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## Supplementary Online Content

Sen R, Shields AL, Atsuda K. Patient preference for once-weekly dosing in type 2 diabetes mellitus in Japan. *JHEOR* 2016;4(1):55-66.

### **Appendix 1.** Select Survey Questions

This supplementary material has been provided by the authors to give readers additional information about their work.

**Appendix 1: Select Survey Questions**

1. At what age were you diagnosed with diabetes or told that you are prediabetic?

Diabetes	years old
Prediabetic	years old

2. Please select your current HbA1c level (approximate is fine).

“Dropdown List”:  
List contains <6.2% - ≥ 8.4%, by 0.1%, as well as “Don’t Know/Don’t remember”

3. Currently which severity do you perceive your diabetes is?

<input type="checkbox"/> 1	Mild
<input type="checkbox"/> 2	Moderate
<input type="checkbox"/> 3	Severe

4. How well do you think you are managing to control your diabetes?

<input type="checkbox"/> 1	Poor
<input type="checkbox"/> 2	Fair
<input type="checkbox"/> 3	Good
<input type="checkbox"/> 4	Very good
<input type="checkbox"/> 5	Excellent

5. How busy do you think you are?

<input type="checkbox"/> 1	Not at all
<input type="checkbox"/> 2	Not so busy
<input type="checkbox"/> 3	Can’t tell
<input type="checkbox"/> 4	Slightly busy
<input type="checkbox"/> 5	Very busy

6. Here are some questions about what you think about health in general. Please choose the option that best describes your opinion.

	Not true at all	Slightly true	Somewhat true	Very true
1) I manage my own health well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2) My choice of food influences my glucose level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3) I try to exercise on a regular basis as much as I can	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4) Physical activity influences my glucose level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7. Now we will ask you about all the medicines you are currently taking. How many pills do you take per day?

<p>“Dropdown List”:                  List contains                  1. Less than 1 pill                  2. 1 pill,                  3. 2 pills                  4. 3 pills                  5. 4 pills                  6. 5 pills                  7. 6 pills                  8. 7 pills,                  9. 8 pills                  10. 9 pills                  11. 10 pills or more</p>
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8. If you could be on any oral treatment regimen for your diabetes, how much are you willing to take the following treatment regimen?

	Won't take it	Probably won't take it	Not sure	Probably will take it	Will take it
Once a week	<input type="checkbox"/>				
Once a day	<input type="checkbox"/>				
Twice a day	<input type="checkbox"/>				
3 times a day	<input type="checkbox"/>				

9. If you could be on any oral treatment regimen for diabetes, which would you prefer?

<input type="checkbox"/> 1	Once a week
<input type="checkbox"/> 2	Once a day
<input type="checkbox"/> 3	Twice a day
<input type="checkbox"/> 4	3 times a day

10. (For those who answered 1 “once a week” above) Why did you choose once a week? Please choose the best 3 options that best describe your reason and number them in order of importance.

	Less psychological burden
	Less burdensome because I don't have to take it every day
	I would forget to take it less often
	Convenient when traveling
	Less number of pills per dose
	Less physical burden
	Other (specify )
	I do not think I will take OW drugs.

11. (For those who answered 7 “Other” in any of the 3 options above) Follow-up question: You have selected “Other” in Q15, can you specify?

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12. Please tell us your approximate height and weight

	cm
	kg

13. Please choose the option that best describes your work hours.

<input type="checkbox"/> 1	Full-time (more than 7 hours per day, more than 5 days per week)
<input type="checkbox"/> 2	Part-time (less than 7 hours per day, less than 5 times per week)
<input type="checkbox"/> 3	Not working

14. (For those who answered 1 “Full time” above) Please choose the option that best describes your work schedule.

<input type="checkbox"/> 1	Mostly day work
<input type="checkbox"/> 2	Mostly night work
<input type="checkbox"/> 3	Both day and night work