

**Supplemental material to:**  
**Striving for autonomy in everyday diabetes self-management: A grounded theory study**

Appendix 1

The full code tree:

<b>Pathways toward everyday experiences of self-directedness</b>	<b>Core category</b>
<b>1. Facing threats</b>	<b>Selective</b>
1. 1. Dealing with the ‘insidious killer’ (hyperglycaemia)	Axial
<i>1. 1. 1. ‘The illness will not change my life’</i>	<i>Open</i>
<i>1. 1. 2. Avoiding stressful relationships</i>	<i>Open</i>
<i>1. 1. 3. ‘You have to learn to live with it’</i>	<i>Open</i>
1. 2. Coping with the threat of coma (hypoglycaemia)	Axial
<i>1. 2. 1. Autonomy and loneliness</i>	<i>Open</i>
<i>1. 2. 2. Night preparedness</i>	<i>Open</i>
<i>1. 2. 3. Autonomy on the road</i>	<i>Open</i>
1. 3. Dealing with the ‘military regime’ (treatment and diet)	Axial
<i>1. 3. 1. Autonomy in a narrowed living space</i>	<i>Open</i>
<i>1. 3. 2. Autonomy in the face of the threat of ‘madness’</i>	<i>Open</i>
<i>1. 3. 3. Patience in captivity</i>	<i>Open</i>
<b>2. Constructing protective space and time</b>	<b>Selective</b>
2. 1. Protection for mealtimes	Axial
<i>2. 1. 1. Creation of protected time in the family</i>	<i>Open</i>
<i>2. 1. 2. Risky explanation in the workplace</i>	<i>Open</i>
<i>2. 1. 3. A retreat that provides protection in the workplace</i>	<i>Open</i>
2. 2. Protection against ‘stigma’	Axial
<i>2. 2. 1. Supported patient education</i>	<i>Open</i>
<i>2. 2. 2. Hiding the injection to protect others</i>	<i>Open</i>
<i>2. 2. 3. ‘They still think I’m taking drugs’</i>	<i>Open</i>
<i>2. 2. 4. Creating a protected space at home</i>	<i>Open</i>
<i>2. 2. 5. Creating a protected space anywhere: social and self-acceptance</i>	<i>Open</i>
<b>3. Constructing everyday experiences of self-directedness</b>	<b>Selective</b>
3. 1. Attitude towards own body: attention and concealment	Axial
<i>3. 1. 1. Concealment of the disease from yourself</i>	<i>Open</i>
<i>3. 1. 2. Conscience and internal negotiation</i>	<i>Open</i>
<i>3. 1. 3. Learning bodily signals</i>	<i>Open</i>
<i>3. 1. 4. Physical processes that can be planned with insulin treatment</i>	<i>Open</i>
3. 2. Difficulties in assertiveness	Axial
<i>3. 2. 1. Illness is not a topic</i>	<i>Open</i>
<i>3. 2. 2. Lonely decision</i>	<i>Open</i>
<i>3. 2. 3. Fighting in close relationships: ‘as an eccentric’</i>	<i>Open</i>
<i>3. 2. 4. Strength giving service</i>	<i>Open</i>

3. 3. Influencing each other's attitude	Axial
3. 3. 1. <i>Showing an example</i>	<i>Open</i>
3. 3. 2. <i>The patient learns from family members</i>	<i>Open</i>
3. 3. 3. <i>Family members learn from the patient</i>	<i>Open</i>
3. 3. 4. <i>Social circles of other patients are supportive: 'ear and eyewitnesses of the condition'</i>	<i>Open</i>
3. 4. <i>Shared control: 'This is the life of the family'</i>	Axial
3. 4. 1. <i>Accepting control from adult children</i>	<i>Open</i>
3. 4. 2. <i>Control and cooperation in a relationship: 'My big brake'</i>	<i>Open</i>
3. 4. 3. <i>Shared control is a burden on the family</i>	<i>Open</i>
3. 5. At the doctor's: cheating, giving up or partnering	Axial
3. 5. 1. <i>Missing guidance from the doctor: 'I should have been hit in the head sometimes'</i>	<i>Open</i>
3. 5. 2. <i>Accepting medical control by giving up your control</i>	<i>Open</i>
3. 5. 3. <i>Hiding own 'corrected treatment': 'I know it's a cheating, but then at least you can eat'</i>	<i>Open</i>
3. 5. 4. <i>Partnership by undertaking 'corrected treatment'</i>	<i>Open</i>
3. 5. 5. <i>Partnership by negotiation</i>	<i>Open</i>