SUPPLEMENTARY MATERIAL for:

Healthcare Professionals' Knowledge and Attitudes Towards the Use of Time in Range in Diabetes Management: Online Survey Across Seven Countries

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Supplementary Table S1. Full criteria for HCP respondents, specialists, generalists, and allied HCPs in the survey.

Specialists	Generalists	Allied HCPs*
• Primary specialty in endocrinology/diabetology, *or* ○ Primary specialty in family practice, general practice, primary care, internal medicine with sub-specialty/specialisation in diabetology/endocrinology	• Primary specialty in family practice, general practice, primary care, internal medicine, cardiology (Brazil, Sweden), geriatrician (Brazil, Sweden)	• Diabetes nurse specialist, diabetes educator, general nurse, nurse practitioner, or physician assistant
• In practice for at least 1 year	• In practice for at least 1 year	• In practice for at least 1 year
• Spend at least 70% of time in direct patient care	• Spend at least 70% of time in direct patient care	• Spend at least 70% of time in direct patient care
• See at least 50 adult patients with diabetes per month	• See at least 5 adult patients with diabetes per month	• See at least 5 adult patients with diabetes per month
• Make prescribing decisions	• Make prescribing decision	• Make prescribing decisions and/or manage patients throughout medication initiation and titration/adjustment
• Are aware of TIR as a metric for diabetes management	• Are aware of TIR as a metric for diabetes management	• Are aware of TIR as a metric for diabetes management

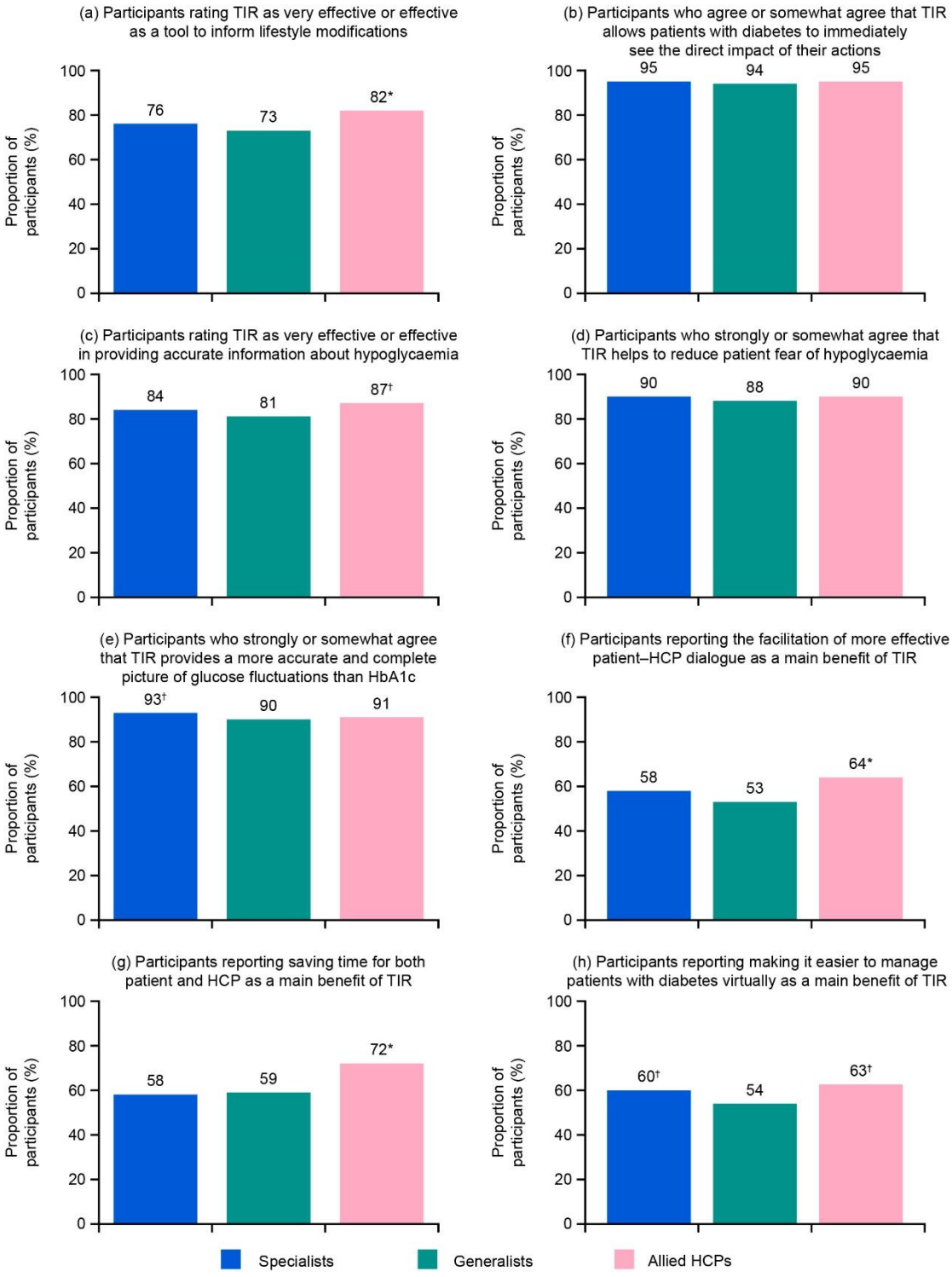
*Of 307 allied health professionals, 44% (136) were diabetes nurse specialists, 19% (59) were diabetes/nurse educators, 17% (51) were general practice nurses, 14% (44) were nurse practitioners, 6% (17) were physician assistants and 19% (59) were diabetes/nurse educators.

In addition, the following minor adjustments were made to the qualification requirements for selected respondents in selected countries:

- In the **UK**, respondents who had taken part in diabetes market research in the last 3 months were excluded from participation in this research.
- In **South Korea,** several respondents who spent at least 60% of time in direct patient care and a few specialists who saw at least 40 adult patients with diabetes per month and met all other qualification criteria were allowed to complete the questionnaire.
- In **Sweden,** a few specialists who spent 60% of time in direct patient care and/or saw at least 40 adult patients with diabetes per month, several generalists who spent 60% of time in direct patient care, and allied HCPs who spent 50% of the time in direct patient care and met all other qualification criteria were allowed to complete the questionnaire.
- In **Brazil**, several specialists and generalists who spent 60% of time in direct patient care and met all other qualification criteria were allowed to complete the questionnaire.

HCP, healthcare professional; TIR, time in range.

Fig. S1. Perceived effectiveness and benefits of TIR.



*$p < 0.05$ for difference vs. specialists and generalists; †$p < 0.05$ for difference vs. generalists.

HbA1c, glycated haemoglobin; HCP, healthcare professional; TIR, time in range.

Supplementary information: the questionnaire

NOVO NORDISK TIR RESEARCH PROGRAM – BASELINE HCP SURVEY

Survey Topics/Questionnaire Sections:

Section 1000: Screener

Section 100: Diabetes Metric Preferences

Section 200: CGM Devices

Section 300: Time In Range Diagnostics

Section 400: Future Of TIR; TIR Impact On Patient Quality Of Life

Section 500: TIR Education, Training, Information Resources

Section 700: Demographics

BASE: ALL RESPONDENTS

customConsent

Thank you for agreeing to participate in this survey. Your views are important to us and your answers will be kept in confidence. Please click here to read our privacy policy before agreeing to continue with the survey.

1. I agree to continue
2. I do not agree

[PN: IF customConsent/2 TERMINATE IMMEDIATELY]

BASE: ALL RESPONDENTS

dmConsent

Thank you for agreeing to participate in this survey. Your views are important to us and your answers will be kept in confidence. Please click here to read our privacy policy before agreeing to continue with the survey.

1. I agree to continue
2. I do not agree

[PN: IF dmConsent/2 TERMINATE IMMEDIATELY. INSERT "click here" AS HYPERLINK TO https://theharrispoll.com/privacy/]

BASE: ALL US RESPONDENTS (hCntry/244)

USnovoconsent1 This research is sponsored by a pharmaceutical company that will remain undisclosed. We comply with all relevant codes of conduct and legislation for confidentiality in market research, including ABPI and Data protection Act (UK), Market Research Society and the British Healthcare Business Intelligence Association (UK), EphMRA (Europe), CASRO (US) etc. The sponsoring company will not receive or see any individual information provided by you with the exception of the reporting of any Adverse Events (i.e., side effects of medication), Additional Safety Information and/or Product Quality Complaints.

We are required to pass on to the pharmaceutical company sponsoring the study details of adverse events and/or other safety information - hereinafter referred to as safety information - that are mentioned during this study. Although what you say will be treated in confidence, should you mention safety information during the study, we will need to report it even if you have already reported it to the company or regulatory authorities.

In such a situation, we need to know if you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct. In the event that you waive confidentiality in relation to safety information reporting, any personal data provided during the reporting will be processed as follows:

a) Any personal data in relation to the safety information reported will be forwarded to the project sponsor; and
b) The project sponsor will record any safety information, including personal data received in the sponsor's global database, in the interests of patient safety and in compliance with all applicable global laws and regulations; and
c) During the reporting of safety information, the project sponsor will not disclose such personal data to any un-associated third parties, with the exception of any disclosures required by applicable law, regulation or the order of a competent authority.

Do you agree to waive the confidentiality given to you under the Market Research Codes of Conduct in relation to any safety information you report to us? If you agree, your contact details will be forwarded to the sponsor's Safety department for the express and sole purpose of follow-up of such report(s). Details of safety information may be reported to regulatory authorities along with your personal data. All other information provided by you in this study will remain confidential. If you prefer to preserve the confidentiality of this information, please select 'I do not agree'. If you do so, you can still participate in this survey.

1. I agree
2. I do not agree

BASE: US RESPONDENT WHO DOES NOT AGREE TO WAIVE CONFIDENTIALITY (USnovoconsent1/2)

USnovoconsent2 If we become aware of safety information, we are obliged to report this to the pharmaceutical company. We will file this report without giving any of your details.

Are you happy to proceed with this survey?

3. Yes
4. No

[IF DOES NOT CONSENT (USnovoconsent2/2) TERM IMMEDIATELY]

BASE: ALL US RESPONDENTS (hCntry/244)

USnovoconsent3 Pharmaceutical companies are required to report certain payments and transfers of value provided to a Healthcare Professional (HCP) in order to comply with all applicable local, state and federal transparency laws. Companies sponsoring market research are not required to report payments or transfers of value to an HCP that participates in double blinded market research managed by a third-party market research company as long the sponsor company is not aware of the HCP's identity.

If, however, the sponsor company becomes aware of the identity of an HCP participating in this market research, the sponsor company may be required to report any payments made to the HCP.

Do you understand and are you willing to continue?

1. Yes
2. No

[IF DOES NOT CONSENT (USnovoconsent3/2) TERM IMMEDIATELY]

BASE: ALL CANADA RESPONDENTS (hCntry/42)

CAnovoconsent1 This research is sponsored by a pharmaceutical company that will remain undisclosed.

We are required to pass on to our client details of adverse events, other safety information, product complaints and pregnancies that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you mention during the survey an adverse event, other safety information, product complaint or pregnancy, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation we need to know whether or not you are willing to waive the confidentiality given to you under

the Market Research Codes of conduct specifically in relation to that adverse event, other safety information, product complaint or pregnancy.

Do you agree to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to any adverse event you report to us? If you agree to waive confidentiality, your name and contact details will be forwarded to the sponsor's Pharmacovigilance department for the express and sole purpose of follow-up of such report(s). All other information that you give us in the context of this study will continue to remain confidential.

1. I agree
2. I do not agree

BASE: CANADA RESPONDENT WHO AGREES TO WAIVE CONFIDENTIALITY (CAnovoconsent1/1)

CAnovoconsent2 Thank you. Please note that if you provide your name during the Adverse Event, other safety information, product complaints or pregnancy reporting, this will not be linked in any way to your responses given in the survey.

We are obligated to share the manner in which your personal information will be handled and stored.

- Any safety information we receive will be forwarded to the sponsor of this research for their records
- The sponsor will record any Safety Information including Personal Data received in their global database in the interests of patient safety and in compliance with all applicable global laws and regulations; and
- During the reporting of Safety Information, the sponsor will not disclose such Personal Data to any unassociated third parties with the exception of any disclosures required by applicable law, regulation or the order of a competent authority

Do you agree to have your personal information stored by the sponsor of this research in the manner stated above?

1. I agree
2. I disagree

BASE: CANADA RESPONDENT WHO DOES NOT AGREE TO WAIVE CONFIDENTIALITY (CAnovoconsent1/2 OR CAnovoconsent2/2)

CAnovoconsent3 If we become aware of a reportable Adverse Event, other safety information, product complaints or pregnancy we are obliged to report this to the pharmaceutical company. We will file this report without giving any of your details, but if the Drug Safety Department requires more information, may we contact you again (without identifying you to the pharmaceutical company)?

You will still be able to participate in the research regardless of your answer to this question.

1. Yes
2. No

BASE: ALL UK RESPONDENTS (hCntry/243)

UKnovoconsent1 This research is sponsored by a pharmaceutical company that will be revealed at the end of the survey. We are required to pass on to our client details of adverse events, product complaints, other safety information or pregnancies that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse events, product complaints, other safety information or pregnancy, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities using the MHRA's 'Yellow Card' system. In such a situation we need to know whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse events, product complaints, other safety information or pregnancy.

Do you agree to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to any adverse event you report to us? If you agree to waive confidentiality, your name and contact details will be forwarded to the sponsor's pharmacovigilance department for the express and sole purpose of follow-up of such report(s). All other information that you give us in the context of this study will continue to remain confidential. Are you willing to participate in the survey on this basis?

1. I agree
2. I do not agree

BASE: UK RESPONDENT WHO AGREES TO WAIVE CONFIDENTIALITY (UKnovoconsent1/1)

UKnovoconsent2 Thank you. Please note that if you provide your name during the adverse event reporting, this will not be linked in any way to your responses given in the survey. We are obligated to share the manner in which your personal information will be handled and stored.

- Any safety information we receive will be forwarded to the sponsor of this research for their records
- The sponsor will record any safety information including personal data received in their global database in the interests of patient safety and in compliance with all applicable global laws and regulations and are regularly used to look for overall patterns and
- During the reporting of safety information, the sponsor will not disclose such personal data to any un-associated third parties with the exception of the possibility of sharing reported Safety Information with health authorities as mandated by law. However, when sending the Safety Information report personally identifiable details will be pseudonymised
- The sponsor will retain the data as long as required by law

Please can you confirm if you agree to your personal details being stored for this purpose?

1. I agree
2. I do not agree

BASE: UK RESPONDENT WHO DOES NOT AGREE TO WAIVE CONFIDENTIALITY (UKnovoconsent1/2 OR UKnovoconsent2/2)

UKnovoconsent3 If we become aware of a reportable adverse event we are obliged to report this to the pharmaceutical company. We will file this report without giving any of your details, but if the Drug Safety Department requires more information, may we contact you again (without identifying you to the pharmaceutical company)?

You will still be able to participate in the research regardless of your answer to this question.

1. Yes
2. No

BASE: ALL BRAZIL RESPONDENTS (hCntry/33)

BRnovoconsent1 This research is sponsored by a pharmaceutical laboratory that will remain undisclosed.

It is our responsibility to pass on to the pharmaceutical laboratory any details about pharmacovigilance information mentioned during market research surveys. If you mention any information classified as an adverse event or other pharmacovigilance information (suspected transmission of infectious agent, case of pregnancy using products from the laboratory in question, lack of effectiveness, medication error, including overdosing, abuse, misuse, occupational exposure, off-label use and technical complaints) the information will be forwarded to the laboratory's Pharmacovigilance Department, even if the report has already been reported by you directly to the company or the regulatory authorities, who can contact you to collecting additional information if necessary.

Do you authorize the contact? We emphasize that the data provided are not intended to assess the relationship with any of the answers provided during the survey.

1. Yes
2. No

BASE: BRAZIL RESPONDENT WHO DOES NOT AGREE TO AUTHORIZE CONTACT (BRnovoconsent1/2)

BRnovoconsent2 If we became aware of an adverse event or pharmacovigilance information (suspected transmission of an infectious agent, case of pregnancy using products from the laboratory in question, lack of efficacy, medication error, including overdose, abuse, misuse, occupational exposure, off-label use and technical complaints) we are required to notify you to the pharmaceutical laboratory, even if the report has already been reported by you directly to the company or regulatory authorities. We will send the data from the safety information without providing any of your data, however, if the Pharmacovigilance Department of the laboratory needs more information, could we contact you again?

If you mention any event classified as an adverse event or pharmacovigilance information (suspect-ed transmission of an infectious agent, case of pregnancy using laboratory products in question, ineffectiveness, medication error, including overdose, abuse, misuse, occupational exposure, off-label use and technical complaints) and do not authorize us to disclose your name, we will carry out the report without being identified. We would like you to know that this procedure is mandatory.

1. Yes
2. No

BASE: ALL SPAIN RESPONDENTS (hCntry/215)

ESnovoconsent1 This research is sponsored by a pharmaceutical company that will remain undisclosed.

We are required to pass on to our client details of adverse events, other safety information, product complaints and pregnancies that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you mention during the survey an adverse event, other safety information, product complaint or pregnancy, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation we need to know whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event, other safety information, product complaint or pregnancy.

Do you agree to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to any adverse event you report to us? If you agree to waive confidentiality, your name and contact details will be forwarded to the sponsor's Pharmacovigilance department for the express and sole purpose of follow-up of such report(s). All other information that you give us in the context of this study will continue to remain confidential.

1. I agree
2. I do not agree

BASE: SPAIN RESPONDENT WHO AGREES TO WAIVE CONFIDENTIALITY (ESnovoconsent1/1)

ESnovoconsent2 Thank you. Please note that if you provide your name during the Adverse Event, other safety information, product complaints or pregnancy reporting, this will not be linked in any way to your responses given in the survey.

We are obligated to share the manner in which your personal information will be handled and stored.

- Any safety information we receive will be forwarded to the sponsor of this research for their records
- The sponsor will record any Safety Information including Personal Data received in their global database in the interests of patient safety and in compliance with all applicable global laws and regulations; and
- During the reporting of Safety Information, the sponsor will not disclose such Personal Data to any unassociated third parties with the exception of any disclosures required by applicable law, regulation or the order of a competent authority

Do you agree to have your personal information stored by the sponsor of this research in the manner stated above?

1. I agree
2. I do not agree

BASE: SPAIN RESPONDENT WHO DOES NOT AGREE TO WAIVE CONFIDENTIALITY (ESnovoconsent1/2 OR ESnovoconsent2/2)

ESnovoconsent3 If we become aware of a reportable Adverse Event, other safety information, product complaints or pregnancy we are obliged to report this to the pharmaceutical company. We will file this report without giving any of your details, but if the Drug Safety Department requires more information, may we contact you again (without identifying you to the pharmaceutical company)?

You will still be able to participate in the research regardless of your answer to this question.

1. Yes
2. No

BASE: ALL SWEDEN RESPONDENTS (hCntry/223)

SEnovoconsent1 This research is sponsored by a pharmaceutical company that will remain undisclosed.

Allt du kommer att säga under den har undersökningen förblir anonymt. Om du skulle uppge någon information under undersökningen om biverkningar, reklamationer eller annan säkerhetsinformation, så är vi skyldiga att rapportera detta till vår uppdragsgivares farmakovigilansavdelning. De registrerar informationen för att säkra patientsäkerheten och för att följa gällande lagstiftning. Informationen behandlas konfidentiellt, men registreras och sparas permanent i en global säkerhetdatabas. Vi är skyldiga att rapportera biverkningar till Läkemedelsverket enligt gällande lag. Du får själva avgöra om du

vid ett sådant tillfälle vill vara anonym, eller om du vill lämna dina kontaktuppgifter för uppföljning till oss eller uppdragsgivaren. Om du väljer att vara anonym, kommer endast uppgifterna du uppgett i formuläret att bifogas regeistreringen.

Får vi lov att informera vår uppdragsgivare om dina kontaktuppgifter?

1. Ja
2. Nej

BASE: SWEDEN RESPONDENT WHO DOES NOT AGREE TO PROVIDE CONTACT INFORMATION (SEnovoconsent1/2)

SEnovoconsent2 Om du inte tillåter att dina kontaktuppgifter lämnas till uppdragsgivare, får Vi (The Harris Poll) lov att följa upp biverkningen med dig?

1. Ja
2. Nej

BASE: ALL SWEDEN RESPONDENTS (hCntry/223)

SEnovoconsent3 Allting annat du säger under undersökningen kommer att förbli anonymt. Kan vi fortsätta med undersökningen under dessa omständigheter?

1. Ja
2. Nej

[IF DOES NOT AGREE (SEnovoconsent3/2) TERM IMMEDIATELY]

BASE: ALL SOUTH KOREA RESPONDENTS (hCntry/214)

KRnovoconsent1 This research is sponsored by a pharmaceutical company that will remain undisclosed.

We are required to pass on to our client details of adverse events, other safety information, product complaints and pregnancies that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you mention during the survey an adverse event, other safety information, product complaint or pregnancy, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation we need to know whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event, other safety information, product complaint or pregnancy.

Do you agree to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to any adverse event you report to us? If you agree to waive confidentiality, your name and contact details will be forwarded to the sponsor's Pharmacovigilance department for the express and sole purpose of follow-up of such report(s). All other information that you give us in the context of this study will continue to remain confidential.

1. I agree
2. I do not agree

BASE: SOUTH KOREA RESPONDENT WHO AGREES TO WAIVE CONFIDENTIALITY (KRnovoconsent1/1)

KRnovoconsent2 Thank you. Please note that if you provide your name during the Adverse Event, other safety information, product complaints or pregnancy reporting, this will not be linked in any way to your responses given in the survey.

We are obligated to share the manner in which your personal information will be handled and stored.

- Any safety information we receive will be forwarded to the sponsor of this research for their records
- The sponsor will record any Safety Information including Personal Data received in their global database in the interests of patient safety and in compliance with all applicable global laws and regulations; and
- During the reporting of Safety Information, the sponsor will not disclose such Personal Data to any unassociated third parties with the exception of any disclosures required by applicable law, regulation or the order of a competent authority

Do you agree to have your personal information stored by the sponsor of this research in the manner stated above?

1. I agree
2. I do not agree

BASE: SOUTH KOREA RESPONDENT WHO DOES NOT AGREE TO WAIVE CONFIDENTIALITY (KRnovoconsent1/2 OR KRnovoconsent2/2)

KRnovoconsent3 If we become aware of a reportable Adverse Event, other safety information, product complaints or pregnancy we are obliged to report this to the pharmaceutical company. We will file this report without giving any of your details, but if the Drug Safety Department requires more information, may we contact you again (without identifying you to the pharmaceutical company)?

You will still be able to participate in the research regardless of your answer to this question.

1. Yes
2. No

BASE: ALL RESPONDENTS

Q1000 Our first few questions are for classification purposes, and they enable us to select the questions to ask you later in the survey.

During the survey, please do not use your browser's FORWARD and BACK buttons. Instead, please always use the button below to move through the survey. Please be aware that once you've answered a question, you might not be able to go back and change your answer.

The progress bar below indicates approximately what portion of the survey you have completed.

What is your primary medical specialty?

1. Family Practice/General Practice/Primary Care Physician
2. Internal Medicine Physician
3. Diabetologist
4. Endocrinologist
5. Diabetes Nurse Specialist
6. General Practice Nurse [IN UK (hCntry/243) SHOW “Practice Nurse”]
7. Nurse Practitioner [DO NOT DISPLAY IN UK (hCntry/243)]
8. Physician Assistant
9. Diabetes [IF CANADA (hCntry/42) SHOW “Nurse”] Educator
10. Cardiologist [ONLY SHOW IN BRAZIL (HCntry/33)]
11. Geriatrician [ONLY SHOW IN BRAZIL (HCntry/33)]
96. Other specialty
97. Unspecified specialty

[IF NOT A QUALIFYING SPECIALTY (Q1000/1-11) TERM IMMEDIATELY]

BASE: ALL RESPONDENTS

dmGen [Gender] Are you…?

1. Male
2. Female
3. Transgender
4. Non-binary or Gender Non-conforming
5. Prefer not to answer

BASE: ALL RESPONDENTS

Q8704 In what year were you born? Please enter as a four-digit number, e.g., 1963.

|__|__|__|__|

BASE: ALL RESPONDENTS

Q8732 In what country is your practice located? If you practice in more than one country, please select the primary country in which you practice.

14. Australia
33. Brazil
42. Canada
48. China
76. France
85. Germany
116. India
123. Italy
126. Japan
157. Mexico
196. Russian Federation
214. South Korea
215. Spain
223. Sweden
243. United Kingdom
244. United States of America
996. Other country

[IF NOT US, UK, CANADA, BRAZIL, SPAIN, SWEDEN, SOUTH KOREA, (CODES NE 244, 243, 42, 33, 215, 223, OR 214) TERM IMMEDIATELY]

BASE: PRACTICE IS IN THE U.S. (Q8732/244)

Q8735 In what state or territory is your practice located? If you practice in more than one state/territory, please select the state/territory where you consider your primary practice to be located.

[DISPLAY STATES/TERRITORIES IN DROP DOWN LIST]

BASE: PRACTICE IS IN THE UK (Q8732/243)

dmRegionUK In which region or territory is your practice located? If you practice in more than one region or territory, please select the region or territory where you consider your primary practice to be located.

1. East of England
2. East Midlands
3. London
4. North East
5. North West
6. Northern Ireland
7. Scotland
8. South East
9. South West
10. Wales
11. West Midlands
12. Yorkshire and the Humber

BASE: PRACTICE IS IN CANADA (Q8732/42)

dmRegionCA In which province or territory is your practice located? If you practice in more than one province or territory, please select the province or territory where you consider your primary practice to be located.

1. Alberta
2. British Columbia
3. Manitoba
4. New Brunswick
5. Newfoundland & Labrador
6. Northwest Territories
7. Nova Scotia
8. Nunavut
9. Ontario
10. Prince Edward Island
11. Quebec
12. Saskatchewan
13. Yukon

BASE: PRACTICE IS IN BRAZIL (Q8732/33)

dmRegionBR In which state is your practice located? If you practice in more than one state, please select the state where

you consider your primary practice to be located.

1. Acre
2. Alagoas
3. Amapa
4. Amazonas
5. Bahia
6. Ceara
7. Distrito Federal
8. Espirito Santo
9. Goias
10. Maranhao
11. Mato Grosso
12. Mato Grosso do Sul
13. Minas Gerais
14. Para
15. Paraiba
16. Parana
17. Pernambuco
18. Piaui
19. Rio de Janeiro
20. Rio Grande do Norte
21. Rio Grande do Sul
22. Rondonia
23. Roraima
24. Santa Catarina
25. Sao Paulo
26. Sergipe
27. Tocantins

BASE: PRACTICE IS IN SOUTH KOREA (Q8732/214)

dmRegionKR In which region is your practice located? If you practice in more than one region, please select the region where you consider your primary practice to be located.

1. Seoul
2. Busan
3. Gyeonggi-do

4. Ulsan
5. Daejeon
6. Gwangjiu
7. Incheon
8. Daegu
9. Jeju-do
10. Chungcheongbuk-do
11. Gangwon-do
12. Chungcheongnam-do
13. Jeollabuk-do
14. Jeollanam-do
15. Gyeongsangnam-do
16. Gyeongsangbuk-do

BASE: PRACTICE IS IN SPAIN (Q8732/215)

dmRegionES In what province is your practice located? If you practice in more than one province, please select the province where you consider your primary practice to be located.

1. Andalusia
2. Aragon
3. Asturias
4. Balearic Islands
5. Canary Islands
6. Cantabria
7. Castilla-Leon
8. Castilla-La Mancha
9. Catalonia
10. Ceuta-Melilla
11. Extremadura
12. Galicia
13. La Rioja
14. Madrid
15. Murcia
16. Navarra
17. Basque Country
18. Valencia

BASE: PRACTICE IS IN SWEDEN (Q8732/223)

dmRegionSE In which district or region is your practice located? If you practice in more than one district or region, please select the district or region where you consider your primary practice to be located.

1. Blekinge
2. Dalarna
3. Gavleborg
4. Gotland
5. Halland
6. Jamtland
7. Jonkoping
8. Kalmar
9. Kronoberg
10. Norrbotten
11. Orebro
12. Ostergotland
13. Skane
14. Sodermanland
15. Stockholm
16. Uppsala
17. Varmland
18. Vasterbotten
19. Vasternorrland
20. Vastmanland

BASE: PHYSICIANS WHO PRACTICE IN THE U.S. (Q8732/244 AND Q1000/1-4)

Q8736 Are you licensed in the state where you are currently practicing?

1. Yes
2. No

BASE: ALL PHYSICIANS (Q1000/1-4,10-11)

Q1002 How many years have you been in practice post residency?

|_|_| years

BASE: NON-PHYSICIAN (Q1000/5-9)

Q1005 [IF NURSE CODES 5,6: How many years have you been in the nursing profession?] [IF PHYSICIAN ASSISTANT/NURSE PRACTITIONER CODES 7,8: How many years have you been a Physician Assistant/Nurse Practitioner? BUT IN UK, ONLY DISPLAY: Physician Assistant]
[IF DIABETES EDUCATOR CODE 9: How many years have you been in diabetes education?] If less than 1 year, please enter "0."

[_|_] years

BASE: FP/GP, IM, CARDS, GERIATRICIANS, NP, PA, GENERAL PRACTICE NURSE (Q1000/1-2,6-8,10-11)

Q1010 [IF CODES 1,2,7,8,10,11 ASK: Do you have a sub-specialty or specialization in any of the following?]
[IF CODE 6 ASK: Have you received special training in any of the following?] Please select all that apply.

[MULTIPLE RESPONSE; EXCLUSIVE 3]

1. Endocrinology/Diabetology
2. Another sub-specialty/specialization/special training
3. No sub-specialty/specialization

BASE: HAVE A SUB-SPECIALTY/SPECIAL TRAINING IN ENDO/DIABETES (Q1010/1)

Q1015 How many years have you been specializing in endocrinology/diabetology? If less than 1 year, please enter "0."

|_|_| years

BASE: DIABETES NURSE SPECIALIST, GENERAL NURSE, NP, PA EXCEPT UK (Q1000/5-8 AND Q8732/NE243)

Q1020 Are you a certified diabetes educator?

1. Yes
2. No

BASE: ALL RESPONDENTS

Q1025 What proportion of your professional time do you spend in direct patient care? Your best estimate is fine.

[RANGE: 0-100]

|_|_|_|%

BASE: ALL RESPONDENTS

Q1030 In a typical month, approximately how many adult patients with diabetes (ages 18 and older) do you personally manage? Your best estimate is fine. Please consider unique patients, not patient visits. If you do not see any adult patients with Type 1 and/or Type 2 diabetes, please enter '0.'

[RANGE: 0-1000]

1. Adult patients with Type 1 diabetes |_|_|_|_|
2. Adult patients with Type 2 diabetes |_|_|_|_|

BASE: ALL RESPONDENTS

Q1031 HIDDEN: NUMBER OF DIABETES PATIENTS

SUM RESPONSE FROM Q1030/1 AND Q1030/2

|_|_| patients

[IF NO DIABETES PATIENTS (1030/1 AND 2 BOTH 0), TERMINATE IMMEDIATELY]

BASE: ALL RESPONDENTS

Q1035 Now, thinking of all your adult patients with Type 1 or Type 2 diabetes, what proportion of them are…?

Your best estimate is fine. Please enter '0' for any groups of patients you do not see. Your response should sum to 100%.

[RANGE: 0-100; SUM TO 100; DISPLAY SUM CALCULATOR]

1. Adult patients with Type 1 diabetes |_|_|_|%
2. Adult patients with Type 2 diabetes who are on insulin |_|_|_|%
3. Adult patients with Type 2 diabetes who are not on insulin |_|_|_|%

BASE: ALL RESPONDENTS

Q1040 Which of the following statements best describes your role in glucose management for your adult patients with Type 1 and Type 2 diabetes?

1. I make the prescribing decisions and manage the patients throughout medication initiation and titration/adjustment
2. I make the prescribing decisions, but another healthcare professional manages the patients throughout medication initiation and titration/adjustment
3. I do not make the prescribing decisions, but I manage the patients throughout medication initiation and titration/adjustment
4. I do not make the prescribing decisions and I do not manage the patients throughout medication initiation and titration/adjustment

BASE: GP, IM, CARD, GERIATRICIAN, DIABETES NURSE SPECIALIST, GENERAL NURSE, NP, PA, DIABETES EDUCATOR (Q1000/1,2, 5-9, 10-11) AND MANAGES PATIENTS/MAKES PRESCRIBING DECISIONS (Q1040/1-3)

Q1045 Are you authorized to initiate, change insulin therapies, or make dose adjustments for your patients with diabetes, if necessary? Please select all that apply.

[MULTIPLE RESPONSE; EXCLUSIVE 4]

1. Yes, I am authorized to initiate insulin therapies
2. Yes, I am authorized to change insulin therapies
3. Yes, I am authorized to make dose adjustments for insulin therapies
4. No

BASE: ALL RESPONDENTS

Q1050 Which metrics for managing diabetes are you aware of? Please list all metrics you can think of regardless of whether or not you use them in your practice. Please enter one metric per box, or mark "none" below if you cannot think of any.

Q1051 [SINGLE LINE TEXT BOX]
Q1052 [SINGLE LINE TEXT BOX]
Q1053 [SINGLE LINE TEXT BOX]
Q1054 [SINGLE LINE TEXT BOX]
Q1055 [SINGLE LINE TEXT BOX]
Q1056 [SINGLE LINE TEXT BOX]
Q1057 [SINGLE LINE TEXT BOX]
97. None

BASE: ALL RESPONDENTS

Q1060 Which of the following metrics for managing diabetes are you aware of? Please select all metrics you can think of regardless of whether or not you use them in your practice. If you have already mentioned the metric in the previous question, please select it again in the list below.

1. HbA1c/A1C
2. Average/mean glucose
3. Time in Range (TIR)
4. Glycemic variability
5. Fasting Plasma Glucose (FPG)
6. Postprandial Plasma Glucose (PPG)
7. Time Below Range (TBR)
8. Time Above Range (TAR)

9. Glucose Management Indicator (GMI)
96. Other
97. I'm not aware of any metrics

[IF DO NOT SELECT TIR, TBR, OR TAR (Q1060 NE 3,7 OR 8), TERMINATE IMMEDIATELY]

BASE: BASE: PRACTICE IS IN THE UK (Q8732/243)

Q1065 In the past 3 months, have you participated in any other market research study related to diabetes?

1. Yes
2. No
3. Not sure

IF YES OR NOT SURE TERMINATE

BASE: ALL BRAZIL RESPONDENTS (Q8732/33)

Q1070 Considering all your adult patients with Type 1 and Type 2 diabetes, what proportion of them have private medical insurance? Your best estimate is fine.

|_|_|_|% [RANGE: 0-100]

Termination Points for all countries/specialties:

Consent	dmConsent/1
Age	Q8705/18+
TIR awareness	Q1060/3,7 OR 8

Qualifications:

US:

Needed for US	**Physician Specialists**	**Physician Non-Specialists**	**Non-Physicians**
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Licensed **(US only - Q8732/244)**	Q8736/1	Q8736/1	NA
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+

Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

Canada:

Needed for Canada	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

UK:

Needed for UK	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3
Past participation in diabetes research	Q1065/2	Q1065/2	Q1065/2

Spain:

Needed for Spain	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

South Korea:

Needed for South Korea	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+

Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

Sweden:

Needed for Sweden	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2 AND Q1010/1)	Q1000/1-2 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

Brazil:

Needed for Brazil	Physician Specialists	Physician Non-Specialists	Non-Physicians
Specialty	Q1000/3-4 OR (Q1000/1-2, 10-11 AND Q1010/1)	Q1000/1-2, 10-11 AND Q1010/NE1	Q1000/5-9
Years in practice	Q1006/1+	Q1006/1+	Q1006/1+
Time in direct patient care	Q1025/70+	Q1025/70+	Q1025/70+
Number of diabetes patients per month	Q1031/50+	Q1031/5+	Q1031/5+
Diabetes management	Q1040/1-2	Q1040/1-2	Q1040/1-3

SURVEY QUESTIONS

BASE: ALL QUALIFED RESPONDENTS

Q8795 Congratulations! Based on your responses to the preceding questions, you are eligible to fully participate in this research study.

The Harris Poll understands you are busy and appreciates your time.

If you intend to complete the study in multiple sessions, please be aware the study may reach the number of completed responses required prior to your return and your participation will no longer be needed. In that case, you will not receive compensation for your partial completion.

Simply click on the button at the bottom of the page to begin the survey.

SECTION 100: DIABETES METRIC PREFERENCES

BASE: ALL QUALIFIED RESPONDENTS

Q100 *Throughout the remainder of this survey, when we refer to patients with diabetes, we mean adult patients (ages 18 and over) with Type 1 or Type 2 diabetes.*

Which of the following would be your preferred metric for diabetes management for each of the following types of patients?

[COLUMNS]

1. TIR
2. HbA1c/A1C
3. FPG
4. PPG

[ROWS]

1. Patients with Type 1 diabetes
2. Patients with Type 2 diabetes who are on insulin
3. Patients with Type 2 diabetes who are not on insulin

SECTION 200: CGM DEVICES

BASE: ALL QUALIFIED RESPONDENTS

Q200 Now, we would like to ask you a few questions about continuous glucose monitoring (CGM), by which we mean both real-time continuous glucose monitoring (rtCGM), such as Dexcom G5 or G6, Guardian 3, Enlite, Eversense, and intermittently scanned continuous glucose monitoring (isCGM), such as FreeStyle Libre 1, 2 or Pro.

How important is it for each of the following types of patients with diabetes to have access to CGM?

[COLUMNS]

1. Not important
2. Somewhat important
3. Important
4. Very important
5. Absolutely essential

[ROWS]

1. Patients with Type 1 diabetes

2. Patients with Type 2 diabetes who are on insulin
3. Patients with Type 2 diabetes who are not on insulin

BASE: ALL QUALIFIED RESPONDENTS

Q205 What proportion of patients in each of the following groups are currently using CGM? Your best estimate is fine. If any of these patient groups do not use CGM, please enter '0.'

[RANGE 0 – 100; DOES NOT NEED TO SUM TO 100]

1. Patients with Type 1 diabetes |_|_|_|% [RANGE: 0-100][SHOW IF Q1030/1=1+]
2. Patients with Type 2 diabetes who are on insulin |_|_|_|% [RANGE: 0-100][SHOW IF Q1030/2=1+]
3. Patients with Type 2 diabetes who are not on insulin |_|_|_|% [RANGE: 0-100][SHOW IF Q1030/2=1+]

BASE: HAS T2D PATIENTS ON INSULIN ON CGM (Q205/2=1+)

Q210 Now, thinking of your patients with Type 2 diabetes who are on insulin and using CGM, what proportion use CGM continuously (i.e., all the time) and what proportion use CGM periodically (i.e., for a few days or a few weeks at different points in time)? Your best estimate is fine.

[RANGE: 0-100; NEEDS TO SUM TO 100; DISPLAY SUM CALCULATOR]

1. Use CGM continuously |_|_|_|%
2. Use CGM periodically |_|_|_|%

BASE: HAS T2D PATIENTS NOT ON INSULIN ON CGM (Q205/3=1+)

Q215 Of your patients with Type 2 diabetes who are not on insulin and using CGM, what proportion use CGM continuously (i.e., all the time) and what proportion use CGM periodically (i.e., for a few days or a few weeks at different points in time)? Your best estimate is fine.

[RANGE: 0-100; NEEDS TO SUM TO 100; DISPLAY SUM CALCULATOR]

1. Use CGM continuously |_|_|_|%
2. Use CGM periodically |_|_|_|%

BASE: ALL QUALIFIED RESPONDENTS

Q220 How much do you agree or disagree with the following statement?

CGM should be available to all people with diabetes.

1. Strongly disagree
2. Somewhat disagree

3. Somewhat agree
4. Strongly agree

SECTION 300: TIME IN RANGE DIAGNOSTICS

BASE: ALL QUALIFIED RESPONDENTS

Q300 You have mentioned earlier that you are aware of Time in Range (TIR) for diabetes management. Overall, how much do you know about TIR?

1. I know the name only
2. I know very little about it
3. I have some knowledge about it
4. I know a fair amount about it
5. I know a lot about it

BASE: ALL QUALIFIED RESPONDENTS

Q305 When did you first learn about TIR for diabetes management?

1. Within the past 3 months
2. 4 to 6 months ago
3. 7 to 12 months ago
4. 1 year to less than 2 years ago
5. 2 years to less than 3 years ago
6. 3 years to less than 4 years ago
7. 4 years to less than 5 years ago
8. 5 or more years ago

BASE: ALL QUALIFIED RESPONDENTS

Q310 If you had to describe what TIR is to your patients, what would you say? Please be as specific as possible and include any definitions, words, phrases and/or examples you would use.

[OPEN-ENDED TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS

Q314 For the remainder of the survey, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range. If you do not have any direct experience with TIR, please answer the questions based on anything you may have read, heard, or know about TIR.

BASE: HAVE PATIENTS ON CGM (Q205/1-3>0)

Q315 Thinking of all your patients with diabetes who use CGM, with what proportion of them do you use TIR for managing their diabetes? If you do not use TIR with any of your patients, please enter '0'. Your best estimate is fine.

|_|_|_|% [RANGE: 0-100]

BASE: HAVE PATIENTS ON CGM WHO USE TIR (Q315/1+)

Q320 With what proportion of patients in each of the following groups do you use TIR for managing their diabetes? If you do not use TIR with patients in one or more of the groups listed below, please enter '0' for each group with whom you do not use TIR. Your best estimate is fine.

[RANGE 0 – 100; DOES NOT NEED TO SUM TO 100]

1. Patients with Type 1 diabetes using CGM |_|_|_|% [SHOW IF Q205/1=1+]
2. Patients with Type 2 diabetes on insulin using CGM |_|_|_|% [SHOW IF Q205/2=1+]
3. Patients with Type 2 diabetes not on insulin using CGM |_|_|_|% [SHOW IF Q205/3=1+]

BASE: ALL QUALIFIED RESPONDENTS

Q325 [DOES NOT USE TIR Q315/0 OR HAS NO CGM PATIENTS Q205/1-3 ALL = 0: Who in your practice uses TIR for managing patients with diabetes? Please select all that apply.]
[USES TIR Q315/1+: Who else in your practice uses TIR for managing patients with diabetes? Please select all that apply.]

[MULTIPLE RESPONSE; RANDOMIZE; SHOW 97 IF Q315/1+ AND SHOW 98 IF Q315/0 OR Q205/1-3 ALL=0; ANCHOR 96-98; EXCLUSIVE 97, 98, DO NOT DISPLAY CODE 2 IN CANADA OR UK, DISPLAY CODE 3 IN CANADA ONLY. DO NOT DISPLAY CODE 5 OR CODE 8 IN UK. DISPLAY CODES 13-14 IN BRAZIL ONLY. DO NOT DISPLAY CODES 8 & 9 IN BRAZIL, SPAIN, SOUTH KOREA, OR SWEDEN.]

1. Diabetes nurse specialist
2. Diabetes educator
3. Diabetes nurse educator
4. General practice nurse [FOR UK (Q8732/243), DISPLAY AS "Practice nurse"]
5. Medical assistant
6. Family practice/General practice/Internal medicine/Primary care physician
7. Endocrinologist/Diabetologist
8. Nurse practitioner
9. Physician assistant
10. Support staff

11. Dietitian
12. Clinical pharmacist
13. Cardiologist
14. Geriatrician
96. Other
97. I am the only one in the practice who uses TIR
98. No one in my practice uses TIR

BASE: ALL QUALIFIED RESPONDENTS

Q330 Overall, how comfortable are you with using TIR for diabetes management?

*Again, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

1. Not comfortable
2. Somewhat comfortable
3. Comfortable
4. Very comfortable

BASE: ALL QUALIFIED RESPONDENTS

Q335 And how comfortable are you with each of the following?

[COLUMNS]

1. Not comfortable
2. Somewhat comfortable
3. Comfortable
4. Very comfortable

[ROWS; RANDOMIZE]

1. Accessing TIR data (i.e., obtaining data via download, printout, patient smartphone, etc.)
2. Interpreting TIR data
3. Discussing TIR data with patients
4. Educating patients on TIR
5. Prescribing medications based on TIR data
6. Adjusting medications based on TIR data
7. Suggesting lifestyle modifications based on TIR data

BASE: ALL QUALIFIED RESPONDENTS

Q340 What is your experience with Ambulatory Glucose Profile (AGP) Reports?

1. Never heard of it
2. Have heard the name but never seen it
3. Have seen it but never actually used it
4. Have used it a few times
5. Have used it many times

BASE: RESPONDENTS WHO HAVE USED AGP REPORTS (Q340/4-5)

Q345 How comfortable are you with each of the following?

[COLUMNS]

1. Not comfortable
2. Somewhat comfortable
3. Comfortable
4. Very comfortable

[ROWS; RANDOMIZE]

1. Accessing AGP Report
2. Interpreting AGP Report
3. Explaining AGP Report to patients

BASE: ALL QUALIFIED RESPONDENTS

Q350 How effective do you think TIR is for each of the following?

*As a reminder, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

[COLUMNS]

1. Not effective
2. Somewhat effective
3. Effective
4. Very effective

[ROWS; RANDOMIZE]

1. Providing accurate information about hypoglycemia
2. Providing accurate information about nocturnal hypoglycemia
3. Providing accurate information about hyperglycemia

4. Optimizing insulin regimen
5. Managing glycemic variability
6. Suggesting lifestyle modifications
7. Optimizing non-insulin regimens for patients with Type 2 diabetes

BASE: ALL QUALIFIED RESPONDENTS

Q355 What do you think are the main benefits of using TIR for diabetes management? Please select all that apply.

*As a reminder, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96, 98; EXCLUSIVE 98]

1. Facilitates more effective discussions between patients and healthcare professionals
2. Empowers patients with knowledge and insights they need to successfully manage their diabetes
3. Empowers healthcare professionals with knowledge and insights they need to make informed clinical decisions
4. Helps improve glucose control by bringing greater awareness of hypoglycemia
5. Helps optimize medication regimen
6. Helps inform necessary lifestyle changes
7. Enhances patient compliance and adherence
8. Lowers the risk of diabetes related complications by helping to improve glucose control
9. Makes it easier to manage patients with diabetes using virtual/telehealth visits and consultations
10. Saves time for both patients and healthcare professionals (e.g., decisions can be made faster and more efficiently, fewer emergency visits, no need to wait 3 months for HbA1c/A1C results)

96. Other, please specify [OPEN END TEXT BOX]

98. I do not think there are any benefits of using TIR for diabetes management

BASE: ALL QUALIFIED RESPONDENTS

Q360 What do you think are the main barriers for wider adoption of TIR for diabetes management? Please select all that apply.

*As a reminder, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

[MULTIPLE RESPONSE; RANDOMIZE; HOLD 2 & 3; ANCHOR 96, 98; EXCLUSIVE 98]

1. Limited patient access to CGM (i.e., associated cost/reimbursement)
2. Time required for healthcare professionals to access TIR data
3. Time required for healthcare professionals to review TIR data
4. Lack of TIR education/training for healthcare professionals
5. Lack of clarity on how healthcare professionals can bill for the time spent reviewing and analyzing TIR data

6. No data integration with electronic medical record (EMR)/electronic health record (EHR) systems
7. Patient reluctance to use CGM
8. Insufficient clinical guidance
9. Insufficient data supporting TIR use
10. Insulin devices and CGM devices are not able to share data

96. Other, please specify [OPEN END TEXT BOX]

98. I do not think there are any barriers for wider adoption of TIR for diabetes management

BASE: ALL QUALIFIED RESPONDENTS

Q365 How important do you think patient education and training on TIR are for wider adoption of this metric for diabetes management?

1. Not important
2. Somewhat important
3. Important
4. Very important
5. Absolutely essential

BASE: ALL QUALIFIED RESPONDENTS

Q370 How much do you agree or disagree with the following general statements about TIR?

*Again, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

[COLUMNS]

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

[ROWS; RANDOMIZE]

1. TIR provides a more accurate and complete picture of glucose fluctuations than HbA1c/A1C.
2. With TIR, people with diabetes can now immediately see the direct impact of their actions (e.g., the impact of what they eat, how much physical activities they engage in and medications they take).
3. TIR is only effective for people with Type 1 diabetes.
4. TIR is a powerful metric for ALL people with diabetes.
5. TIR can be a helpful tool for people with pre-diabetes.
6. TIR is best suited for those who are actively engaged in managing their diabetes.

7. TIR helps to reduce patient fear of hypoglycemia.
8. TIR is too complex to use in everyday clinical practice.

SECTION 400: FUTURE OF TIR; TIR IMPACT ON PATIENT QUALITY OF LIFE

BASE: ALL QUALIFIED RESPONDENTS

Q405 In your opinion, how much of an impact can integration of TIR into diabetes management have on each of the following aspects of patient life?

[COLUMNS; REVERSE ORDER]

1. Significant positive impact
2. Slight positive impact
3. No impact
4. Slight negative impact
5. Significant negative impact

[ROWS; RANDOMIZE]

1. Overall health
2. Overall productivity
3. Overall quality of life
4. Emotional well-being
5. Work/School performance
6. Social life
7. Family relationship

BASE: ALL QUALIFIED RESPONDENTS

Q410 In your opinion, how likely do you think TIR is to become the standard of diabetes management in the future?

*As a reminder, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

1. Not likely
2. Not very likely
3. Somewhat likely
4. Very likely

BASE: ALL QUALIFIED RESPONDENTS

Q415 Thinking about five years from now, how do you envision using TIR in your clinical practice? Please be as specific as

possible.

[OPEN-ENDED TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS

Q420 Which of the following factors do you think are the most important in facilitating the increased use of TIR in diabetes management? Please select all that apply.

*Again, when we refer to TIR, we mean the amount of time spent **IN** range, **BELOW** range and **ABOVE** range.*

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96]

1. Integration of TIR into most important clinical guidelines
2. TIR being recognized by regulators as a primary clinical endpoint
3. TIR being recognized as a parameter for evaluation of diabetes treatment by payers [FOR ALL COUNTRIES EXCEPT US, INSERT: (i.e., health insurance companies, national health systems, etc.)]
4. Presentation of TIR at scientific/medical congresses/event
5. Review of TIR in scientific publications
6. Raising awareness of TIR among healthcare professionals
7. Raising awareness of TIR among patients with diabetes

96. Other

BASE: ALL QUALIFIED RESPONDENTS

Q425 How much do you agree or disagree with the following statements about TIR?

[COLUMNS]

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

[ROWS; RANDOMIZE]

1. I have a hard time seeing the exact value TIR provides.
2. More scientific evidence is needed to increase usage of TIR in the future.
3. TIR is changing the course of diabetes management.
4. TIR makes me feel more confident in my ability to manage my patients' diabetes.

SECTION 500: TIR EDUCATION, TRAINING, INFORMATION RESOURCES

BASE: ALL QUALIFIED RESPONDENTS

Q500 Have you received any training or instructions on TIR? Please select all that apply.

1. Yes, I did my own research/educated myself
2. Yes, I received formal training/instructions
3. No, I have not received any training or instruction on TIR

BASE: RESPONDENTS WHO RECEIVED TRAINING (Q500/1,2)

Q505 Overall, how would you rate the amount of training/education on TIR you have received to date?

1. Significantly less than what I need to confidently use TIR in practice
2. Slightly less than what I need to confidently use TIR in practice
3. The right amount
4. More than I need to confidently use TIR in practice
5. Significantly more than I need to confidently use TIR in practice

BASE: ALL QUALIFIED RESPONDENTS

Q510 How interested are you in learning more/receiving training about TIR?

1. Not interested
2. Somewhat interested
3. Interested
4. Very interested

BASE: ALL QUALIFIED RESPONDENTS

Q515 Looking ahead, for which specific aspects of TIR management do you feel you need the most training? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96, 98; EXCLUSIVE 98]

1. Definition of TIR
2. Benefits of TIR
3. How to use TIR in clinical practice
4. How to improve TIR for patients
5. How to access TIR data
6. How to interpret TIR data
7. How to discuss TIR data with patients

8. How to use TIR data to make clinical decisions
9. Clinical guidance about TIR targets for different patient populations
10. How to access AGP Report
11. How to bill/receive reimbursement for the time spent reviewing TIR data
12. The importance of maximizing time spent in range
13. How TIR complements HbA1c/A1C

96. Other

98. None

BASE: ALL QUALIFIED RESPONDENTS

Q520 Who else in your office or workplace do you feel would benefit from receiving training on TIR? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96, 98; EXCLUSIVE 98, DO NOT DISPLAY CODE 2 IN CANADA OR UK, DISPLAY CODE 3 IN CANADA ONLY, DO NOT DISPLAY CODE 5 OR 8 IN UK, DISPLAY CODES 13-14 IN BRAZIL ONLY. DO NOT DISPLAY CODES 8 & 9 IN BRAZIL, SPAIN, SOUTH KOREA, OR SWEDEN.]

1. Diabetes nurse specialist
2. Diabetes educator
3. Diabetes nurse educator
4. General practice nurse [FOR UK (Q8732/243, DISPLAY AS “Practice nurse”]
5. Medical assistant
6. Family practice/General practice/Internal medicine/Primary care physician
7. Endocrinologist/Diabetologist
8. Nurse practitioner
9. Physician assistant
10. Support staff
11. Dietitian
12. Clinical pharmacist
13. Cardiologist
14. Geriatrician

96. Other

98. No one else in my office or workplace would benefit from TIR training

BASE: ALL QUALIFIED RESPONDENTS

Q525 Which sources of information have you used to date to learn about TIR? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96, 98; EXCLUSIVE 98]

1. Peer reviewed journals and professional publications
2. Websites solely focused on resources and information on TIR
3. KOLs (key opinion leaders) or experts
4. My colleagues
5. Professional conferences/events (online or in-person)
6. Social media
7. Blogs or podcasts
8. Pharmaceutical sales representative
9. CGM manufacturer representative
10. Patients
11. Professional training (i.e., fellowship, grand rounds, CME, webinars)

96. Other

98. None

BASE: HAVE USED SOCIAL MEDIA (Q525/6)

Q530 You mentioned that you have used social media to learn more about TIR. Specifically which social media websites/apps have you used? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE; ANCHOR 96. DISPLAY CODE 10 IN US AND CA ONLY. DISPLAY CODE 11 IN S. KOREA ONLY.]

1. Facebook
2. Instagram
3. LinkedIn
4. WebMD
5. SERMO
6. Medscape
7. YouTube
8. Twitter
9. Doximity
10. The Rounds
11. NAVER Blog
96. Other

BASE: ALL QUALIFIED RESPONDENTS

Q540 To which of the following tools and resources, if any, would you like to have greater access? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE, HOLD 1 AND 2 TOGETHER; ANCHOR 96, 98; EXCLUSIVE 98]

1. TIR in-person training opportunities
2. TIR online training opportunities
3. TIR education materials for healthcare professionals
4. Patient education materials for TIR
5. TIR demo videos
6. TIR step-by-step instructions
7. Patient case studies
8. Clinical study results showing the impact of TIR

96. Other

98. None

BASE: ALL QUALIFIED RESPONDENTS

Q545 How much do you agree or disagree with the following statements regarding TIR education, training, and resources?

[COLUMNS]

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

[ROWS; RANDOMIZE]

1. I have taught myself everything I need to know about TIR.
2. I wish I had more educational resources on TIR available to me.
3. I do not have enough time to learn as much about TIR as I would like to.
4. My practice needs more resources to help educate patients on TIR.
5. I need more support staff to be able to use TIR with more patients.
6. I am overwhelmed by the amount of data I need to review to use TIR effectively.

SECTION 700: STANDARD HCP DEMOGRAPHICS/PRACTICEGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS

Q700 The next and final series of questions is for classification purposes only.

What proportion of your time in practice is spent managing patients with diabetes? Please think of both Type 1 and Type 2 patients.

[RANGE: 0-100]

|_|_|_|%

[PN: DO NOT SHOW (SUPPRESS) Q705 AND Q710 IN BRAZIL (Q8732/33)]

BASE: ALL QUALIFIED RESPONDENTS – EXCEPT FOR BRAZIL

Q705 Which of the following best describes the area where you primarily practice?

1. Urban
2. Suburban
3. Rural

BASE: ALL QUALIFIED RESPONDENTS – EXCEPT FOR BRAZIL

Q710 Which of the following best describes the medical practice where you primarily work? Please select one.

[DISPLAY CODE 6 ONLY IN UK]

1. Single-specialty Family Practice/General Practice
2. Single-specialty Internal Medicine Practice
3. Single-specialty Endocrinology/Diabetology Practice
4. Multi-specialty practice which includes Primary Care and Endocrinology
5. Hospital
6. Community practice
7. Other

BASE: ALL QUALIFIED RESPONDENTS

Q8722 On average, how many patients do you see in a typical week? If you are not sure, your best estimate will do.

|_|_|_| patients

BASE: ALL QUALIFIED RESPONDENTS

Q8725 Which of the following best describes the ages of your patient population? Please select one.

1. 18 years or younger (pediatric)
2. 19 years to 64 years (adult)
3. 19 years and older (adult and geriatric)
4. 65 years and older (geriatric)

5. All ages

BASE: ALL QUALIFIED RESPONDENTS

Q8728 On average, about how many prescriptions do you write (or medications do you dispense) in a week? If you are not sure, your best estimate will do.

|_|_|_|_| prescriptions

BASE: ALL UK RESPONDENTS

Q715 Please note that this research is sponsored by Novo Nordisk. Thank you for your participation. Click "continue" to submit the survey.