

Supplementary Table 2. Patients' Responses to Nutrition Management Test Items (Unit: %)

		At baseline					After intervention				
		Never	Some times	Half	Often	Always	Never	Some times	Half	Often	Always
Nutrition (n=5808)	Do you take your meals at arranged times?	3.4	14.1	25.0	37.2	20.3	0.6	3.9	18.2	49.7	27.6
	Do you take your meals without skipping them?	1.8	9.6	21.2	41.3	26.1	0.3	2.9	14.1	48.8	33.9
	Do you take any snacks between meals?	8.5	34.7	29.8	21.5	5.4	9.2	45.6	27.0	14.2	4.0
	Do you take meals fixed amounts?	3.3	13.1	29.4	38.5	15.7	0.8	4.1	20.2	52.8	22.1
Monitoring (n=5398)	Do you monitor according to the instructed frequency?	32.8	27.9	17.0	15.4	6.9	32.7	27.9	17.1	15.4	7.0
	Do you record values?	55.0	19.3	10.0	8.9	6.8	25.0	17.3	21.3	22.1	14.2
	Do you adjust meals or medicine according to glucose levels?	33.8	19.6	21.3	17.7	7.6	17.0	13.6	24.4	31.4	13.7
Foot care (n=5789)	Do you examine the condition of your feet every day?	11.3	16.0	22.0	22.6	18.2	1.7	5.4	16.3	48.1	28.5
	Do you wash and dry your feet thoroughly every day?	7.2	12.8	23.3	36.8	20.0	1.2	4.0	45.2	48.8	30.8
	Do you cut your toenails in a straight line?	29.2	19.6	21.5	19.6	10.1	8.4	9.8	23.5	37.6	20.6
Oral care (n=5779)	Do you take oral examinations more than twice a year?	30.1	25.5	20.5	17.1	6.8	23.4	20.7	23.9	23.4	8.6
	Do you brush your teeth with a soft-bristle toothbrush after meals and before going to sleep?	9.8	14.7	27.0	33.4	15.2	3.8	7.3	21.6	42.9	24.4
Medication (n=5662)	Do you take (inject) medicine according to the prescribed schedule?	10.9	2.5	5.2	29.1	52.2	8.0	1.1	2.8	24.1	63.9
	Do you take (inject) medicine at the prescribed time?	11.1	3.1	7.4	29.3	49.0	8.0	1.2	3.7	26.0	61.0
	Do you take (inject) medicine in prescribed dosages?	11.1	2.8	5.7	28.7	51.7	8.0	1.2	3.0	24.5	63.2