKILLD: Spoken Knowledge in Low Literacy in Diabetes Scale; SMBG: Self-Monitoring of Blood Glucose; TIBI: Total Illness Burden Index; WFPTS: Wake Forest Physician Trust Scale; TOFHLA: Test of Functional Health Literacy in Adults

Appendix 2: Overview of Health Literacy and Numeracy Studies

Author(s), year Source	Design	Participants' characteristics N, diabetes type, recruitment site [age, sex, race, educational level]	Numeracy assessment	HL measure (levels) / [domain addressed]	Outcomes	Type of analysis performed	Covariates†:	Main findings‡	Quality Rating
Cavanaugh et al., 2008 USA (38)	Cross-sectional	398 patients with T1DM or T2DM recruited from 2 primary care and 2 diabetes clinics at 3 medical centers [Median age (IQR): 55 (46-64); 51% females; Race: 63% White & 37% nonwhite; Education: 43% ≤ high school & 57% > high school]	DNT (Continuous) WRAT-3R (Categorical: 2 levels)	REALM Categorical (2 levels: high vs. low) [Functional HL]	Glycemic control (A1c)	Multiple linear regression	Age, sex, race, annual income, type of diabetes, diabetes duration, clinic site	Diabetes numeracy was associated with A1c; HL was not associated with A1c	Good
Mayberry et al., 2011 USA (34)	Cross-sectional	75 patients with T2DM recruited from a primary care clinic at an academic medical center [Mean age (SD): 56.9 (8.8); 68% females; Race: 65% white & 35% non-white]	SNS	3-brief* SQs (problem learning, needing help reading, not confident with forms) [Functional HL]	Use of computer and patient web portal (PWP)	Spearman correlation	None	HL was associated with computer use but not with PWP, and numeracy was not associated with either	Fair-good
Osborn et al., 2009 USA Ψ (19)	Cross-sectional	383 patients with T2DM recruited from primary care clinics at 3 medical centers [Median age (IQR): 56(47-64); 50% females; Race: 65% white, & 35% nonwhite; Education: 43% < high school & 57% ≥ high school]	DNT (Continuous) WRAT-3 (Continuous)	REALM-R Continuous [Functional HL]	Glycemic control (A1c)	SEM	Age, sex, race, educational level, income, diabetes type, diabetes duration, insulin use	Diabetes-related numeracy was associated with A1c, HL and general numeracy were not associated with A1c	Good
Osborn et al., 2010 USA Ψ (27)	Cross-sectional	383 patients with T1DM or T2DM recruited from 2 primary care clinics and 2 diabetes clinics at 3	WRAT-3R (Continuous)	REALM-R Continuous [Functional HL]	Glycemic control (A1c), self-	SEM	Age, sex, race, educational	Numeracy, but not HL, was directly	Good

		medical centers [Mean age (SD): 54.4(13); 50% females; Race: 65% white, & 35% nonwhite; Education: 8% < 9 th grade, 35% 10 th grade-high school, 57% > high school]		HL]	efficacy (PDSMS)		level, income, diabetes type, diabetes duration, insulin use	associated with self efficacy and indirectly associated with A1c	
White et al., 2011 USA (40)	Cross-sectional	144 patients with T1DM or T2DM recruited from two primary care clinics [Mean age (SD): 47.8 (12.1); 62% females; Education: 56% < high school, 17%: some high school, 18%: high school graduate, 9%: some college or more]	DNT-15 (continuous) WRAT-4 (continuous)	s-TOFHLA Categorical (3 levels: inadequate, marginal, adequate) [Functional HL]	Glycemic control (A1c), self-efficacy (PDSMS), self-care (SDSCA),	Spearman correlation	None	Numeracy was not associated with A1c, self-care, or self-efficacy	Good

* Variables used in multivariate analysis, or adjusted for in bivariate analysis; if both analyses were performed, the reported variables are the ones included in multivariate analysis.

† Adjusted analyses results are reported. In case adjustment was not performed, un-adjusted analyses findings are reported. If both bivariate and multivariate analysis were done; findings based on multivariate analysis were reported.

Ψ, ψ, ω Indicates that the identified record is one of multiple publications of the same study; publications that have the same symbol are from the same study.

SD: Standard Deviation; IQR: interquartile range; T1DM: Type 1 Diabetes Mellitus; T2DM: Type 2 Diabetes Mellitus; HL: Health Literacy; DKT: Diabetes Knowledge Test; DNT: Diabetes Numeracy Test; PDSS/PDSMS: Perceived Diabetes Self-Management Scale; REALM: Rapid Estimate of Adult Literacy in Medicine; s-TOFHLA: Test of Functional Health Literacy in Adults – Short form; 3-brief SQs: 3 brief screening questions; SDSCA: Summary of Diabetes Self Care Activities; WRAT: Wide Range Achievement; SNS: Subjective Numeracy Scale; NR: Not Reported