Follow-up survey

SECTION 1: DIABETES STATUS AND RELATED BEHAVIORS

What is your current medication regimen for treatment of diabetes?
 No medication
 Oral medication
 Injectable medication

SECTION 2: SUMMARY OF DIABETES SELF-CARE ACTIVITIES

- 2. How many of the last seven days have you followed a healthful eating plan? $\Box 0$

 - $\Box 2$
 - $\Box 3$
 - □*3*

 - □6 □7
- 3. On average, over the past month, how many **days per week** have you followed your eating plan? $\Box 0$
 - $\Box 1$
 - $\Box 2$
 - $\square 3$

 - $\square 6$

4. On how many of the last seven days did you eat five or more servings of fruits and vegetables?

- $\Box 0$
- $\Box 1$
- $\Box 2$
- $\Box 3$
- $\Box 4$
- $\Box 5$
- $\Box 6$
- $\Box 7$

- 5. On how many of the last **seven days** did you eat high fat foods such as red meat or full-fat dairy products?

 - □1
 - $\Box 2$
 - □3
 - □4
 - □5
 - □6
 - □7
- 6. Did you make any changes to your diet over the past six months as a result of using the Glyco app?

□Yes

 $\Box No$

{If 'Yes', proceed to Q7, else skip to Q8}

- 7. Please indicate what are the changes that you have made to your diet over the past six months as a result of using the *Glyco* app?
- 8. Did your average weekly level of moderate to vigorous physical activity change over the past six months, as a result of using the *Glyco* app?
 (Moderate or vigorous activity is defined as any activity that produces a small to large increase in breathing or heart rate, lasting for **at least 30minutes**)
 □Increased
 □Decreased
 □Stayed the same
- 9. On how many of the last **seven days** did you participate in at least 30 minutes of physical activity (total minutes of continuous activity, including walking)?
 - $\Box 0$

 - □4

 - □7

- 10. On how many of the last seven days did you participate in at least 30 minutes of moderate to vigorous physical activities? (Moderate or vigorous activity is defined as any activity that produces a small to large increase in breathing or heart rate, lasting for at least 30minutes) □0

 - □J
- 11. On how many of the last **seven days** did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work? $\Box 0$

 - □3 □4

 - $\Box 5$ $\Box 6$
- 12. Did you use the resistance band that was given to you, as part of the *GlycoLeap* program? \Box Yes
 - $\Box No$

{If 'Yes', proceed to Q13, else skip to Q14}

- 13. How many times in the last **seven days** did you use your resistance bands to perform any strength training exercises?
 - $\Box 0$
 - $\Box 1$
 - $\Box 2$

 $\Box 3 \text{ or more}$

- 14. On how many of the last seven days did you test your blood sugar?
 - $\Box 0$

 - $\Box 2$

 - □4

 - $\Box 6$
 - $\Box 7$

15. On how many of the last seven days did you test check your feet?

- $\Box 0$
- $\Box 1$
- $\Box 2$

- □6 □7

16. On how many of the last seven days did you inspect the inside of your shoes?

- $\Box 0$
- □2 □3
- $\square 4$
- $\Box 6$

17. Have you smoked a cigarette – even one puff – during the past seven days? \Box Yes

□No

{If 'Yes', proceed to Q18, else skip to Q19}

18. How many cigarettes did you smoke on an average day?

19. Did you chat with your health coach through the *Glyco* app?
□Yes
□No

{If 'Yes', proceed to Q20, else skip to Q21}

20. To what extent have you followed the advice provided to you by the *Glyco* app health coaches? \Box Not at all

 \Box To a small extent

 \Box To a moderate extent

 \Box To a large extent

SECTION 3: PROGRAM EVALUATION

21. How user-friendly would you score each componen (Please score out of 5: 1 = Very difficult, 5 = Very e	· 1	program?	
• Accessing weekly health lessons	score:	(out of 5)	
• Operating the glucometer	score:	(out of 5)	
• Logging blood sugar readings on the <i>Glyco</i> app	score:	(out of 5)	
• Syncing measurements from wireless weighing scale to the <i>Glyco</i> app			
	score:	(out of 5)	
 Logging daily meals on the Glyco app 	score:	(out of 5)	
• Tracking physical activity on the <i>Glyco</i> app	score:	(out of 5)	
• Communicating with health coach on the <i>Glyco</i> ap	p score:	(out of 5)	

22. How useful would you score each feature of the *Glyco* app in helping you control your diabetes progression or improving your lifestyle habits?

(Please score out of 5: 1 = Not Useful at all, 5 = Very Useful)

• Health lessons	score: (out of 5)
Glucose monitoring	score: (out of 5)
• Weight monitoring	score: (out of 5)
• Meal logging	score: (out of 5)
 Physical activity tracking 	score: (out of 5)
 Interaction with health coach 	score: (out of 5)

23. Which, if any, of these problems did you face throughout your experience with the *GlycoLeap* program? (Check all the boxes that apply to your experience)

- Unable to gain timely assistance to troubleshoot/resolve issues with app
- □Trouble logging into the *GlycoLeap* personal account
- □App features are too difficult to navigate/use
- Glucometer faulty/does not consistently work well)
- □Wireless weighing scale faulty/does not consistently work well)
- □App was unable to track my true level of physical activity accurately
- □Health coaches were unable to provide me with adequate guidance
- \Box Too little reminders were sent to encourage engagement with app
- $\Box \operatorname{Too}$ many reminders were sent to encourage engagement with app
- □Using the app took up too much of my time
- \Box I did not face any of these problems
- 24. What is your overall rating of the app?

(Please score out of 5: 1= Very poor, 5 = Very good) Score: _____ (out of 5)

25. Would you recommend the *Glyco* app to other people to use for managing their diabetes? (Please score out of 5: 1 = Would not recommend, 5 = Would highly recommend) Score: _____ (out of 5)

- 26. If it costs \$100 per year for unlimited access to the *Glyco* app and health coach(es), would you pay?
 □Yes
 □No
 - {If yes, proceed to Q27, else skip to Q28}
- 27. If it costs \$200 per year for unlimited access to the *Glyco* app, would you pay for access?
 □Yes
 □No
- 28. Are there any issues that you would like the study team to note, which could have improved your experience throughout this study?