## I. SOCIODEMOGRAPHIC DATA

All statements related to socio-demographics.

#### II. DISEASE ONSET: EMIC

All statements made by the interviewee regarding symptoms, situations and considered diabetes to be a cause.

## III. KNOWLEDGE OF DIABETES: ETIC

All statements made by the interviewee regarding symptoms, situations and possibilities that occurred before being diagnosed with diabetes.

## IV. ACTIONS TAKEN PRE-DIAGNOSIS

All actions actions taken prior to diagnosis made by the interviewee.

# V. UTILIZATION OF TRADITIONAL MEDICINE RESOURCES

All respondent mentions regarding traditional medicine, including exams, treatments, opinion regarding traditional medicine, etc..

#### VI. QUALITY OF CARE

**CODE** 

TREE

DIABETES

EXPERIENCE

Refers to the entire context expressed by interviewee regarding care received in health care institutions, including: doctor-patient relationship, diagnosis, treatment, supply of medicines, laboratory studies, and information about the disease; as well as issues regarding the understanding of technical language, waiting time, treatment by staff, etc...

## VII. DISEASE MANAGEMENT

Any mentions of activities and changes made since diagnosis -food, exercise, medication, etc.- to manage the disease.

## VIII. HEALTH SERVICES UTILIZATION

All statements made about the care the interviewee is seeking from either allopathic doctors or traditional medicine providers, in relation to the conditions he or she is undergoing and the reasons for going to one or the other, including the distance between their home and the health center.

## IX. FAMILY, MSG AND SOCIAL SUPPORT NETWORK

## X. EMOTIONAL STATE

Mentions by interviewee about their emotional state resulting from the disease.

Familial relations. All mentions by interviewee regarding how he or she related to the people living in the house. Familial members with diabetes. Any comments made about family members who also have diabetes.

Beliefs about disease origins. All statements made by respondents regarding the reasons why he or she believes they became diabetic, from a layman's point of view.

Initial symptoms. Mentions about the first symptoms and ailments they felt in relation to the lay beliefs on the origin of the disease.

Diabetes related complications. When the respondent refers to complications he or she currently has as a result of the disease.

Causes of diabetes. Reasons why the interviewee thinks they developed the disease from a biomedical point of view.

Measures of diabetes management. Statements the interviewee makes concerning measures patient has taken to manage their disease based on medical recommendations.

Complications. All references interviewee makes to his knowledge of the biomedical complications that diabetes can involve.

Preemptive actions. Includes all actions taken and treatments followed when the interviewee suspected he or she was sick, but before receiving a diagnosis.

**Traditional provider.** Any reference to the type of traditional provider the interviewee saw and any descriptions given about how the traditional doctor examined and/or attempted to cure him or her.

Symptoms. All mentions of symptoms prior to seeing the allopathic doctor.

Care/provider. Description of the treatment and care provided by health personnel, as well as any mentions of the provider seen in the health center

Information. All information the interviewee received from health personnel regarding his or her condition.

Recommendation/treatment. All recommendations and treatments received by the interviewee for his or her condition.

Instructions. Answers given by respondent regarding the clarity with which he or she understood the instructions given by medical stoff.

Medication supply. Refers to the drug supply at the institution, whether there was a shortage, and if the interviewee was given the drug at the consult.

Language. The language in which the doctor communicated and whether it was necessary to use a translator.

Effect on diet. Any mentions or reasons given by respondent in relation to how he or she has changed their diet, how it has affected them, and eating habits that haven't changed.

Medications. Any references the interviewee makes to actions taken to adhere to medication regimen or not take them as prescribed. Physical activity/exercise. Statements made regarding how the interviewee incorporated medical advice about being more physically active, and the reasons why or why not.

Lifestyle. The perception of the interviewee about how he or she changed their lifestyle after diagnosis: affectations, reasons. MSG related. Knowledge of mutual support groups, have they helped and how, why they attend, and the type of assistance the MSG provides in treating their disease, following medical orders, etc

**Referrals.** All statements made by the respondent regarding referrals to another clinic or hospital due to disease complications **Reasons for traditional medicine.** Reasons brought up by interviewee for why he or she decided to go to a traditional doctor, healer, midwife, or herbalist.

**Doctor preference.** Reasons mentioned by respondent for which he or she prefers to go to a traditional doctor or an allopathic physician. **Perception of improvement.** Respondent opinions regarding which kind of doctor has healed him or her faster and/or better and why. **Barriers to access.** Statements made about reasons why not to go to the health center for further treatment.

## DETAILS CATEGORY IX, NEXT FIGURE, CODE TREE

Emotional distress. Narratives about sadness, suffering, worries, change of perspective about life before and after the disease Social vulnerability. Narratives about family, work, community, and/or social security situations resulting from the disease that cause hopelessness or place interviewee in a position of greater social vulnerability.