

Demographics

What is your current age?

What country do you live in?

United States of America (USA) | Afghanistan | Albania | Algeria | Andorra | Angola | Antigua and Barbuda | Argentina | Armenia | Australia | Austria | Azerbaijan | Bahamas | Bahrain | Bangladesh | Barbados | Belarus | Belgium | Belize | Benin | Bhutan | Bolivia | Bosnia and Herzegovina | Botswana | Brazil | Brunei | Bulgaria | Burkina Faso | Burundi | Cabo Verde | Cambodia | Cameroon | Canada | Central African Republic (CAR) | Chad | Chile | China | Colombia | Comoros | Democratic Republic of the Congo | Republic of the Congo | Costa Rica | Cote d'Ivoire | Croatia | Cuba | Cyprus | Czech Republic | Denmark | Djibouti | Dominica | Dominican Republic | Ecuador | Egypt | El Salvador | Equatorial Guinea | Eritrea | Estonia | Ethiopia | Fiji | Finland | France | Gabon | Gambia | Georgia | Germany | Ghana | Greece | Grenada | Guatemala | Guinea | Guinea-Bissau | Guyana | Haiti | Honduras | Hungary | Iceland | India | Indonesia | Iran | Iraq | Ireland | Israel | Italy | Jamaica | Japan | Jordan | Kazakhstan | Kenya | Kiribati | Kosovo | Kuwait | Kyrgyzstan | Laos | Latvia | Lebanon | Lesotho | Liberia | Libya | Liechtenstein | Lithuania | Luxembourg | Macedonia (FYROM) | Madagascar | Malawi | Malaysia | Maldives | Mali | Malta | Marshall Islands | Mauritania | Mauritius | Mexico | Micronesia | Moldova | Monaco | Mongolia | Montenegro | Morocco | Mozambique | Myanmar (Burma) | Namibia | Nauru | Nepal | Netherlands | New Zealand | Nicaragua | Niger | Nigeria | North Korea | Norway | Oman | Pakistan | Palau | Palestine | Panama | Papua New Guinea | Paraguay | Peru | Philippines | Poland | Portugal | Qatar | Romania | Russia | Rwanda | Saint Kitts and Nevis | Saint Lucia | Saint Vincent and the Grenadines | Samoa | San Marino | Sao Tome and Principe | Saudi Arabia | Senegal | Serbia | Seychelles | Sierra Leone | Singapore | Slovakia | Slovenia | Solomon Islands | Somalia | South Africa | South Korea | South Sudan | Spain | Sri Lanka | Sudan | Suriname | Swaziland | Sweden | Switzerland | Syria | Taiwan | Tajikistan | Tanzania | Thailand | Timor-Leste | Togo | Tonga | Trinidad and Tobago | Tunisia | Turkey | Turkmenistan | Tuvalu | Uganda | Ukraine | United Arab Emirates (UAE) | United Kingdom (UK) | Uruguay | Uzbekistan | Vanuatu | Vatican City (Holy See) | Venezuela | Vietnam | Yemen | Zambia | Zimbabwe

Please provide your zip code.

What gender do you identify with?

Male | Female | Non-Binary | Transgender Male | Transgender Female

What is your race? (check all that apply)

American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White

What is the highest degree or level of education you have completed?

Some high school | High School Graduate | Vocational/Technical Training | Some College | Bachelor's Degree | Master's Degree | Doctorate Degree

What is your household income?

Less than \$25,000 | \$25,000 to \$34,999 | \$35,000 to \$49,999 | \$50,000 to \$74,999 | \$75,000 to \$99,999 | \$100,000 to \$149,999 | \$150,000 or more | Prefer not to say

How many people are financially supported in your household?

Personal & Family Health History

What is your relationship with diabetes? (select all that apply)

Please tell us your last Hemoglobin A1c level.

Please tell us your child's last Hemoglobin A1c level. [Leave blank if not applicable]

Please tell us your partner's last Hemoglobin A1c level. [Leave blank if not applicable]

If other, please describe your relationship to diabetes?

I have diabetes | I am a parent of a child with diabetes | I am a romantic partner to a person with diabetes | Other

What best describes your current health insurance? (check all that apply)

Uninsured Private pay | Employer based health insurance | Military coverage | Medicaid | Medicare | Medicare disability

Do you have prescription coverage with your current health insurance? Yes | No

How much in dollars do you spend on diabetes medications and supplies each month. Please round to the nearest dollar.

How much in dollars do you spend on all household health related expenses (medications, supplies, co-pays, etc.) each month. Please round to the nearest dollar.

What type of diabetes do you manage in your home? (select all that apply)

Type 1 Diabetes | Type 2 Diabetes | Gestational Diabetes | LADA (latent diabetes of adulthood) | MODY (maturity onset diabetes of the young) | Other (i.e. surgical) | I do not have diabetes, but I am the parent of a minor who has diabetes. | I do not have diabetes, but I am the partner of someone with diabetes.

How many years have you been living with diabetes?

How many years has your child been living with diabetes? [Leave blank if not applicable]

How many years has your partner been living with diabetes? [Leave blank if not applicable]

Are you using oral medications (i.e., metformin, glipizide, glimepiride, pioglitazone, Farxiga, Jardiance, Trajenta) to manage diabetes?

Is your child using oral medications (i.e., metformin, glipizide, glimepiride, pioglitazone, Farxiga, Jardiance, Trajenta) to manage diabetes? [Leave blank if not applicable]

Is your partner using oral medications (i.e., metformin, glipizide, glimepiride, pioglitazone, Farxiga, Jardiance, Trajenta) to manage diabetes? [Leave blank if not applicable]

Are you using non-insulin injectable (i.e. Byetta, Bydureon, Victoza, Tresiba, Trulicity, Symlin) to manage diabetes? [Leave blank if not applicable] Yes | No

Is your child using non-insulin injectable (i.e. Byetta, Bydureon, Victoza, Tresiba, Trulicity, Symlin) to manage diabetes? [Leave blank if not applicable] Yes | No

Is your partner using non-insulin injectable (i.e. Byetta, Bydureon, Victoza, Tresiba, Trulicity, Symlin) to manage diabetes? [Leave blank if not applicable] Yes | No

Are you using insulin to manage diabetes? [Leave blank if not applicable] Yes | No

Is your child, or your partner using insulin to manage diabetes? [Leave blank if not applicable] Yes | No

Is your partner, or your partner using insulin to manage diabetes? [Leave blank if not applicable] Yes | No

Are you using an insulin pump to manage your diabetes? [Leave blank if not applicable] Yes | No

Is your child using an insulin pump to manage your diabetes? [Leave blank if not applicable] Yes | No

Is your partner using an insulin pump to manage your diabetes? [Leave blank if not applicable] Yes | No

Are you using a continuous glucose monitor to manage diabetes? Yes | No

Is your child using a continuous glucose monitor to manage diabetes? Yes | No

Is your partner using a continuous glucose monitor to manage diabetes? Yes | No

Have you ever been diagnosed with any of the following? (check all that apply)

Eye disease (retinopathy) | Heart disease (high blood pressure high cholesterol stroke heart attack) | Lung disease (asthma COPD) | Gastrointestinal disease (reflux celiac chronic diarrhea)

| Kidney disease | Neuropathy (gastroparesis or numbness or tingling in feet legs or arms) | Depression | Thyroid condition | Other autoimmune condition not listed above | Eating disorder | Anxiety | Depression | None of the above

Has your child ever been diagnosed with any of the following? (check all that apply)
Eye disease (retinopathy) | Heart disease (high blood pressure high cholesterol stroke heart attack) | Lung disease (asthma COPD) | Gastrointestinal disease (reflux celiac chronic diarrhea) | Kidney disease | Neuropathy (gastroparesis or numbness or tingling in feet legs or arms) | Depression | Thyroid condition | Other autoimmune condition not listed above | Eating disorder | Anxiety | Depression | None of the above

Has your partner ever been diagnosed with any of the following? (check all that apply)
Eye disease (retinopathy) | Heart disease (high blood pressure high cholesterol stroke heart attack) | Lung disease (asthma COPD) | Gastrointestinal disease (reflux celiac chronic diarrhea) | Kidney disease | Neuropathy (gastroparesis or numbness or tingling in feet legs or arms) | Depression | Thyroid condition | Other autoimmune condition not listed above | Eating disorder | Anxiety | Depression | None of the above

Please describe any other conditions not listed here:

Who are the members of your family who live with you and have diabetes?

Mother | Father | sibling | 2 siblings | siblings | 4 siblings | child | 2 children | children | 4 children | Spouse | Other

If other, please describe.

Does anyone in your house with diabetes borrow or share diabetes medications/supplies from anyone else living with diabetes in the family? If yes, what do you share? (check all that apply)

Glucose strips | Diabetes pills | Insulin | Insulin pump supplies | Continuous glucose monitoring sensors | Glucagon | Alcohol pads | Other

Do you have an emergency supply of diabetes supplies? Yes | No

If yes, please describe what supplies you keep for an emergency.

Is there anyone else in the home or family with a chronic condition (i.e. cancer, arthritis, heart condition, or any other condition) that requires financial support? Yes | No

How many individuals in your home have a chronic condition?

Please tell us the chronic condition(s) you financially help support. (i.e. copays for visits, medications, supplies or equipment)

Is there a second person in the home or family with a chronic condition that requires financial support? Yes | No

Please tell us the chronic condition(s) you help support for this second person.

IFDFW

Think back over the past 3 months and tell us how much difficulty you had paying your bills. Would you say you had...? A great deal of difficulty | Quite a bit of difficulty | Some difficulty | A little difficulty | No difficulty at all

Think again over the past 3 months. Generally, at the end of each month did you end up with... More than enough money left | Some money left | Just enough money left | Somewhat short of money | Very short of money

Within the last 3 months, my family has enough money to afford the kind of home we should have. , Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford the kind of clothing we should have. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford the kind of furniture or household appliances we should have. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford the kind of transportation we need. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford the kind of food we should have. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford the kind of medical care we should have. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we had enough money to afford leisure and recreational activities. Strongly agree | Agree | Neutral/mixed | Disagree | Strongly disagree

Within the last 3 months, we changed food shopping or eating habits a lot to save money.

Within the last 3 months, we shut down the heat or air conditioning to save money even though it made the house uncomfortable.

Within the last 3 months, we didn't go to see the doctor or dentist when we needed to because we had to save money.

Within the last 3 months, we fell far behind in paying bills.

Within the last 3 months, we asked relatives or friends for money or food to help us get by.

Within the last 3 months, we added another job to make ends meet.

Within the last 3 months, we received government assistance.

Within the last 3 months, we sold some possessions because we needed the money (even though you really wanted to keep them).

Within the last 3 months, we moved to another house or apartment to save money.

What do you feel is the level of your financial stress today? (Pick a value 1-10, where 1 is overwhelming stress, 5 is high stress, and 10 is low stress.)

How satisfied you are with your present financial situation.

The 1 represents complete dissatisfaction. The 10 represents complete satisfaction.
How do you feel about your current financial situation?

How often do you worry about being able to meet normal monthly living expenses?

How confident are you that you could find the money to pay for a financial emergency that costs about \$1,000?

How often does this happen to you? You want to go out to eat, go to a movie or do something and don't go because you can't afford to?

How frequently do you find yourself just getting by financially and living paycheck to paycheck?
How stressed do you feel about your personal finances in general?

Diabetes Financial Strain

Is purchasing diabetes medications and/or supplies financially difficult for you? Yes | No

Have you ever not purchased something your family wanted/needed due to purchasing diabetes medications and/or supplies? Yes | No

Please tell us a story about a time when you or your family member was not able to purchase something they wanted/needed due to purchasing diabetes medications and supplies.

Have you ever spoken to your healthcare provider about an inability to pay for diabetes medications/supplies? Yes | No
If yes, what happened?

Have you ever received free diabetes medications or supplies (i.e. samples) from your provider in the last year? Yes, 1 or times | Yes, 3 or 4 times | Yes, 5 or more times | No

Have you ever applied for patient assistance through a pharmaceutical company such as Lilly, Novo Nordisk, or Sanofi?

If yes, what were the circumstances?

Were you approved?

If no, why not?

Does the financial strain of diabetes management cause conflict within your family relationships? Yes | No

If yes, please describe.

Do you feel stress or guilt related to the finances needed to manage diabetes? Yes | No

If yes, please describe.

Donation of Diabetes Supplies

Have you ever engaged in the donation, trade, purchase or loan of diabetes medications or supplies to/from another person?(check all that apply)

I have never donated or traded diabetes medications or supplies. | I have donated diabetes medications or supplies. | I have traded diabetes medication or supplies. | I have received a donation of diabetes medications or supplies. | I have purchased diabetes medications or supplies from someone who was not an authorized supplier (e.g., pharmacy, durable medical equipment supplier). | I have loaned or received a loan of diabetes medications or supplies.

If you donate, trade, purchase or loan diabetes medications or supplies with another person, does your family or significant other know? Yes | No

Please tell us why you have not shared this information with your loved ones?

In the last 12 months, have you ever skipped checking your glucose (fingerstick or continuous glucose monitor) due to the cost of supplies? Yes | No

Which method of glucose checking did you skip?

In the last 12 months, have you changed the brand of glucose strips or continuous glucose monitor you are using due to cost? Yes | No

What brand were you using previously?

What brand are you using now?

Has this change changed your perception of how well your diabetes is managed? Yes | No

Please explain:

In the last 12 months, have you ever skipped a dose of medication due to cost?

Many times, per day | Every day | Most days | Some days | Once in a while | Almost never | Never

In the last 12 months, have you ever decreased a dose of medication due to cost?

Many times, per day | Every day | Most days | Some days | Once in a while | Almost never | Never

In the last 12 months, have you changed the brand of medication you are using due to cost? Yes | No

What medication were you using previously?

What medication are you using now?

Has this change changed your perception of how well your diabetes is managed? Not at all | 2 Slightly | Somewhat | Moderately | Extremely

Please explain:

Are you unable to use continuous glucose monitor even though you desire to do so due to financial reasons?

Yes | No | Not interested in continuous glucose monitoring

Are you unable to use insulin pump even though I desire to do so due to financial reasons?

Yes | No | Not interested in using an insulin pump

In the last year, have you tried to raise money for your diabetes management needs?

Yes, organized through self-fundraising efforts | , Yes, organized online (i.e. Go Fund Me) | , Yes, other | 0, No

If yes, please describe:

In the last 12 months, have you ever asked your healthcare provider to prescribe a higher dose of diabetes medications/supplies due to cost? (i.e. prescribe 45 units of insulin per day even though you average 30 units/day) Yes | No

In the last 12 months, has your healthcare provider offered to prescribe a higher dose of diabetes medications/supplies due to cost? (i.e. prescribe 45 units of insulin per day even though you average 30 units/day) Yes | No

Have you DONATED diabetes supplies to someone from the online community in the past year? Yes | No

Have you ever donated diabetes supplies to the diabetes online community? Yes | No

Have you ever donated any of the following to someone? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors | Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

To whom did you donate the above items to?

Family | Friend | Co-Worker | Online Acquaintance | Stranger

How many times would you say you have donated diabetes supplies?

Once | 2-4 Times | 5-7 Times | 8-10 Times | More than 10 Times

Why did you donate?

Medicine or supplies no longer needed | Side effects you didn't like | Other
If other, please explain.

Are you donating something you would use yourself? Yes | No

Did you donate medications or supplies that you were actually using? Yes | No
If no, were the medications or supplies expired?

Were the medications or supplies potentially compromised? For example, exposed to heat/cold or already opened. Yes | No

Please tell us the story surrounding your experience donating diabetes supplies.

Trading of Diabetes Supplies

Have you TRADED diabetes supplies to someone from the online community in the past year?
Yes | No

Have you ever traded diabetes supplies within the diabetes online community? Yes | No

Have you ever traded any of the following to someone? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors |
Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

What did you receive in exchange for your trade? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors |
Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

With whom did you trade the above items to?

Family | Friend | Co-Worker | Online Acquaintance | Stranger

How many times would you say you have traded diabetes supplies?

Once | 2-4 Times | 5-7 Times | 8-10 Times | More than 10 Times

Why did you trade supplies?

Medicine or supplies no longer needed | Side effects you didn't like | Wanted to try something
new | Other
If other, please explain.

Are you trading something you would use yourself? Yes | No

Did you trade medications or supplies that you were actually using? Yes | No

If no, were the medications or supplies expired?

Were the medications or supplies you PROVIDED in the trade potentially compromised?

(For example, exposed to heat/cold or already opened) Yes | No

If yes, please explain.

Were the medication or supplies you RECEIVED in the trade potentially compromised?

(For example, exposed to heat/cold or already opened) Yes | No

If yes, please explain.

Did you have any negative effects from the medication or supplies you received in the trade?

Yes | No

If yes, please explain

Did the medication or supplies you traded work as you had anticipated? Yes | No

If no, please explain.

Did you let your health care provider know you received these products? Yes | No

Did you ask your health care provider to help you make the decision about whether or not to use the medications or supplies you received? Yes | No

Please tell us the story surrounding your experience trading diabetes supplies.

What would have happened if you had not made a trade?

Recipient of Donated Diabetes Supplies

Have you RECEIVED donated diabetes supplies to someone from the online community in the past year? Yes | No

Have you ever received donated diabetes supplies from someone in diabetes online community? Yes | No

Have you ever received any of the following donated diabetes supplies? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors | Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

Who donated the above items to you? (Check all that apply)

Family | Friend | Co-Worker | Online Acquaintance | Stranger

How many times would you say you have received donated diabetes supplies?

Once | 2-4 Times | 5-7 Times | 8-10 Times | More than 10 Times

Why did you need donated supplies?

Your supplies were lost or broken | Your supplies had side effects you didn't like | You couldn't afford your own supplies | Other
If other, please explain.

Were the medications or supplies you received expired? Yes | No

Were the medications or supplies you received potentially compromised? (For example, exposed to heat/cold or already opened.) Yes | No

Please tell us the story surrounding your experience receiving donated diabetes supplies.

What would have happened if you had not been able to get the donated supplies?

Purchaser of DOC Diabetes Supplies

Have you PURCHASED diabetes supplies from someone who was not affiliated with a medical entity in the last year? (i.e. pharmacy durable medical equipment supplier) Yes | No

Have you ever purchased diabetes supplies from someone who was not affiliated with a medical entity? (i.e. pharmacy, durable medical equipment supplier) Yes | No

Which of the following items have you purchased from someone in the DOC? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors | Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

Who did you purchase the above items from?

Family | Friend | Co-Worker | Online Acquaintance | Stranger

How many times would you say you have purchased diabetes supplies from someone who was not affiliated with a medical entity?

Once | 2-4 Times | 5-7 Times | 8-10 Times | More than 10 Times

Why did you purchase diabetes supplies from someone not affiliated with a medical entity?

You wanted to try something new | Side effects related to your medication or supplies | You lost or damaged your supplies | The cost of filling your prescription was too much | Other
If other, please explain.

Were the medications or supplies you purchased expired? Yes | No

Were the medications or supplies potentially compromised? (For example, exposed to heat/cold or already opened) Yes | No

Did the medications or supplies you purchased from a non-medical entity work as you had expected? Yes | No

If no, please explain

Please tell us the story surrounding your experience purchasing diabetes supplies from a non-medical entity or person online.

Loaning or Testing of Supplies Via the DOC

Have you ever LOANED or TESTED a diabetes medication or supply to or from someone else in diabetes online community within in the last year? Yes | No

Have you ever loaned or tested a diabetes medication or supply to or from someone else in diabetes online community? Yes | No

Which of the following items have you loaned or tested from someone else in the diabetes online community? (Check all that apply)

Insulin | Non-insulin diabetes medication | Glucose strips | Glucometer | Glucose sensors | Continuous glucose monitor (receiver or transmitter) | Insulin pump supplies | Insulin pump

To whom did you loan or test the above items to or from?

Family | Friend | Co-Worker | Online Acquaintance | Stranger

How many times would you say you have loaned or tested diabetes supplies within the diabetes online community?

Once | 2-4 Times | 5-7 Times | 8-10 Times | More than 10 Times

Were the medications or supplies potentially compromised? (For example, exposed to heat/cold or already opened) Yes | No

Did the medication or supplies you loaned or tested work like you thought they would? Yes | No

If yes, did you tell your health care provider about testing the new supply or medication? Yes | No

If yes, did this prompt you to talk with your health care provider about getting a new supply or medication prescription?

If no, please explain.

Please tell us the story surrounding your experience loaning or testing diabetes supplies from someone within the diabetes online community.