

Supplemental Appendix 1

Name: _____

Date of birth: _____

Survey number: _____

Fasting Glucose Survey

1. Did you fast for your blood test today?

____ Yes

____ No

If yes to #1, why did you fast today? (check all that apply)

_____ I always fast for blood tests

_____ I was told to fast by my doctor or someone at my doctor's office

_____ I called the lab and they told me to fast

_____ Other (specify) _____

2. Did your doctor or someone at your doctor's office give you instructions on how to fast for your blood tests today?

____ Yes

____ No

____ Not sure

If yes to #2, did you understand the instructions?

____ Yes

____ No

If no to #2 and you did fast, how did you know how to fast?

_____ I did an internet search on how to fast

_____ I already knew how to fast because I have fasted before

_____ I called my doctor's office and asked

_____ I asked a friend or family member how to fast

_____ Other (specify) _____

3. If you fast, how long do you fast?

____ 0-4 hours before my blood test

____ 5-8 hours before my blood test

Longer than 8 hours before my blood test

It doesn't matter how many hours, I just start fasting at midnight the night before my blood test

Other (specify) _____

4. What does fasting mean to you?

I cannot eat or drink anything

I can eat but not drink

I can drink but not eat

I can eat and drink

If you drink when fasting, what do you allow yourself to drink? (check all that apply)

Water

Black coffee

Coffee, with cream or sugar

Tea

Tea, with cream, milk or sugar

Other

5. Do you think it is important to fast before every blood test?

Yes

No

Not sure

6. Do you already have diabetes or prediabetes?

Yes

No

Not sure

If yes to #6, did you take all your diabetes medications as prescribed in the last 24 hours?

Yes

No

I do not take any diabetes medications

7. Did you eat or drink anything, except water, for the past 8 hours?

Yes

No

_____ Not sure