Supplementary Table 3. PRECIS-2 scores for nine domains

Domain	Score	Rationale
Eligibility—To what extent are the participants in the trial similar to those who would receive this intervention if it was part of usual care?	5	We included patients with type 2 diabetes mellitus who required insulin therapy and who were willing to inject insulin or to use self-monitoring of blood glucose (SMBG) under usual care conditions.
Recruitment—How much extra effort is made to recruit participants over and above what would be used in the usual care setting to engage with patients?	4	In routine clinical practice, the participants were recruited if they wanted to be engaged in the study during scheduled visits.
Setting—How different are the settings of the trial from the usual care setting?	5	The settings of the trial were not different from usual care except that the participants were recommended to adjust insulin doses according to assigned algorithms.
Organization—How different are the resources, provider expertise, and the organization of care delivery in the intervention arm of the trial from those available in usual care?	5	The number of healthcare providers or other professionals was not changed above the levels available in usual care.
Flexibility (delivery)—How different is the flexibility in how the intervention is delivered and the flexibility anticipated in usual care?	4	The participants adjusted insulin doses by assigned algorithms that were similar to usual care.
Flexibility (adherence)—How different is the flexibility in how participants are monitored and encouraged to adhere to the intervention from the flexibility anticipated in usual care?	5	The participants adjusted insulin doses based on fasting SMBG values. Fasting SMBG values were measured using participants' glucometers.
Follow-up—How different is the intensity of measurement and follow-up of participants in the trial from the typical follow-up in usual care?	5	After the initial visit (at week 0), the participants were followed up at week 12 under usual care conditions.
Primary outcome—To what extent is the trial's primary outcome directly relevant to participants?	5	The primary outcome was directly relevant to the participants.
Primary analysis—To what extent are all data included in the analysis of the primary outcome?	5	All analyses were conducted according to the intention-to-treat principle.

Scoring each domain can be done using a 5-point Likert scale: 1, very explanatory; 2, rather explanatory; 3, equally pragmatic and explanatory; 4, rather pragmatic; 5, very pragmatic.
PRECIS-2, PRagmatic Explanatory Continuum Indicator Summary 2.