Supplementary questionnaire 1. Questionnaire about the impact of the quarantine on patients' glycaemic control and medication use, daily routines, physical activity and psychological stress and anxiety.

Since March 2020 the government has pronounced some rules and restrictions in order to halt the spreading of the coronavirus pandemic. From March 15th on all Dutch citizens were asked to stay at home and work from home as much as possible and perform social distancing. We are interested in which way these rules and restrictions have impacted the lives of patients with diabetes, a high risk population according to the RIVM.

1. Do you feel like your glucose regulation has changed during the period of self-quarantine?

- $\hfill\square$ No, my glucose regulation remained the same
 - \Box Yes (chose one of the options below)
 - □ Keeping my glucose values stable is much easier
 - □ Keeping my glucose values stable is somewhat easier
 - □ Keeping my glucose values stable is somewhat more difficult
 - □ Keeping my glucose values stable is a much more difficult

2. Did the amount of insulin you use change during the period of self-quarantine? (Only applicable for patients using insulin to regulate their diabetes)

 $\hfill\square$ No, I use the same amount of insulin as before

□ Yes (chose one of the options below)

- \Box I use much more insulin
- □ I use somewhat more insulin
- □ I use somewhat less insulin
- \Box I use much less insulin

3. Do you feel like your weight has changed during the period of self-quarantine?

□ No, my weight remained the same

 \Box Yes (chose on of the options below)

- □ I gained weight
 - □ 1-2 kilograms
 - □ 3-4 kilograms
 - $\Box \geq 5$ kilograms
- □ I lost weight
 - □ 1-2 kilograms
 - □ 3-4 kilograms
 - $\Box \geq 5$ kilograms

4. On a scale from 1-10, how anxious have you been to get infected with the coronavirus during the last 6 weeks?

VAS-scale 1-10

5. Have you experienced a change in stress since the start of the period of self-quarantine?

 \square No, my stress level remained the same

 \Box Yes (chose one of the options below)

- □ I experienced much less stress
- □ I experienced somewhat less stress
- □ I experienced somewhat more stress
- □ I experienced much more stress

6. Have you experienced a change in anxiety since the start of the self-quarantine period?

- $\hfill\square$ No, my anxiety level remained the same
 - \Box Yes (chose one of the options below)
 - □ I experienced much less anxiety
 - $\hfill\square I experienced somewhat less anxiety$
 - I experienced somewhat more anxiety
 - $\hfill\square I experienced much more anxiety$

7. How was your living situation prior to the period of self-quarantine? (chose one of the options below)

- \square I lived alone
- \Box I lived with my partner
- $\hfill\square$ I lived with my partner and children
- \square I lived with my children
- □ I lived with my parents
- $\hfill\square$ I lived with my roommates

8. Did anything change regarding your exercise activities?

- \square No, my exercise activities remained the same
 - \square Yes
 - \Box I exercised less than before
 - □ I exercised more than before