Injectable Diabetes Medication Questionnaire Japanese version (IDMQ-J)

1. Based on your experience during the past 4 weeks, how satisfied were you with your injectable diabetes medication that you used in this study?

Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
1	2	3	4	5	6	7

Please circle the number that best indicates your level of satisfaction.

2. Based on your experience during the past 4 weeks, to what extent do you agree that your injectable diabetes medication that you used in this study has these features?

For each feature, please circle the number that best indicates your level of agreem	ent.
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Tor each reading, preuse en ere the number that sest mateures y				your rever of ugreement.				
Features	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree	
a) Easy to get the dose needed.	1	2	3	4	5	6	7	
b) Easy to control my blood sugar.	1	2	3	4	5	6	7	
c) Easy to carry for use awa from home.	y 1	2	3	4	5	6	7	
d) Easy to incorporate into my daily life.	1	2	3	4	5	6	7	
e) Convenient for me to use	. 1	2	3	4	5	6	7	
f) Not stressful for me to use	e. 1	2	3	4	5	6	7	

3. Based on your experience during the past 4 weeks, to what extent do you believe that the injectable diabetes medication that you used in this study helped control your blood sugars?

For each question, please circle the number that best indicates how much of the time you believe your blood sugar was controlled.

How much of the time <u>during the past 4</u> <u>weeks</u> :	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) Did you feel that your diabetes was well controlled?	1	2	3	4	5	6
b) Did you feel that your blood sugars were too high?	1	2	3	4	5	6
c) Did you feel that your blood sugars were too low?	1	2	3	4	5	6

4. Based on your experience during the past 4 weeks, to how willing would you be to continue to use the injectable diabetes medication that you used in this study.

Please circle the number that best indicates your level of willingness.

Definitely	Mostly	Don't	Mostly	Definitely	
unwilling	unwilling	know	willing	willing	
1	2	3	4	5	