

Supplementary Material: iDECIDE Recruitment Survey

*Required

1. Your name *

2. Your date of birth * Example: December 15, 2012

3. Your weight *

_____ (lbs)

4. Your gender * Check all that apply.

 Female Male

5. Do you use fitness apps or wearable devices to track your meals, exercise, and alcohol related activities? Provide details *

Meal Activities Related Questions

6. How do you know about the effects of carbs on blood glucose? *(Please select all that apply)

 Physician/Nurse Web site From other patients Trial and error Pamphlets or books I don't know much about the effects Other: _____

7. How do you calculate your meal's carbs? *(Please select all that apply)

 Food label Online food database Personal estimation Clinician's or Educator's suggested approach I don't calculate Other: _____

8. How do you compensate for carbs intake? *(Please select all that apply)

 Insulin bolus, following insulin pump advice Insulin bolus, my own estimation Insulin bolus, following online calculator recommendations Basal adjustment Square delivery adjustment I don't compensate Other: _____

9. Do you skip carbs calculations for any reason? Provide details *

Exercise Related Questions

10. Do you exercise? *

 Yes No

11. How frequently do you exercise? *

 Daily 4 to 6 days a week 2 to 3 days a week Once a week I don't exercise

12. How long do you exercise in one session? *

 More than 60 minutes Between 30 and 60 minutes Less than 30 minutes Varies I don't exercise

13. What is your preferred time for exercising? *(Please select all that apply)

 Morning Afternoon Evening Varies I don't exercise Other: _____

14. What type of exercise do you prefer? *(Please select all that apply)

 Cardio Circuit training Aerobics Strength training Stretching and balance Hiking I don't exercise Other: _____

15. If you exercise, when do you check your blood glucose? *(Please select all that apply)

 Before After During I don't check blood glucose Other: _____

16. How do you know about the effects of exercise on blood glucose? *(Please select all that apply)

 Physician/Nurse Web site From other patients Trial and error Pamphlets or books I don't know much about the effects Other: _____

17. How do you compensate for your blood glucose levels related to exercise? * (Please select all that apply)

	Before exercise	During exercise	After exercise	I don't compensate
Remove insulin pump				
Eat snack/food				
Adjust basal rate				
Bolus Insulin				

18. Do your blood glucose levels affect your exercise decisions? *(Please select all that apply)

- I exercise when blood glucose is high
- I exercise when blood glucose is in target range
- I skip exercise when blood glucose is low
- I don't decide on exercise based on blood glucose levels
- I don't exercise
- Other: _____

19. Which of the following related to exercise affect your blood glucose? *

	Has effect	No effect	I don't know
Intensity of exercise			
Type of exercise			
Duration of exercise			
Time of exercise			
Preexercise blood glucose			
Preexercise snack/food			

Alcohol Intake Related Questions

20. Do you consume alcohol? *

- Yes
- No

21. How often do you consume alcohol? *

- Daily
- More than 4 times a week
- Less than 4 times per week, or 4 times per week
- Occasionally
- I don't drink
- Other: _____

22. Have you notice any effect of alcohol intake on your blood glucose? *(Please select all that apply)

- Alcohol increases my blood glucose
- Alcohol decreases my blood glucose

- Alcohol increases and then decreases my blood glucose
- Alcohol decreases and then increases my blood glucose
- Alcohol has no effect on my blood glucose
- I don't know
- Other: _____

23. What type of alcohol do you consume? *(Please select all that apply)

- Beer
- Wine
- Spirits/Hard alcohol
- Mixed drinks
- I don't drink
- Other: _____

24. If you consume alcohol, when do you check your blood glucose? *(Please select all that apply)

- Before
- After
- During
- I don't check blood glucose
- Other: _____

25. How do you know about the effects of alcohol on blood glucose? *(Please select all that apply)

- Physician/Nurse
- Web site
- From other patients
- Trial and error
- Pamphlets or books
- I don't know much about the effects
- Other: _____

26. How do you compensate for your blood glucose levels related to alcohol? *(Please select all that apply)

	Before alcohol	During alcohol intake	After alcohol	I don't compensate
Remove insulin pump				
Eat food				
Adjust basal rate				
Bolus insulin				

27. How do you calculate carbs when you consume alcohol? *(Please select all that apply)

- Drink label
- Online database
- Personal estimation
- Clinician's or Educator's suggested approach
- I don't calculate
- Other: _____

28. Do you compensate for your alcohol's carbs? *

- Always
- Sometimes

- [.] Depends on drink type/count
- [.] Only when the blood glucose is high
- [.] Never
- [.] Other: _____

29. Which of the following related to alcohol affect your blood glucose? *

	Has effect	No effect	I don't know
Time of consumption			
When combined with food			
Type of drink			
Number of drinks			
Blood glucose levels			
Prealcohol food			

General Questions

30. Do you disconnect your insulin pump for any reason other than exercise? Provide details *

31. Do you change your insulin pump endocrine settings (basal rate, preset factors) for any reason without clinician's advice? Provide details *

32. Do you change the insulin bolus delivery waveform pattern in the insulin pump? Provide details *

33. Do you override bolus suggestions from the insulin pump for any reason? Provide details *

34. Do you bolus to compensate for blood glucose without any carbs intake? Provide details *

35. Do you bolus to compensate for carbs without adjusting for blood glucose levels? Provide details *