

Hi there, this is London with the Broad Street Clinic. Is this _____?

Okay, I am an MPH student at ECU looking into diabetes research here this summer at the clinic. I wanted to see if you had a few minutes to answer a couple of questions about your diabetes management.

N: Okay I completely understand, thank you for your time.

Y: Great, I will start by letting you know the purpose of this survey is to Assess diabetic patients at the Broad Street Clinic feelings, barriers and willingness to continuous glucose monitoring devices. Data collected from this survey will be used for further research to determine if CGM would be effective in a free clinic setting. Your responses are anonymous and will not be identified with you in anyway. Please answer the questions to the best of your ability, and if you have any questions do not hesitate to ask. Thank you for taking the time to complete this survey!

1. Currently, which type of device do you use to monitor your blood sugar on an everyday basis? For example, do you use a
 1. Blood glucose meter (pricking finger and inserting test strip into meter)
 2. Continuous glucose monitor
 3. Urine test
 4. None of the above
 5. Other

1.a If other please specify _____

Next I am going to ask you 7 questions about your current monitor, answer and tell me whether you agree or disagree with the statement.

Does your current monitor:

	My current monitor:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Helps you feel more satisfied with how things are going with your diabetes.	1	2	3	4	5
2	Takes too much time to use.	1	2	3	4	5

3	Is too much of a hassle to use.	1	2	3	4	5
4	Causes too many skin irritations or bruises.	1	2	3	4	5
5	Help you understand how food and activity affect you.	1	2	3	4	5
6	Helps you be more open to new experiences in life.	1	2	3	4	5
7	Is too painful to use.	1	2	3	4	5

Okay next I will ask you some personal questions about yourself. If you prefer not to answer just let me know.

2. Do you identify as male or female?

1. Male
2. Female
3. Other

3. How old are you?

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 or older

4. Are you Hispanic or latino?

1. Yes
0. No

Alrighty now we will switch gears to the specific purpose of this survey relating to self-management of diabetes.

5. Have you ever heard of a continuous glucose monitor (CGM), for example a FreeStyle Libre?

1. Yes
2. No
3. Not sure

To go into a little more detail, Continuous glucose monitors (CGM) are devices that measure your blood sugar levels constantly 24 hours a day without pricking your finger. A sticky sensor with a small needle is inserted on the back of the upper arm and used for 14 days. You can see your glucose levels anytime with a reading monitor. You can also review how your glucose changes, or where it's headed over a few hours. The sensor is water-resistant and can be worn while bathing, showering, or swimming. However, the sensor cannot go deeper than 3 feet underwater or be in water for longer than 30 minutes.

6. Now knowing what a continuous glucose monitor is, have you ever used a one before?
 1. Yes
 0. No

7. If you were to use a CGM, how comfortable would you feel controlling your sugar levels? Would you feel....
 2. Very comfortable
 3. Somewhat comfortable
 5. Not at all comfortable

8. Do you feel that using a CGM would help lower your A1c levels more than what you're currently using?
 1. Yes
 0. No

9. Do you think a CGM has the chance for you to change your current diet and exercise routines?
 1. Yes
 0. No

10. Indicate yes or no if any of the following reasons prevent you from using a CGM?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	It is uncomfortable to wear
<input type="checkbox"/>	<input type="checkbox"/>	Cost
<input type="checkbox"/>	<input type="checkbox"/>	Satisfied with current monitor
<input type="checkbox"/>	<input type="checkbox"/>	Device is attached to body
<input type="checkbox"/>	<input type="checkbox"/>	Painful application/wear
<input type="checkbox"/>	<input type="checkbox"/>	Skin irritation due to adhesive
<input type="checkbox"/>	<input type="checkbox"/>	Adhesive not holding
<input type="checkbox"/>	<input type="checkbox"/>	How the sensor looks on the body
<input type="checkbox"/>	<input type="checkbox"/>	Too complicated to use
<input type="checkbox"/>	<input type="checkbox"/>	Technological requirements

11.a If there are any other reasons that would prevent you from using a continuous glucose monitor, please state them below.

11. Would agree to wear a CGM in the future if it was provided to you at no cost?

1. Yes
2. No
3. Maybe