Supplementary Material: iDECIDE Recruitment Survey

Required
1. Your name *

_______________

2. Your date of birth * Example: December 15, 2012

_______________

3. Your weight *

_________________(lbs)

4. Your gender * Check all that apply.
[·] Female
[·] Male

5. Do you use fitness apps or wearable devices to track your meals, exercise, and alcohol related activities? Provide details *

_______________

Meal Activities Related Questions

6. How do you know about the effects of carbs on blood glucose? * (Please select all that apply)
[·] Physician/Nurse
[·] Web site
[·] From other patients
[·] Trial and error
[·] Pamphlets or books
[·] I don't know much about the effects
[·] Other: __________

7. How do you calculate your meal's carbs? *(Please select all that apply)
[·] Food label
[·] Online food database
[·] Personal estimation
[·] Clinician's or Educator's suggested approach
[·] I don't calculate
[·] Other: __________

8. How do you compensate for carbs intake? *(Please select all that apply)
[·] Insulin bolus, following insulin pump advice
[·] Insulin bolus, my own estimation
[·] Insulin bolus, following online calculator recommendations
[·] Basal adjustment
[·] Square delivery adjustment
[·] I don't compensate
[·] Other: __________

9. Do you skip carbs calculations for any reason? Provide details *

_______________

Exercise Related Questions

10. Do you exercise? *
[·] Yes
[·] No

11. How frequently do you exercise? *
[·] Daily
[·] 4 to 6 days a week
[·] 2 to 3 days a week
[·] Once a week
[·] I don't exercise

12. How long do you exercise in one session? *
[·] More than 60 minutes
[·] Between 30 and 60 minutes
[·] Less than 30 minutes
[·] Varies
[·] I don't exercise

13. What is your preferred time for exercising? * (Please select all that apply)
[·] Morning
[·] Afternoon
[·] Evening
[·] Varies
[·] I don't exercise
[·] Other: __________

14. What type of exercise do you prefer? *(Please select all that apply)
[·] Cardio
[·] Circuit training
[·] Aerobics
[·] Strength training
[·] Stretching and balance
[·] Hiking
[·] I don't exercise
[·] Other: __________

15. If you exercise, when do you check your blood glucose? *(Please select all that apply)
[·] Before
[·] After
[·] During
[·] I don't check blood glucose
[·] Other: __________

16. How do you know about the effects of exercise on blood glucose? *(Please select all that apply)
[·] Physician/Nurse
[·] Web site
[·] From other patients
[·] Trial and error
[·] Pamphlets or books
[·] I don't know much about the effects
[·] Other: ________
17. How do you compensate for your blood glucose levels related to exercise? *(Please select all that apply)  

<table>
<thead>
<tr>
<th></th>
<th>Before exercise</th>
<th>During exercise</th>
<th>After exercise</th>
<th>I don’t compensate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove insulin pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat snack/food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust basal rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolus Insulin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Do your blood glucose levels affect your exercise decisions? *(Please select all that apply)  
- I exercise when blood glucose is high  
- I exercise when blood glucose is in target range  
- I skip exercise when blood glucose is low  
- I don’t decide on exercise based on blood glucose levels  
- I don’t exercise  
- Other: ________

19. Which of the following related to exercise affect your blood glucose? *

<table>
<thead>
<tr>
<th></th>
<th>Has effect</th>
<th>No effect</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity of exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preexercise blood glucose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preexercise snack/food</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Do you consume alcohol? *
- Yes  
- No  

21. How often do you consume alcohol? *
- Daily  
- More than 4 times a week  
- Less than 4 times per week, or 4 times per week  
- Occasionally  
- I don’t drink  
- Other: ________

22. Have you noticed any effect of alcohol intake on your blood glucose? *(Please select all that apply)  
- Alcohol increases my blood glucose  
- Alcohol decreases my blood glucose  
- Alcohol has no effect on my blood glucose  
- I don’t know  
- Other: ________

23. What type of alcohol do you consume? *(Please select all that apply)  
- Beer  
- Wine  
- Spirits/Hard alcohol  
- Mixed drinks  
- I don’t drink  
- Other: ________

24. If you consume alcohol, when do you check your blood glucose? *(Please select all that apply)  
- Before  
- During  
- I don’t check blood glucose  
- Other: ________

25. How do you know about the effects of alcohol on blood glucose? *(Please select all that apply)  
- Physician/Nurse  
- Web site  
- From other patients  
- Trial and error  
- Pamphlets or books  
- I don’t know much about the effects  
- Other: ________

26. How do you compensate for your blood glucose levels related to alcohol? *(Please select all that apply)  

<table>
<thead>
<tr>
<th></th>
<th>Before alcohol</th>
<th>During alcohol intake</th>
<th>After alcohol</th>
<th>I don’t compensate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove insulin pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust basal rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolus insulin</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

27. How do you calculate carbs when you consume alcohol? *(Please select all that apply)  
- Drink label  
- Online database  
- Personal estimation  
- Clinician’s or Educator’s suggested approach  
- I don’t calculate  
- Other: ________

28. Do you compensate for your alcohol’s carbs? *
- Always  
- Sometimes  
- 
-
29. Which of the following related to alcohol affect your blood glucose? *

<table>
<thead>
<tr>
<th></th>
<th>Has effect</th>
<th>No effect</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of consumption</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>When combined with food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of drink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of drinks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prealcohol food</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[·] Depends on drink type/count
[·] Only when the blood glucose is high
[·] Never
[·] Other: ______

**General Questions**

30. Do you disconnect your insulin pump for any reason other than exercise? Provide details *

31. Do you change your insulin pump endocrine settings (basal rate, preset factors) for any reason without clinician's advice? Provide details *

32. Do you change the insulin bolus delivery waveform pattern in the insulin pump? Provide details *

33. Do you override bolus suggestions from the insulin pump for any reason? Provide details *

34. Do you bolus to compensate for blood glucose without any carbs intake? Provide details *

35. Do you bolus to compensate for carbs without adjusting for blood glucose levels? Provide details *