Appedndix 1

Demographic Information and Medical History

| Participant code: | | |
|-----------------------------------------------------------------------|----------------------|----|
| Age: | | |
| Sex: | | |
| Education level: | | |
| What type of diabetes do you have? | | |
| When were you diagnosed with diabetes? | | |
| Do you take medication to manage your diabetes? | Yes | No |
| Do you get insulin injection to manage your diabetes? | Yes | No |
| Do you feel any problems or signs with your eating or drinking? If ye | s, please describe i | t. |