

TITLE: Evaluating patient and provider preferences for a once-weekly basal insulin in adults with type 2 diabetes

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Appendix 1: HCP and Patient Questionnaire

Supplementary Figures

Research Objectives:

- To assess the T2DM providers' preferences, perspectives, and attitudes towards once-weekly basal insulin.

Screening Criteria:

- Physician, NP/PA, Diabetes Educator (various qualified roles) and qualified specialty (PCP, Endocrinology)
- In practice 3-35 years
- In direct patient care 70%+ of time
- Does not work in VT
- Manages a specific number of patients per month (PCPs 100+, NP/PA/Diabetes Educator 60+, Endocrinologist 80+)
- Manages a specific number of Diabetes patients per month (PCPs 40+, NP/PA/ Diabetes Educator 20+, Endocrinologist 60+)
- Manages a specific number of T2D patients per month (PCPs 20+, NP/PA/ Diabetes Educator 10+, Endocrinologist 50+)
- At least 20% of T2D patients managed with basal insulin
- Confident in managing patients with basal insulin
- [DIABETES EDUCATOR] Provides medication counseling and 2 other applicable responsibilities

SECTION S: SAMPLE PRELOAD AND SCREENING QUESTIONS
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ALL RESPONDENTS

S1 KJT Group is a market research and consulting firm based in the United States. We are conducting this research to help the pharmaceutical manufacturer ("Sponsor") develop new healthcare products and services. We are collecting data from respondents like you related to healthcare issues. Before we begin, we would like your consent to participate. This notice and consent to use your personal information describes how KJT Group (market research company) will use your information to conduct studies on behalf of the Sponsor.

Your participation involves completing a 20-minute online survey. If you qualify for and provide full participation, you will receive the honorarium listed in your invitation. Your participation is voluntary, and you may choose to stop participating at any time.

Your responses will be kept strictly confidential and will never be shared with the Sponsor (double-blind).

Findings of this research project may be published in scientific journals or presented at medical meetings. All results will be presented in aggregate form; data will never be presented in a way that identifies individual institutions.

You hereby consent that your personal information can be used:

1. To conduct research on behalf of KJT Group and the Sponsor;
2. To provide results of research to the Sponsor;
3. For general administrative activities; and

4. To comply with legal and regulatory requirements and inquiries.

If a new purpose arises, KJT Group will seek your approval before using your information.

Additionally, you hereby consent that:

- We may collect the following information from you to administer your participation or to address the research questions: name, mailing address, email address.
- We will remove your personal information within 12 months of data collection.
- You have the right to access your data, amend your data, limit use of your data, or erase your data at any time.
- Your participation is voluntary, and you may choose to stop participating at any time.

By clicking the forward arrow, you agree:

- I have reviewed the above information that explains the research and how KJT Group will use my personal information.
- I consent to KJT Group's use of my personal information. I understand that I can modify or withdraw my consent for the future use of my personal information by contacting compliance@kjtgroup.com, but that my withdrawal of a previous consent will not apply to the extent that KJT Group previously relied on my consent.

1. I consent. **CONTINUE**
2. I do not consent. **TERMINATE**

[IF CONSENTS TO PARTICIPATE (S1r1) ASK S3. ALL ELSE TERMINATE.]

CONSENTS TO PARTICIPATE (S1r1)

S3 In what country do you reside?

[LIST OF COUNTRIES, SHOW UNITED STATES AT TOP]

[IF RESIDES IN UNITED STATES (S3/US), ASK S5. ALL OTHERS TERMINATE.]

RESIDES IN UNITED STATES (S3/US)

S5 Which of the following best describes your current role?

[ALPHA SORT]

1. Physician **CONTINUE**
2. Physician Assistant **CONTINUE**
3. Nurse Practitioner **CONTINUE**
4. Diabetes Educator **CONTINUE**
5. Registered Nurse **CONTINUE**
6. Licensed Practical Nurse **CONTINUE**
7. Certified Nurse Midwife **CONTINUE**
8. Pharmacist **CONTINUE**
9. Registered Dietician **CONTINUE**

- 10. Physical Therapist
- 11. Biomedical Engineer
- 12. Technician
- 13. Dental Hygienist
- 14. Purchasing Manager/Director
- 15. Operations Manager/Director
- 16. IT Manager/Director
- 17. C-suite Executive (e.g., CEO, COO, CMO)
- 96. Other, please specify: _____ [MANDATORY TEXT; ANCHOR] **MARK AS TERM AND CONTINUE**

CONTINUE

[IF QUALIFIED ROLE OR OTHER ROLE (S5r1-10,96), ASK S10. ALL OTHERS TERMINATE.]

QUALIFIED ROLE OR OTHER (S5r1-10,96)

S10 Which of the following is [IF PHYSICIAN (S5r1) INSERT "your primary medical specialty"
ALL ELSE INSERT "the primary medical specialty at your facility"]?

[ALPHA SORT]

- | | |
|--|---------------------|
| 1. Anesthesiology | TERMINATE |
| 2. Dermatology | TERMINATE |
| 3. Emergency Medicine | TERMINATE |
| 4. Endocrinology | CONTINUE |
| 5. Primary Care/Family Practice/General Practitioner | CONTINUE |
| 6. Internal Medicine (e.g., Cardiology, Medical Oncology, Pulmonology, Rheumatology) | |
| CONTINUE ONLY IF QUALIFIES AT S12 | |
| 7. Medical Genetics and Genomics | TERMINATE |
| 8. Obstetrics and Gynecology | TERMINATE |
| 9. Ophthalmology | TERMINATE |
| 10. Orthopedic Surgery | TERMINATE |
| 11. Physical Medicine and Rehabilitation | TERMINATE |
| 12. Psychiatry and Neurology | TERMINATE |
| 13. Radiology | TERMINATE |
| 14. Thoracic Surgery | TERMINATE |
| 15. Urology | TERMINATE |
| 96. Other, please specify: _____ [MANDATORY TEXT; ANCHOR] | MARK AS TERM |
| | AND CONTINUE |

[IF INTERNAL MEDICINE (S10r6), ASK S12. IF ENDOCRINOLOGY OR PRIMARY CARE, OR OTHER (S10r4-5,96), ASK S15. ALL OTHER TERMINATE.]

INTERNAL MEDICINE (S10r6)

S12 Which of the following, if any, are your sub-specialties?

Please select all that apply.

[MULTIPLE SELECT; ALPHA SORT]

- 1. Endocrinology
- 2. Nephrology
- 3. Rheumatology
- 4. Hematology
- 5. Adolescent Medicine
- 6. Adult Congenital Heart Disease
- 7. Advanced Heart Failure and Transplant
- 8. Cardiology
- 9. Cardiovascular Disease
- 10. Clinical Cardiac Electrophysiology
- 11. Critical Care Medicine
- 12. Gastroenterology
- 13. Geriatric Medicine
- 14. Hospice and Palliative Medicine
- 15. Infectious Disease
- 16. Interventional Cardiology
- 17. Medical Oncology
- 18. Pulmonary Disease
- 19. Sleep Medicine
- 20. Sports Medicine
- 21. Transplant Hepatology
- 97. None of the above [ANCHOR; EXCLUSIVE]

CONTINUE

[IF SUB-SPECIALTY IS ENDOCRINOLOGY (S12r1) CONTINUE TO S15. ALL ELSE TERMINATE.]

ENDOCRINOLOGY OR PRIMARY CARE (S10r4-5, 96 OR (S10r6 AND S12r1))

S15 How many years have you been in [IF PHYSICIAN (S5r1) INSERT "practice beyond your residency and fellowship" ALL ELSE INSERT "your role"]?

[IF PHYSICIAN INSERT (S5r1) "If you are still in your residency, are currently a fellow, or have not been in practice" ALL ELSE INSERT "If you have not been in your role"] for at least one year, please enter "0" (zero).

[RANGE: 0-60]

- 1. Years in [IF PHYSICIAN (S5r1) INSERT "practice" ALL OTHERS INSERT "role"] |_|_|_|

CONTINUE IF 3-35; ELSE MARK AS TERM AND CONTINUE

ENDOCRINOLOGY OR PRIMARY CARE (S10r4-5, 96 OR (S10r6 AND S12r1))

S20 Approximately what proportion of your time do you spend in direct patient care (seeing and treating patients as opposed to teaching, research, or administration)?

[RANGE: 0-100]

1. Time in direct patient care |_|_|_| % **CONTINUE IF 70%+ IF PHYSICIAN/NP/PA (S5r1-3); CONTINUE IF 50%+ IF OTHER CLINICAL ROLE (S5r4-10, 96); ELSE MARK AS TERM AND CONTINUE**

ENDOCRINOLOGY OR PRIMARY CARE (S10r4-5, 96 OR (S10r6 AND S12r1))

S22 Which of the following best describes the facility where you primarily [IF PHYSICIAN (S5r1) INSERT "practice" ALL ELSE INSERT "work"]?

[RANDOMIZE; GROUP 2/3]

1. Office/private practice
2. Non-teaching hospital
3. Teaching hospital
4. Acute care or outpatient center
5. Long-term care center or nursing home
6. Diabetes center/clinic
7. Laboratory **TERMINATE**
8. Pharmacy (i.e., retail, inpatient) **TERMINATE**
96. Other, please specify: [ANCHOR; MANDATORY TEXT]

[WORKS IN A QUALIFYING FACILITY (S22r1-6,96) ASK S25. ALL ELSE TERMINATE.]

WORKS IN A QUALIFYING FACILITY (S22r1-6,96)

S25 In what zip code is your facility located?

If you work in multiple facilities, please enter the zip code in which you spend most of your time.

Please only enter the first five digits.

[RANGE:0-99999]

1. |_|_|_|_|_|

WORKS IN A QUALIFYING FACILITY (S22r1-6,96)

S25A HIDDEN QUESTION FOR ZIP CODE TO STATE LOOKUP

TERMINATE IF VT

WORKS IN A QUALIFYING FACILITY (S22r1-6,96)

S25B HIDDEN QUESTION FOR US CENSUS 4 REGIONS

1. Northeast
[S25A=CT, MA, ME, NH, NJ, NY, PA, RI, VT]
2. Midwest
[S25A =IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI]
3. South
[S25A =AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV]
4. West
[S25A =AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY]
5. Outside of US
[ALL OTHERS]

[IF NOT FROM VERMONT (S4/NOT VT) ASK S30. ALL ELSE TERMINATE.]

NOT FROM VERMONT (S25A NOT VT)

S30 How many unique patients do you typically manage in a month?

[RANGE:0-999]

1. Unique patients managed |_|_|_| **PCP CONTINUE IF 100+; NP/PA/DE CONTINUE IF 60+; IF DE (S5r4-10) CONTINUE IF 30+ ENDOCRINOLOGIST CONTINUE IF 80+; IF MANAGES 0 PATIENTS TERMINATE; ALL OTHERS MARK AS TERM AND CONTINUE**

[IF MANAGES 1+ PATIENTS PER MONTH (S3>0) ASK S35. ELSE TERMINATE].

MANAGES 1+ PATIENTS PER MONTH (30r1>0)

S35 Of the [INSERT S30] patients you manage in a typical month, how many have each of the following conditions?

Please use your best estimate. Your total may sum to more than [INSERT S30] to account for patients with multiple conditions.

[RANDOMIZE; RANGE: 0-S30; AUTOFILL ZEROS; MUST SUM TO S30 OR MORE, AUTOSUM]

1. Diabetes |_|_|_| **PCP CONTINUE IF 40+; IF NP/PA/DE CONTINUE IF 20+; ENDOCRINOLOGIST CONTINUE IF 60+; IF MANAGES 0 PATIENTS TERMINATE; ALL OTHERS MARK AS TERM AND CONTINUE**
2. Thyroid disease |_|_|_|
3. Obesity |_|_|_|
4. Hypertension |_|_|_|
5. Hypercholesterolemia |_|_|_|
96. Other conditions [ANCHOR] |_|_|_|
97. No conditions [ANCHOR] |_|_|_|

[IF MANAGES 1+ DIABETES PATIENTS PER MONTH (S35r1>0) ASK S40. ALL ELSE TERMINATE.]

MANAGES 1+ DIABETES PATIENTS PER MONTH (S35r1>0)

S40 Thinking about the [INSERT S35r1] **diabetes** patients you manage in a typical month, how many have each of the following types of diabetes?

Please use your best estimate.

[RANGE: 0-S35r1; MUST SUM TO S35r1; AUTOFILL ZEROS; CONSTANT SUM]

1. **Type 1** diabetes |__|__|
2. **Type 2** diabetes |__|__| **PCP CONTINUE IF 20+; IF NP/PA/DE CONTINUE IF 10+; ENDOCRINOLOGIST CONTINUE IF 50+; IF MANAGES 0 PATIENTS TERMINATE; ALL OTHERS MARK AS TERM AND CONTINUE**
3. Other, please specify: [ANCHOR; MANDATORY TEXT BOX] |__|__|

[IF MANAGES 1+ T2D PATIENTS PER MONTH (S40r2>0), ASK S40. ALL ELSE TERMINATE.]

MANAGES 1+ T2D PATIENTS PER MONTH (S40r2>0)

S45 Now, thinking about the [INSERT S40r2] **type 2 diabetes patients** you manage in a typical month, what proportion are **managed** with each of the following medications?

Your best estimates will do. Your total must sum to at least 100%, but it may sum to more than 100% if medications are taken in combination (please consider combinations given either separately or as fixed combinations).

[RANDOMIZE; GROUP 8/6/7; RANGE: 0 – 100; SUM TO AT LEAST 100; SHOW CONSTANT SUM INDICATOR; DO NOT FORCE ZEROS; AUTO RECODE BLANKS TO ZERO]

1. Biguanides/Metformin (e.g., Glucophage) |__|__|%
2. Sulfonylureas and TZDs (e.g., glipizide, pioglitazone) |__|__|%
3. DPP-4 inhibitor (Januvia, Onglyza, Tradjenta, Nesina) |__|__|%
4. SGLT-2 inhibitors (Jardiance, Invokana, Farxiga) |__|__|%
5. GLP-1 receptor agonists (Byetta, Bydureon, Victoza, Ozempic, Trulicity, Adlyxin, Mounjaro) |__|__|%
6. Basal insulin (Lantus, Levemir, Tresiba, Toujeo, Basaglar) |__|__|%
CONTINUE IF 20%+; ELSE MARK AS TERM AND CONTINUE
7. Prandial insulin (Humulin, Novolin, Humalog, Novolog, Apidra) |__|__|%
8. **Product X** [DO NOT SHOW; ANCHOR AT TOP] |__|__|%
9. Corticosteroids (Hydrocortisone, Prednisone) [DV TRAP] |__|__|%
96. Other medications [ANCHOR] |__|__|%
97. I am not sure [ANCHOR; EXCLUSIVE]

MANAGES 1+ T2D PATIENTS PER MONTH (S40r2>0)

S50 Please indicate your level of confidence in managing a type 2 diabetes patient who is taking **basal insulin**.

Please use a scale where "1" indicates "Not at all confident" and "7" indicates "Extremely confident."

Not at All Confident							Extremely Confident
1	2	3	4	5	6	7	

MUST SELECT 5-7; ALL OTHERS MARK AS TERM AND CONTINUE

[IF DIABETES EDUCATOR ROLE (S5r4-10) ASK S55. ALL ELSE JUMP TO S100.]

DIABETES EDUCATOR ROLE (S5r4-10)

S55 Which of the following, if any, are part of your professional responsibilities when managing patients with type 2 diabetes?

Please select all that apply.

[RANDOMIZE; GROUP 2/3; MULTIPLE SELECT]

1. Provide medication counseling (e.g., education on/recommendations for medications)

CONTINUE

2. Educate on basic information about diabetes overall
3. Educate on basic information about diabetes management
4. Educate on how to use diabetes devices (e.g., blood glucose meter, insulin pen, insulin pump)
5. Assist patients in adopting healthy eating habits (e.g., nutrition education, meal-planning, weight-loss strategies)
6. Establish problem-solving strategies and skills for helping patients self-manage their diabetes
7. Educate on how to interpret and respond to blood glucose levels
8. Collect patient data to monitor their health status
9. Advocate for improved quality of care for patients
96. Other, please specify: _____ [ANCHOR; MANDATORY TEXT]
97. I do not have any professional responsibilities with regard to managing diabetes patients [ANCHOR; EXCLUSIVE]

MUST PROVIDE MEDICATION COUNSELING AND 2 OTHER TASKS (S55r1 AND 2 OTHER OPTIONS SELECTED FROM S55r2-9; ALL ELSE MARK AS TERM AND CONTINUE

ALL RESPONDENTS

S100 FINAL QUOTA QUESTION

[n=360]

1. PCP

[n=150]

- CONSENTS TO PARTICIPATE (S1r1)
- LIVES IN THE US (S3/US)
- PHYSICIAN (S5r1)
- SPECIALTY IS PRIMARY CARE (S10r5)
- IN PRACTICE BETWEEN 3-35 YEARS (S15r1>2 OR S15r1<36)
- SPENDS AT LEAST 70% OF TIME IN DIRECT PATIENT CARE (S20r1>69%)
- WORKS AT QUALIFYING FACILITY (S22r1-6,96)
- DOES NOT LIVE IN VERMONT (S25A NOT VT)
- MANAGES 100+ PATIENTS PER MONTH (S30r1>99)
- MANAGES 40+ DIABETES PATIENTS PER MONTH (S35r1>39)
- MANAGES 20+ T2D PATIENTS PER MONTHS (S40r2>19)
- AT LEAST 20% OF T2D PATIENTS ARE TREATED WITH INSULIN (S45r6>19%)
- CONFIDENT IN MANAGING PATIENTS WITH BASAL INSULIN (S50r5-7)

2. NP/PA – PCP

[n=30]

- CONSENTS TO PARTICIPATE (S1r1)
- LIVES IN THE US (S3/US)
- NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT (S5r2-3)
- SPECIALTY IS PRIMARY CARE (S10r5)
- IN PRACTICE BETWEEN 3-35 YEARS (S15r1>2 OR S15r1<36)
- SPENDS AT LEAST 70% OF TIME IN DIRECT PATIENT CARE (S20r1>69%)
- WORKS AT QUALIFYING FACILITY (S22r1-6,96)
- DOES NOT LIVE IN VERMONT (S25A NOT VT)
- MANAGES 60+ PATIENTS PER MONTH (S30r1>59)
- MANAGES 20+ DIABETES PATIENTS PER MONTH (S35r1>19)
- MANAGES 10+ T2D PATIENTS PER MONTHS (S40r2>9)
- AT LEAST 20% OF T2D PATIENTS ARE TREATED WITH INSULIN (S45r6>19%)
- CONFIDENT IN MANAGING PATIENTS WITH BASAL INSULIN (S50r5-7)

3. ENDOCRINOLOGIST

[n=100]

- CONSENTS TO PARTICIPATE (S1r1)
- LIVES IN THE US (S3/US)
- PHYSICIAN (S5r1)
- SPECIALTY IS ENDOCRINOLOGY ((S10r4) OR (S10r6 AND S12r1))
- IN PRACTICE BETWEEN 3-35 YEARS (S15r1>2 OR S15r1<36)
- SPENDS AT LEAST 70% OF TIME IN DIRECT PATIENT CARE (S20r1>69%)
- WORKS AT QUALIFYING FACILITY (S22r1-6,96)

- DOES NOT LIVE IN VERMONT (S25A NOT VT)
- MANAGES 100+ PATIENTS PER MONTH (S30r1>99)
- MANAGES 60+ DIABETES PATIENTS PER MONTH (S35r1>59)
- MANAGES 50+ T2D PATIENTS PER MONTHS (S40r2>49)
- AT LEAST 20% OF T2D PATIENTS ARE TREATED WITH INSULIN (S45r6>19%)
- CONFIDENT IN MANAGING PATIENTS WITH BASAL INSULIN (S50r5-7)

4. NP/PA – ENDOCRINOLOGIST [n=30]

- CONSENTS TO PARTICIPATE (S1r1)
- LIVES IN THE US (S3/US)
- NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT (S5r2-3)
- SPECIALTY IS ENDOCRINOLOGY ((S10r4) OR (S10r6 AND S12r1))
- IN PRACTICE BETWEEN 3-35 YEARS (S15r1>2 OR S15r1<36)
- SPENDS AT LEAST 70% OF TIME IN DIRECT PATIENT CARE (S20r1>69%)
- WORKS AT QUALIFYING FACILITY (S22r1-6,96)
- DOES NOT LIVE IN VERMONT (S25A NOT VT)
- MANAGES 60+ PATIENTS PER MONTH (S30r1>59)
- MANAGES 20+ DIABETES PATIENTS PER MONTH (S35r1>19)
- MANAGES 10+ T2D PATIENTS PER MONTHS (S40r2>9)
- AT LEAST 20% OF T2D PATIENTS ARE TREATED WITH INSULIN (S45r6>19%)
- CONFIDENT IN MANAGING PATIENTS WITH BASAL INSULIN (S50r5-7)

5. DIABETES EDUCATOR [n=50]

- CONSENTS TO PARTICIPATE (S1r1)
- LIVES IN THE US (S3/US)
- DIABETES EDUCATOR ROLE (S5r4-10)
- SPECIALTY IS ENDOCRINOLOGY OR PRIMARY CARE ((S10r4-5) OR (S10r6 AND S12r1))
- IN PRACTICE BETWEEN 3-35 YEARS (S15r1>2 OR S1r15<36)
- SPENDS AT LEAST 7050% OF TIME IN DIRECT PATIENT CARE (S20r1>6949%)
- WORKS AT QUALIFYING FACILITY (S22r1-6,96)
- DOES NOT LIVE IN VERMONT (S25A NOT VT)
- MANAGES 6030+ PATIENTS PER MONTH (S30r1>5929)
- MANAGES 20+ DIABETES PATIENTS PER MONTH (S35r1>19)
- MANAGES 10+ T2D PATIENTS PER MONTHS (S40r2>9)
- AT LEAST 20% OF T2D PATIENTS ARE TREATED WITH BASAL INSULIN (S45r6>19%)
- CONFIDENT IN MANAGING PATIENTS WITH BASAL INSULIN (S50r5-7)
- APPLICABLE RESPONSIBILITIES (S55r1 AND AT LEAST 2 OTHER SELECTIONS FROM S55r2-9)

6. NOT QUALIFIED

[n=9999]

ALL QUALIFIED RESPONDENTS (S100r1-5)
S105 HCP TYPE

1. PCP

[n=180]

- S100r1,2

2. Specialist

[n=180]

- S100r3,4,5

SECTION 200: TREATMENT LANDSCAPE

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q200 You have qualified for the full survey. Thank you for your responses thus far. The remainder of this survey should take approximately 17 minutes to complete. As a reminder, your responses to this survey are critical to the success of this research in helping the sponsor develop new healthcare products and services. Your responses will be kept **strictly confidential** and only reported in combination with other respondents' data. In addition, you may be asked certain questions for quality control purposes.

Please click "Continue."

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q205 The remainder of this survey will be focused on [type 2 diabetes](#).

To get started, how satisfied are you with the current treatment options for type 2 diabetes (overall)?

Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

ALL QUALIFIED RESPONDENTS (S100r1-5)

QC1 Which set of guidelines do you typically follow for [type 2 diabetes](#) management?

Please select all that apply.

[RANDOMIZE; MULTIPLE SELECT]

1. American Diabetes Association (ADA)
2. World Health Organization (WHO)
3. American Association of Clinical Endocrinologists (AACE)
4. Indian Health Service (IHS)
5. Center for Medicaid and Medicare Services (CMS)
6. American Academy of Orthopedic Surgeons (AAOS) [DV TRAP]
98. None of the above [ANCHOR; EXCLUSIVE]

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q215 Please read the following statements regarding the treatment of type 2 diabetes patients and indicate how well the statement describes your beliefs and experiences.

Please use a scale where "1" indicates "Does not describe my beliefs at all" and "7" indicates "Describes my beliefs completely."

[COLUMNS]

Does not Describe My Beliefs at All							Describes My Beliefs Completely
1	2	3	4	5	6	7	

[ROWS; RANDOMIZE; GROUP 2/3]

1. I prefer to delay the initiation of basal insulin until it is absolutely essential.
2. Prescribing basal insulin is a hassle because it takes a lot of time to train patients in how to inject their doses.
3. Prescribing basal insulin is a hassle because it takes a lot of time to train patients in how to manage their doses.
4. Prescribing basal insulin is a hassle because it takes a lot of time to manage patients' disease progression and symptoms while they are on it.
5. Patient requests are extremely important in my treatment [IF DE (S100r5) INSERT "recommendations" ALL ELSE INSERT "decisions"].
6. I think it is appropriate to present patients with a choice among available basal insulins so they can select the one they most prefer.
7. Prescribing basal insulin is a hassle because there is a stigma associated with insulin use.

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q230 I would like you to focus specifically on basal insulin. How satisfied are you with the current **basal insulin** treatment options for type 2 diabetes?

Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q235 Please indicate your overall satisfaction with the current **basal insulin treatment** options for type 2 diabetes management for each of the following.

Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

[COLUMNS]

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

[RANDOMIZE]

1. How often the treatment needs to be taken (i.e., multiple times per day, once per day)
2. The flexibility of the treatment schedule (i.e., same time each day, interference with daily life activities)
3. The impact on glycemic control (HbA1c reduction)
4. The ability to prevent the number of severe or clinically significant hypoglycemic events (i.e., blood glucose lower than 3mmol/L or 54mg/dl) experienced
5. The method of administering the medication (e.g., multiple-use pen, vial and syringe)
6. How easy it is for patients to take their doses

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q240 Now, I'd like you to indicate your level of agreement with each of the following statements related to **basal insulin**.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

[COLUMNS]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; RANDOMIZE; GROUP 4/5]

1. My patients are able to administer the correct dose.
2. It is easy for my patients to administer.
3. I am confident it will help keep my patients' HbA1c levels under control.
4. I am not concerned about severe or clinically significant hypoglycemic events.
5. Taking it has a minimal negative impact on my patients' day-to-day life.
6. My patients will be able to take it as prescribed (i.e., daily).
7. It is convenient for my patients to take.
8. My patients are comfortable administering the dose.

ALL QUALIFIED RESPONDENTS (S100r1-5) [DV TRAP]

QC2 Which insulin type has the fastest onset time?

1. Basal Insulin (i.e., long-acting)
2. Bolus Insulin (i.e., short-acting)
3. Premixed Insulin

SECTION 300: CONJOINT EXERCISE

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q300 Please read the following paragraphs carefully.

Over the next several screens, we will show you different scenarios regarding [IF DE (S100r5) INSERT "recommendation" ALL ELSE INSERT "prescribing"] decisions pertaining to your type 2 diabetes patients who are **eligible for basal insulin** (i.e., currently taking basal insulin or eligible to start) and ask you to make selections among different basal insulin options that offer different trade-offs between the given features. Some of these options may be currently available on the market, whereas others may be hypothetical offerings that may or may not be approved and available in the future.

Please assume the following as you make your decisions:

1. Your patients can **afford** all medication options.
2. The cost is within the **same** range for all medications.
3. All medications are **available** at patients' preferred pharmacies.
4. All medications have been approved for the management of type 2 diabetes by the **FDA**.

You will see a total of [INSERT NUMBER] screens. For each screen, please evaluate all available basal insulin options carefully before making your selections because the features will vary from screen to screen.

After reviewing each scenario, you will be asked to indicate how many of your next 10 type 2 diabetes patients who are **eligible for basal insulin** you would [IF DE (S100r5) INSERT "recommend" ALL ELSE INSERT "prescribe"] each of the following medications.

Please click "Continue."

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q305 Before beginning the task, please read and familiarize yourself with the definition of each attribute and its different levels that may change across scenarios.

[INSERT CONJOINT ATTRIBUTES GRID] [HOLD ON SCREEN FOR 20 SECS]

Feature <i>Definition</i>	Feature Levels
<p>Attribute Group:</p>	
<p>Insulin Type <i>Type of basal insulin</i></p>	<ul style="list-style-type: none"> • Ultra-long-acting basal insulin (t1/2 approximately 196 hours); once per week (\pm 3 days) • Very-long-acting basal insulin (t1/2 approximately 25 hours); once or twice per day • Long-acting basal insulin (t1/2 approximately 12 hours); once or twice per day
<p>Administration Timing <i>The consistency needed for the time of day the treatment is administered</i></p>	<ul style="list-style-type: none"> • At any time of the day for each dose • The same exact time of the day for each dose
<p>Insulin Delivery Method <i>Method used to self-administer treatment</i></p>	<ul style="list-style-type: none"> • Multiple-dose disposable pen • Multiple-dose durable pen • Vial and syringe

<p>Glycemic Control (Change in HbA1c) <i>Average decrease in HbA1c while taking this insulin as prescribed after 26 weeks</i></p>	<ul style="list-style-type: none"> • 0.9%-point decrease among insulin-experienced patients switching to this medication; 1.6%-point decrease among insulin-naïve patients initiating this medication • 0.7%-point decrease among insulin-experienced patients switching to this medication; 1.4%-point decrease among insulin-naïve patients initiating this medication
<p>Hypoglycemic risk <i>The probability of experiencing a severe or clinically significant hypoglycemia event (blood glucose below 3mmol/L [54mg/dL]) while taking this insulin</i></p>	<ul style="list-style-type: none"> • 0.7 events per patient-year among insulin experienced patients; 0.3 events per patient year among insulin-naïve patients • 0.3 events per patient-year among insulin-experienced patients; 0.2 events per patient year among insulin naïve patients

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q310 Below is an example of the type of screen you will see in this exercise.

[INSERT CONJOINT EXAMPLE]

When you are ready, please click the forward arrow to begin.

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q315 Please review the different basal insulin options presented below and indicate how many of your next 10 type 2 diabetes patients who are **eligible for basal insulin** (i.e., currently taking basal insulin or eligible to start) you would [IF DE (S100r5) INSERT "**recommend**" ALL ELSE INSERT "**prescribe**"] for each. If none of the options are preferable, you may allocate patients to "*I would* [IF DE (S100r5) INSERT "*recommend*" ALL ELSE INSERT "*prescribe*"] *a different basal insulin.*"

Please remember to assume the following as you make your decision:

1. Your patients can **afford** all medication options.
2. The cost is within the **same** range for all medications.
3. All medications are **available** at patients' preferred pharmacies.
4. All medications have been approved for the management of type 2 diabetes by the **FDA**.

Placing your cursor over the names of the features on the left-hand side will display a tooltip to remind you of their definitions.

[INSERT CONJOINT EXERCISE]

SECTION 400: INSULIN ICODEC REVIEW

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q400 Now, I would like you to review **Product X**, a potential basal insulin medication for the management of type 2 diabetes that may or may not become available in the future. Please take a minute to review the profile below. Once you have finished reviewing, please click "Continue."

[HOLD ON SCREEN FOR 15 SEC]

Product X Profile			
Drug Type	Drug class	Basal Insulin	
	Half-life	196 hours (ultra-long-acting)	
Drug Administration	Dose administration	Subcutaneous injection	
	Frequency of drug administration	Once weekly (+/- 3 days) at any time of the day	
	Delivery device	Multi-dose disposable pre-filled pen	
Efficacy (26 weeks on therapy)	Reduction of HbA1c levels from baseline	Insulin Naive	1.6%-point decrease
		Insulin Experienced	0.9%-point decrease
	Percentage of patients achieving their glycemic goal (HbA1c <7.0%)	Insulin Naive	58% of patients
		Insulin Experienced	40% of patients
Safety (26 weeks on therapy)	Risk of developing severe or clinically significant hypoglycemia (blood glucose below 3mmol/L [54mg/dL])	Insulin Naive	0.3 events per patient-year
		Insulin Experienced	0.7 events per patient-year

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q405 Based on the information you just read about **Product X**, what is the likelihood you will [IF DE (S100r5) INSERT "recommend" ALL ELSE INSERT "prescribe"] it to your type 2 diabetes patients for each of the following scenarios?

Please consider the information presented in the profile, but also assume the following as you make your decision.

1. Your patients can **afford** this treatment option.
2. The cost is within the **same** range as all other basal insulins.
3. It is **available** at patients' preferred pharmacies.
4. It has been approved for the management of type 2 diabetes by the **FDA**.

If you would like to review the product profile again, please click [here](#). [INSERT LINK TO TPP]

Please use a scale where "0" indicates "Not at all likely" and "10" indicates "Extremely likely."

[COLUMNS]

Not at All Likely											Extremely Likely
0	1	2	3	4	5	6	7	8	9	10	

[ROWS; RANDOMIZE]

1. Insulin naïve patients eligible to start basal insulin
2. Currently treated with basal insulin (i.e., replace current basal insulin)

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q407 How influential would a request for **Product X** from each of the following patient subgroups be in your decision to [IF DE (S100r5) INSERT "recommend" ALL ELSE INSERT "prescribe"] it for their type 2 diabetes management?

Please use a scale where "1" indicates "Not at all influential" and "7" indicates "Extremely influential."

If you would like to review the product description again, please click [here](#). [INSERT LINK TO TPP]

[COLUMNS]

Not at All Influential							Extremely Influential
1	2	3	4	5	6	7	

[ROWS; HOLD Q405 ORDER]

1. Insulin naïve patients eligible to start basal insulin
2. Currently treated with basal insulin (i.e., replace current basal insulin)

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q410 I'd like you to review the same statements you evaluated earlier regarding basal insulin overall. This time, please indicate your level of agreement with each of the following statements as it relates to **Product X**.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

If you would like to review the product profile again, please click [here](#). [INSERT LINK TO TPP]

[COLUMNS; SLIDING SCALE]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; SHOW IN SAME ORDER AS Q240 – ATTRIBUTE TEXT VARIES SLIGHTLY BUT SHOULD STILL BE SHOWN IN THE SAME ORDER]

1. My patients will be able to administer the correct dose.
2. Product X will be easy for my patients to administer.
3. I am confident Product X will keep my patients' HbA1c levels under control.
4. I am not concerned about severe or clinically significant hypoglycemic events.
5. Taking Product X will have a minimal negative impact my patients' day-to-day lives.
6. My patients will be able to take Product X as prescribed (i.e., **weekly ±3 days**).
7. It would be convenient for my patients to take Product X.
8. My patients would be comfortable administering the dose.

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q415 Now, please rate **Product X** on each of the following metrics.

If you would like to review the product profile again, please click [here](#). [INSERT LINK TO TPP]

Product X is...

[RANDOMIZE]

- | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|--------------------------|
| 1. Restrictive | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Convenient |
| 2. Difficult to remember to take | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Easy to remember to take |

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q420 Again, thinking of the [INSERT S40r2] **patients with type 2 diabetes** you manage in a typical month, what proportion would [IF DE (S100r5) INSERT "you **recommend**" ALL ELSE INSERT "would you **prescribe**"] each of the following medications?

- Earlier you reported what these patients were prescribed, which is shown in the 1st column.
- Imagine **Product X** is FDA-approved, available to prescribe, and your experience with **Product X** is similar to what is presented in the profile.

Your best estimates will do. Your total must sum to at least 100%, but it may sum to more than 100% if medications are taken in combination (please consider combinations given either separately or as fixed combinations).

If you would like to review the product profile again, please click [here](#). [INSERT LINK TO TPP]

1. Typical month [INSERT S45 RESPONSES]
2. Anticipated future month

[HOLD S45 ORDER, DO NOT SHOW S45r9; RANGE: 0 – 100; SUM TO AT LEAST 100; SHOW CONSTANT SUM INDICATOR; DO NOT FORCE ZEROS; AUTO RECODE BLANKS TO ZERO]

- | | |
|---|---------|
| 1. Biguanides/Metformin (e.g., Glucophage) | _ _ _ % |
| 2. Sulfonylureas and TZDs (e.g., glipizide, pioglitazone) | _ _ _ % |
| 3. DPP-4 inhibitor (Januvia, Onglyza, Tradjenta, Nesina) | _ _ _ % |
| 4. SGLT-2 inhibitors (Jardiance, Invokana, Farxiga) | _ _ _ % |
| 5. GLP-1 receptor agonists (Byetta, Bydureon, Victoza, Ozempic, Trulicity, Adlyxin, Mounjaro) | _ _ _ % |
| 6. Other basal insulin (Lantus, Levemir, Tresiba, Toujeo, Basaglar) | _ _ _ % |
| 7. Prandial insulin (Humulin, Novolin, Humalog, Novolog, Apidra) | _ _ _ % |
| 8. Product X [ANCHOR AT TOP] | _ _ _ % |
| 9. [DO NOT SHOW] | |
| 96. Other medications [ANCHOR AT BOTTOM] | _ _ _ % |

ALL QUALIFIED RESPONDENTS (S100r1-5) [DV TRAP]

QC3 A patient does not have to worry about consuming a healthy diet if they are on basal insulin.

1. True
2. False

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q430 Now, please choose the characteristics that describe all the possible patients with type 2 diabetes subgroups for whom you would [IF DE (S100r5) INSERT "recommend" ALL ELSE INSERT "prescribe"] **Product X**.

You may select more than one (1) characteristic per category.

If you would like to review the information about the test again, please click [here](#).

[ALLOW MULTIPLE RESPONSES WITHIN EACH CATEGORY. FORCE RESPONSE FOR EACH CATEGORY]

Willingness to Take Insulin Among Insulin-Naïve Subgroup

[HOLD ORDER]

1. Willing to take insulin
2. Not willing to take insulin
3. Indifferent on taking insulin

Method of Monitoring Blood Glucose Levels

[RANDOMIZE]

4. Glucose meter and fingerstick/test strip (patient keeping the logs)
5. Continuous glucose monitoring (CGM) device (e.g., Dexcom, FreeStyle Libre, Eversense) with automatic access to logs on the cloud or the app

Current Total Medication Burden (Across All Conditions)

[HOLD ORDER]

6. No other medications
7. Taking 1-2 other medications
8. Taking 3+ medications

Insurance Type

[RANDOMIZE; GROUP 9/10; 11/12]

9. Medicare
10. Medicaid
11. Commercial/employer-provided insurance
12. Private insurance
13. Uninsured/self-pay [ANCHOR]
14. Other [ANCHOR]

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q440 Please indicate your level of agreement with the below statement.

I am willing to educate my patients on how to manage their treatment with a once weekly basal insulin.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

SECTION 100: DEMOGRAPHICS

ALL QUALIFIED RESPONDENTS (S100r1-5)

Q100 Thank you for your responses so far! Our final set of questions are for classification purposes only.

What proportion of your **type 2 diabetes** patient population is covered by each of the following insurance options?

Your best estimate will do. Your responses must sum to 100%.

[RANGE: 0-100; AUTOFILL ZEROS; RESPONSES MUST SUM TO 100; SHOW CONSTANT SUM]

- | | |
|----------------------------------|---------|
| 1. Medicare | _ _ _ % |
| 2. Medicaid | _ _ _ % |
| 3. Commercial/private insurance | _ _ _ % |
| 4. Uninsured/self-pay | _ _ _ % |
| 5. Other | _ _ _ % |
| 6. Not sure [EXCLUSIVE CHECKBOX] | |

ALL QUALIFIED RESPONDENTS (S10r1-5)

Q120 What proportion of your **type 2 diabetes** patients fall into the following categories based on age?

Your best estimate will do. Your responses must sum to 100%.

[RANGE: 0 – 100; SUM TO 100%; SHOW CONSTANT SUM INDICATOR; DO NOT FORCE ZEROS; AUTO RECODE BLANKS TO ZERO]

- | | |
|-----------------|---------|
| 1. 0-17 | _ _ _ % |
| 2. 18-29 | _ _ _ % |
| 3. 30-39 | _ _ _ % |
| 4. 40-49 | _ _ _ % |
| 5. 50-64 | _ _ _ % |
| 6. 65-74 | _ _ _ % |
| 7. 75 and older | _ _ _ % |

Research Objectives:

- To assess the T2DM patients' preferences, perspectives, and attitudes towards once-weekly basal insulin.

Screening Criteria:

- 18+ years old
- Diagnosed with T2D
- Taking at least one medication to treat T2D
- [IF INSULIN USER] Using insulin to treat T2D but not using an insulin pump

SECTION 5: SAMPLE PRELOAD AND SCREENING QUESTIONS

ALL RESPONDENTS

L0 Thank you for taking the time to participate in this important research. For your convenience we are offering this survey in English or Spanish. Please select the language that you would prefer to take the survey in.

1. English
2. Spanish

ALL RESPONDENTS

S1 Thank you for your interest in this study! On the next few screens, you will see some information regarding the background of this research and how information from the study will be used.

This may be a little different from what you're used to when taking an online survey, but rest assured, these questions are important to the validity of our research and to protecting your confidentiality.

Please take the time to complete each of these screens – your responses are critical to the success of our research efforts. You will be moved directly to the full survey after completing.

Please click "Continue."

ALL RESPONDENTS

S2 KJT Group is a market research and consulting firm based in the United States. We are conducting this research to help the pharmaceutical manufacturer ("Sponsor") develop new healthcare products and services. We are collecting data from respondents like you related to healthcare issues. Before we begin, we would like your consent to participate. This notice and consent to use your personal information describes how KJT Group (market research company) will use your information to conduct studies on behalf of the Sponsor.

Your participation involves completing a 20-minute online survey. If you qualify for and provide full participation, you will receive the honorarium listed in your invitation. Your participation is voluntary, and you may choose to stop participating at any time.

Your responses will be kept strictly confidential and will never be shared with the Sponsor (double-blind).

Findings of this research project may be published in scientific journals or presented at medical meetings. All results will be grouped together; however, **your name will never be included in the report, publication, or identified to the sponsor.**

You hereby consent that your personal information can be used:

1. To conduct research on behalf of KJT Group and the Sponsor;
2. To provide results of research to the Sponsor;
3. For general administrative activities; and

4. To comply with legal and regulatory requirements and inquiries.

If a new purpose arises, KJT Group will ask for your approval before using your information.

Additionally, you hereby consent that:

- We may collect the following information from you to administer your participation or to address the research questions: name, mailing address, email address, date of birth, medical diagnoses, treatment information, dates of medical service, health insurance information.
- We will remove your personal information within 12 months of data collection.
- You have the right to access your data, change your data, limit use of your data, or erase your data at any time.
- Your participation is voluntary, and you may choose to stop participating at any time.

By clicking the forward arrow, you agree:

- I have reviewed the above information that explains the research and how KJT Group will use my personal information.
- I consent to KJT Group's use of my personal information. I understand that I can modify or remove my consent for the future use of my personal information by contacting compliance@kjtgroup.com, but that my removal of a previous consent will not apply to the extent that KJT Group previously relied on my consent.

Do you consent to these terms and wish to continue?

1. Yes **CONTINUE**
2. No **TERMINATE**

[IF CONSENTS TO TERMS (S2r1) ASK S3. ELSE TERMINATE]

CONSENTS TO TERMS (S2r1)

S3 In what country do you live?

[LIST OF COUNTRIES, SHOW UNITED STATES AT TOP]

[IF RESIDES IN UNITED STATES (S3/US), ASK S5. ALL OTHERS TERMINATE.]

RESIDES IN UNITED STATES (S3/US)

S5 In what year were you born?

Please enter as a four-digit number, e.g., 1963.

[RANGE: 1890-2005]

[]

RESIDES IN UNITED STATES (S3/US)

S5A HIDDEN COMPUTE FOR AGE BASED ON S5

IF AGE 18+ CONTINUE; ALL ELSE TERMINATE

[IF AGE 18+ ASKED S10. ALL ELSE TERMINATE.]

AGE 18+ (S5A>17)

S10 Which of the following conditions are you **currently** diagnosed with by a doctor?

Please select all that apply.

[ALPHA SORT, MULTIPLE RESPONSE]

1. Diabetes **CONTINUE**
2. Arthritis
3. Asthma
4. Migraine
5. Osteoporosis (low bone mineral density)
6. High cholesterol
7. Obesity
8. Fibromyalgia
9. Heart disease/failure
10. Stroke
11. Cancer
12. Depression
13. Anxiety
14. High blood pressure (hypertension)
15. Gastroesophageal reflux disease (GERD)/Barrett's esophagus
16. Hypothyroidism (underactive thyroid)
17. Chronic kidney disease (CKD)/kidney failure
18. Chronic Obstructive Pulmonary Disease (COPD)
19. Diabetic neuropathy (diabetic nerve damage)
20. Nonalcoholic Steatohepatitis (NASH) – fatty liver disease
96. Other condition[ANCHOR]
97. None of the above [EXCLUSIVE, ANCHOR]

[IF HAS DIABETES (S10r1) ASK S15. ALL ELSE TERMINATE.]

HAS DIABETES (S10r1)**S15** Is your diabetes...

1. Type 1
2. Type 2
3. Gestational (Pregnancy-related)
4. Do not know/unsure

TERMINATE
CONTINUE
TERMINATE
TERMINATE

[IF HAS T2D (S15r2) ASK S20. ALL ELSE TERMINATE.]

DIAGNOSED WITH TYPE 2 DIABETES (S15/2)**S20** Which of the following medicines, if any, are you now using to manage **your type 2 diabetes**?*Please select all that apply.*

[RANDOMIZE; MULTIPLE RESPONSE]

1. Insulin
2. Diabetes pills or medicines by mouth (for example metformin, sitagliptin, glipizide or glimepiride)
3. Non-insulin injectable medicine (for example a GLP-1 receptor agonist such as Byetta, Bydureon, Ozempic, Trulicity, Victoza, Adlyxin, Mounjaro)
96. Other medication(s) [ANCHOR]
97. Never taken medication for my type 2 diabetes [EXCLUSIVE; ANCHOR] **MARK AS TERM AND CONTINUE**

[IF USING INSULIN (S20r1), ASK S22. IF NOT TAKING ANY MEDICATION (S20r97) MARK AS TERMINATE AND SKIP TO S32A; ALL OTHER SKIP TO S32A]

USING INSULIN (S20r1)**S22** Do you currently take long-acting insulin (usually taken once or twice a day either in the morning, evening, or both; also called **basal insulin**) to manage your diabetes?

1. Yes **CONTINUE**
2. No **MARK AS TERM AND CONTINUE**

[IF USING BASAL INSULIN (S22r1) ASK S25. ELSE SKIP TO S32A.]

USING BASAL INSULIN (S22r1)**S25** Do you currently take fast-acting insulin (usually taken with meals; also called bolus or mealtime insulin) to manage your diabetes?

1. Yes
2. No

USING BASAL INSULIN (S22r1)

S27 Do you currently take pre-mixed insulin (combined of rapid or short-acting and intermediate- or long-action insulins) to manage your diabetes?

1. Yes
2. No

USING BASAL INSULIN (S22r1)

S28 What method do you currently use for injecting your insulin?

1. Vial and syringe
2. Insulin pen
3. Insulin pump **MARK AS TERM AND CONTINUE**
96. Other method

HAS T2D (S15r2)

S32A To the best of your knowledge, what was your most recent HbA1c value?

A1C is a measure of the average amount of glucose in your blood. This number is told to you by your doctor or nurse and you may have been given this value as a percentage or a number (for example, 6.9%).

Please fill in only one of the lines below.

[RANGE: 0-24, ALLOW 2 DECIMAL PLACES]

1. HbA1c (%) (this is a percentage of approximately 5.0% or greater) |_|_|.|_|_|
97. I do not know what this number is [EXCLUSIVE]
98. I do not remember my value [EXCLUSIVE]
99. My health care provider does not report this value to me [EXCLUSIVE]

HAS T2D (S15r2)

S32B HIDDEN COMPUTE FOR CONTROL

1. Controlled (S32Ar1<7.0)
2. Uncontrolled (S32Ar2>6.99)
3. Unable to provide HbA1c (S32Ar97-99)

[IF ABLE TO PROVIDE HBA1C LEVEL (S32r1>0 AND NOT r97-99 ASK S34. ALL ELSE JUMP TO S35.]

ABLE TO PROVIDE HBA1C LEVEL (S32r1>0 AND NOT r97-99)

S34 How many months ago was this value recorded?

Please enter your response in the number of months below. If this value was recorded in the past month, please enter "0" in the box below.

[RANGE: 0-99]

1. Months |_|_|

HAS T2D (S15r2)

S35 What is your zip code?

Please only enter the first five digits.

[RANGE:0-99999]

[]

HAS T2D (S15r2)

S35A HIDDEN QUESTION FOR STATE (Q191)

HAS T2D (S15r2)

S35B HIDDEN QUESTION FOR US CENSUS 4 REGIONS

1. Northeast
[S35A=CT, MA, ME, NH, NJ, NY, PA, RI, VT]
2. Midwest
[S35A =IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI]
3. South
[S35A =AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV]
4. West
[S35A =AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY]
5. Outside of US
[ALL OTHERS]

[SHOW S40A, S40B, AND S40C ON THE SAME SCREEN]

HAS T2D (S15r2)

S40A Please select the sex you were assigned at birth.

1. Male
2. Female
3. Intersex/ambiguous
4. Prefer not to answer

HAS T2D (S15r2)

S40B What gender do you identify with today?

1. Male/Man
2. Female/Woman
3. Gender-fluid/Non-binary
4. Prefer a different description/no description
5. Prefer not to answer

HAS T2D (S15r2)

S40C Do you identify as Transgender?

1. Yes
2. No

HAS T2D (S15r2)

S45 Are you Hispanic, Latino, or Spanish?

Please select all that apply.

[MULTIPLE SELECT]

1. No, not of Hispanic, Latino or Spanish origin [EXCLUSIVE]
2. Yes, Mexican, Mexican American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino, or Spanish Origin
97. Prefer not to say [EXCLUSIVE]

HAS T2D (S15r2)

S50 Are you...?

Please select all that apply.

[MULTIPLE SELECT]

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Chinese
5. Vietnamese
6. Native Hawaiian
7. Filipino
8. Korean
9. Samoan
10. Asian Indian
11. Japanese
12. Chamorro
13. Other Asian (Pakistani, Cambodian, Hmong, etc.)
14. Other Pacific Islander (Tongan, Fijian, Marshallese, etc.)
1. Other
2. Prefer not to say [EXCLUSIVE]

ALL RESPONDENTS

S100 FINAL QUOTA QUESTION

[n=7]

1. T2D – INSULIN NAIVE

[n=200]

- CONSENTS TO PARTICIPATE (S2r1)
- RESIDES IN US (S3/US)
- IS AT LEAST 18 YEARS OLD (S5A>17)
- DIAGNOSED WITH DIABETES (S10r1)
- HAS TYPE 2 DIABETES (S15r2)
- NOT TAKING INSULIN TO TREAT T2D BUT TAKING SOME FORM OF MEDICATION ((S20 NOT r1) AND (S20 NOT r97))

2. T2D – CURRENTLY INSULIN TREATED

[n=200]

- CONSENTS TO PARTICIPATE (S2r1)
- RESIDES IN US (S3/US)
- IS AT LEAST 18 YEARS OLD (S5A>17)
- DIAGNOSED WITH DIABETES (S10r1)
- HAS TYPE 2 DIABETES (S15r2)
- CURRENTLY TAKING INSULIN TO TREAT T2D (S20r1)
- CURRENTLY TAKING INSULIN TO TREAT T2D (S22r1)
- DOES NOT USE A PUMP (S28 NOT r3)

3. Not qualified

[n=9999]

ALL QUALIFIED RESPONDENTS (S100r1-2)

S105 CENSUS GENDER – SOFT QUOTA

1. Male

[n=9999]

- S40Ar1

2. Female

[n=9999]

- S40Ar2

3. Other

[n=9999]

- S40Ar3-4

ALL QUALIFIED RESPONDENTS (S100r1-2)
S110 HISPANIC/LATINO/SPANISH – SOFT QUOTA

1. Yes [n=9999]
 - S45r2-5
2. No [n=9999]
 - S45r1
3. Other [n=9999]
 - S45r97

ALL QUALIFIED RESPONDENTS (S100r1-2)
S115 REGION – SOFT QUOTA

1. Northeast [n=9999]
 - S35Br1
2. Midwest [n=9999]
 - S35Br2
3. South [n=9999]
 - S35Br3
4. West [n=9999]
 - S35Br4

ALL QUALIFIED RESPONDENTS (S100r1-2)
S120 RACE – SOFT QUOTA

1. White [n=9999]
 - SINGLE SELECT S50r1
2. Black [n=9999]
 - SINGLE SELECT S50r2
3. American Indian and Alaskan Native [n=9999]
 - SINGLE SELECT S50r3
4. Asian/Native Hawaiian/Pacific Islander [n=9999]
 - SINGLE SELECT OF S50r4-14
5. Other/More than One Race [n=9999]
 - S50r96 OR 97 OR MULTIPLE SELECTIONS r1-96

ALL QUALIFIED RESPONDENTS (S100r1-2)
S125 CONTROL STATUS – SOFT QUOTA

1. Controlled [n=9999]
 - S32Br1
2. Uncontrolled [n=9999]
 - S32Br2
3. Unable to provide HbA1c [n=9999]
 - S32Br3

SECTION 200: TREATMENT LANDSCAPE

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q200 You have qualified for the full survey. Thank you for your responses thus far. The remainder of this survey should take about 15 minutes to complete.

Please be aware that we may be asking some sensitive questions about your personal health. As a reminder, your responses to this survey are important to the success of this research. Your answers will be kept strictly confidential and only reported together with other respondents' answers. In addition, you may be asked certain questions for quality control purposes.

Please click "Continue."

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q205 To get started, I'd like to learn a little more about your health history.

Including your current type 2 diabetes medication, how many prescription medications are you **currently** taking?

Your best estimate will do.

[RANGE: 1-50]

1. The number of all prescription medications currently taking: |_|_|

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q210 Again, thinking about your current prescription medications, what types of medications are you taking?

Please select all that apply (including any you may have previously mentioned earlier in the survey).

[MULTIPLE SELECT; RANDOMIZE]

1. Pills/Medications by mouth
2. Injectable medications (that you inject at home **without** the help of a healthcare professional)
3. Infusions or injections (which you receive at a hospital, clinic, or at-home with help of a healthcare professional)
4. Skin patches
5. Cream/Topical ointments
6. Inhalers/Nebulizers
7. Other [ANCHOR]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q210A HIDDEN QUESTION FOR USE OF INJECTABLES

1. INJECTABLE NAÏVE (S100r1 AND Q210 NE r2)
2. INJECTABLE USER (S100r2 OR Q210r2)

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q212 Please indicate your level of agreement with each of the following statements about the use of injectable medications.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

[COLUMNS]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; RANDOMIZE]

1. I do not have any concerns about injecting myself with a needle.
2. I am comfortable changing (attaching/removing) the needle on a syringe or an injection device.
3. If using a single-use injection device, I would prefer it has a built-in needle.
4. I do not want to carry an injectable device and its needles with me every day.
5. I avoid injectable medications at all costs.
6. I have high anxiety at the thought of using injectable medications.

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q215A Now, for the rest of the survey, please think only about your **type 2 diabetes**.

Approximately how many years ago were you first diagnosed with type 2 diabetes?

[IF FEMALE (S105r2) INSERT "Please do not count any diagnosis of gestational (pregnancy-induced) diabetes which got better after the end of the pregnancy or when you were pre-diabetic, just an official type 2 diabetes diagnosis.]" [IF MALE (S105r1) INSERT "Please do not count any when you were pre-diabetic, just an official type 2 diabetes diagnosis.]"

Your best estimate will do.

[RANGE: 0-S5A]

1. Years Ago: |_|_| [MANDATORY]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q215B HIDDEN QUESTION FOR TIME SINCE T2D DIAGNOSIS - YEARS

1. 2022-Q215Ar1

ALL QUALIFIED RESPONDENTS (S100r1-2) [DV TRAP; HIDE FOR PRE-TEST INTERVIEWS]
QC1 Type 2 diabetes is a condition in which your blood glucose, or blood sugar, levels are too _____ without the help of diet/exercise and/or medication.

[RANDOMIZE]

1. Low
2. High

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q217 How do you currently monitor your blood glucose levels?

Please select all that apply.

[RANDOMIZE; MULTIPLE SELECT]

1. Self-monitoring of blood glucose (i.e., fingerstick and glucose meter)



2. Continuous glucose monitoring (CGM) device (e.g., Dexcom, FreeStyle Libre, Eversense)





96. Other method [ANCHOR]

97. I do not regularly monitor my blood glucose levels [ANCHOR; EXCLUSIVE]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q220 Thinking back **over the past month**, please indicate your level of agreement with each of the following items.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

[COLUMNS]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; RANDOMIZE]

1. When it comes to my diabetes, I often feel overwhelmed.
2. I rarely feel that my diabetes controls my life.
3. I am so tired of having to worry about diabetes all the time.
4. I worry a lot that I could have a severe low glucose event (when I have to ask for another person's help managing my low glucose symptoms).
5. I feel well-equipped to cope with the effort that effectively managing my diabetes takes.
6. I feel I pay enough attention to my diabetes.

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q230 How satisfied are you with your current **type 2 diabetes** medication(s)?

If you currently take multiple medications for your type 2 diabetes, please consider your entire medication plan. Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

[IF INSULIN USER (S100r2) ASK Q235. ALL ELSE JUMP TO Q237.]

INSULIN USER (S100r2)

Q235 For the next few questions, I'd like you to only consider your current **basal insulin medication**. How satisfied are you with the **basal insulin** you use to manage your **type 2 diabetes**?

As a reminder, basal insulin is also considered long-acting insulin (usually taken once or twice a day either in the morning, evening, or both).

Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q237 Please indicate your overall satisfaction with your current [IF INSULIN USER (S100r2) INSERT "**basal insulin medication**" IF INSULIN NAÏVE (S100r1) INSERT "**type 2 diabetes medication(s)**"] for each of the following.

Please use a scale where "1" indicates "Extremely unsatisfied" and "7" indicates "Extremely satisfied."

[COLUMNS]

Extremely Unsatisfied			Neutral/ Not sure			Extremely Satisfied
1	2	3	4	5	6	7

[RANDOMIZE]

1. How often I need to take my [IF INSULIN USER (S100r1) INSERT "basal insulin"] medication (i.e., multiple times per day, once per day, [IF INSULIN NAÏVE (S100r1) INSERT ", once weekly"])
2. The flexibility of my medication schedule (i.e., same time each day, any time of day)
3. How well it controls my blood sugar levels
4. The ability to prevent the number of severe low blood sugar events (i.e., severe hypoglycemic - when I have to ask for another person's help managing my low blood sugar symptoms)
5. The method of administering my medication (e.g., vial and syringe, single-use pen, multiple-use pen [IF INSULIN NAÏVE (S100r1) INSERT ", oral pill"])

[IF INSULIN USER (S100r2) ASK Q250. ALL ELSE JUMP TO Q300.]

INSULIN USER (S100r2)

Q250 Again, only considering your current **basal insulin medication (once or twice daily)**, please indicate your level of agreement with each of the following statements.

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

[COLUMNS]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; RANDOMIZE]

1. I am confident in my ability to administer the correct dose.
2. It is easy for me to administer.
3. I am confident it is able to keep my glycemic (blood sugar) levels under control.
4. I am not concerned about severe low blood sugar (i.e., hypoglycemic) events.
5. Taking it has a minimal negative impact on my day-to-day life.
6. I am able to take it as prescribed (i.e., daily).
7. It is convenient to take.
8. I am comfortable administering the dose.

ALL QUALIFIED RESPONDENTS (S100r1-2) [DV TRAP; HIDE FOR PRE-TESTS]

QC2 When a person is diagnosed with type 2 diabetes, which organ stops producing insulin?

[RANDOMIZE]

1. Lungs
2. Heart
3. Bladder
4. Pancreas

SECTION 300: CONJOINT EXERCISE

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q300 Please read the following paragraphs carefully.

[IF INSULIN NAÏVE (S100r1) INSERT "Imagine your doctor is recommending you start a **basal insulin** medication to manage your type 2 diabetes. Basal insulin is a longer acting insulin and does not need to be taken with each meal."] Over the next several screens, we will show you different basal insulin options you may have for type 2 diabetes in the future. You will be asked to select which medication you **most prefer**, based on the features and benefits as described to you. Some of these options may be currently available on the market, whereas others may be hypothetical offerings that may or may not be approved and available in the future.

Please assume the following as you make your decisions:

1. You can **afford** all medication options.
2. The cost to you is the **same** for all medications.
3. All medications are **available** at your preferred pharmacy.
4. All medications have been **approved** for use in patients with type 2 diabetes by the **FDA**.
5. All medications have been **approved** by your **doctor**.

You will see a total of [*INSERT NUMBER*] screens. For each screen, please review all available basal insulin options carefully before making your selections because the features will vary from screen to screen.

After reviewing each scenario, you will be asked to select the medication that you would most prefer to use to manage your type 2 diabetes.

Please click "Continue."

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q305 Before beginning the task, please read and familiarize yourself with the definition of each feature and its different levels that may change across scenarios.

[INSERT CONJOINT ATTRIBUTES GRID] [HOLD ON SCREEN FOR 20 SECONDS]

[IF INSULIN USER (S100r2) INSERT BELOW GRID]

Feature Definition	Feature Levels
Attribute Group:	
<p>Insulin Type <i>Type of insulin is determined based on how long the medication stays in your body to manage blood sugar level</i></p>	<ul style="list-style-type: none"> Ultra-long-acting basal insulin; need to be taken once a week (with the flexibility to take the insulin within a 3-day time period regardless of blood glucose levels) Long-acting basal insulin; need to be taken once or twice a day (with the flexibility to take the insulin within 1 hour regardless of blood glucose levels)
<p>Dose Timing <i>The flexibility possible for the time of day the treatment is dosed</i></p>	<ul style="list-style-type: none"> At any time of the day for each dose The same exact time of the day for each dose
<p>Insulin Delivery Method <i>Method used to self-administer treatment</i></p>	<ul style="list-style-type: none"> Multiple-dose disposable pen (should be thrown away after approximately 30 days) Multiple-dose durable pen (can be refilled with insulin cartridge) Vial and syringe
<p>Glycemic Control (Change in HbA1c) <i>Average decrease in glucose levels (i.e., blood sugar, HbA1c) among current basal insulin patients who switched to this insulin while taking the insulin as prescribed after 26 weeks</i></p> <p><i>[Proportion of patients currently taking a basal insulin who switched to this insulin who achieve an HbA1c <7.0% while taking this insulin as prescribed after 26 weeks]</i></p>	<ul style="list-style-type: none"> 0.9%-point decrease [40% of patients currently taking a basal insulin achieve HbA1c goal of <7.0%] 0.7%-point decrease [25% of patients currently taking a basal insulin achieve HbA1c goal of <7.0%]
<p>Low blood sugar risk <i>Chance of developing a severe low blood sugar (i.e., hypoglycemic) event while taking this insulin as prescribed in typical patient. A severe blood glucose event is whenever you need</i></p>	<ul style="list-style-type: none"> 1 event in 2 years 1 event in 3 years

<i>to ask for another person's help managing your symptoms.</i>	
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[IF NON-INSULIN USER (S100r1) INSERT BELOW GRID]

Feature Definition	Feature Levels
Attribute Group:	
Insulin Type <i>Type of insulin is determined based on how long the medication stays in your body to manage blood sugar level</i>	<ul style="list-style-type: none"> Ultra-long-acting basal insulin; need to be taken once a week (with the flexibility to take the insulin within a 3-day time period regardless of blood glucose levels) Long-acting basal insulin; need to be taken once or twice a day (with the flexibility to take the insulin within 1 hour regardless of blood glucose levels)
Dose Timing <i>The flexibility possible for the time of day the treatment is dosed</i>	<ul style="list-style-type: none"> At any time of the day for each dose The same exact time of the day for each dose
Insulin Delivery Method <i>Method used to self-administer treatment</i>	<ul style="list-style-type: none"> Multiple-dose disposable pen (should be thrown away after approximately 30 days) Multiple-dose durable pen (can be refilled with insulin cartridge) Vial and syringe
Glycemic Control (Change in HbA1c) <i>Average decrease in glucose levels (i.e., blood sugar, HbA1c) among patients who have never taken basal insulin while taking the insulin as prescribed after 26 weeks</i> <i>[Proportion of patients who have never taken basal insulin who achieve an HbA1c <7.0% while taking this insulin as prescribed after 26 weeks]</i>	<ul style="list-style-type: none"> 1.6%-point decrease [58% of patients who have never taken basal insulin achieve HbA1c goal of <7.0%] 1.4%-point decrease [41% of patients who have never taken basal insulin achieve HbA1c goal of <7.0%]
Low blood sugar risk <i>Chance of developing a severe low blood sugar (i.e., hypoglycemic) event while taking this insulin as prescribed in typical patient. A severe blood glucose event is whenever you need to ask for another person's help managing your symptoms.</i>	<ul style="list-style-type: none"> 1 event in 3 years 1 event in 5 years

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q310 Below is an example of the type of screen you will see in this exercise.

[INSERT CONJOINT EXAMPLE]

When you are ready, please click the forward arrow to begin.

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q315 Please [IF INSULIN NAÏVE (S100r1) INSERT "imagine your doctor is recommending you start a **basal insulin** medication to manage your type 2 diabetes and"] review the different basal insulin options presented below. Select the basal insulin that you would most prefer to use for the management of your **type 2 diabetes**. If none of the options are preferable, you may select "*I'd prefer a different basal insulin.*"

Please remember to assume the following as you make your decision:

1. You can **afford** all medication options.
2. The cost to you is the **same** for all medications.
3. All medications are **available** at your preferred pharmacy.
4. All medications have been **approved** for use in patients with type 2 diabetes by the **FDA**.
5. All medications have been **approved** by your **doctor**.

Placing your cursor over the names of the features on the left-hand side will display a tooltip to remind you of their definitions.

[INSERT CONJOINT EXERCISE]

SECTION 400: INSULIN ICODEC REVIEW

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q400 Now, I would like you to review **Product X**, a potential basal insulin medication for the management of **type 2 diabetes** that may or may not become available in the future. Please take a minute to review the description below. Once you have finished reviewing, please click *"Continue."*

[HOLD ON SCREEN FOR 10 SECONDS]

[INSULIN USER (S100r2)]

Product X Profile		
Insulin Type	Medication	Basal Insulin
	Type of Insulin	Ultra-long-acting
Medication Dose	Dose method	Subcutaneous injection (i.e., medication is injected under the skin instead of into a vein)
	Dose timing	Once weekly (with the flexibility to take the insulin within a 3-day time period) at any time of the day
	Delivery device	Multi-dose disposable pre-filled pen (thrown away after approximately 30 days)
Effectiveness (26 weeks on medication)	Average decrease in glucose levels (i.e., blood sugar, HbA1c) among patients currently taking basal insulin who switched to this insulin	0.9%-point decrease
	Proportion of patients currently taking basal insulin who switched to this insulin who achieve an HbA1c <7.0%	40% of patients
Safety (26 weeks on medication)	Chance of developing a severe low blood sugar event (i.e., hypoglycemia)	1 event in 2 years

[INSULIN NAÏVE (S100r1)]

Product X Profile		
Insulin Type	Medication	Basal Insulin
	Type of Insulin	Ultra-long-acting
Medication Dose	Dose method	Subcutaneous injection (i.e., medication is injected under the skin instead of into a vein)
	Dose timing	Once weekly (with the flexibility to take the insulin within a 3-day time period) at any time of the day
	Delivery device	Multi-dose disposable pre-filled pen (thrown away after approximately 30 days)
Effectiveness (26 weeks on medication)	Average decrease in glucose levels (i.e., blood sugar, HbA1c) among patients who have never taken basal insulin	1.6%-point decrease
	Proportion of patients who have never taken basal insulin who achieve an HbA1c <7.0%	58% of patients
Safety (26 weeks on medication)	Chance of developing a severe low blood sugar event (i.e., hypoglycemia)	1 event in 3 years

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q405 Based on the information you just read about **Product X**, what is the likelihood you will ask your doctor about using it for your type 2 diabetes?

Please consider the information presented in the description, but also assume the following as you make your decision.

1. You can **afford** the medication.
2. The cost to you is the **same** as all other basal insulins.
3. It is **available** at your preferred pharmacy.
4. It has been **approved** for use in patients with type 2 diabetes by the **FDA**.
5. It has been **approved** by your **doctor**.

If you would like to review the product description again, please click [here](#). [INSERT LINK TO TPP]

Please use a scale where "0" indicates "Not at all likely" and "10" indicates "Extremely likely."

Not at All Likely												Extremely Likely
0	1	2	3	4	5	6	7	8	9	10		

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q407 How important is it that your doctor recommend **Product X** in your decision to take it for the management of your type 2 diabetes?

If you would like to review the product description again, please click [here](#). [INSERT LINK TO TPP]

Please use a scale where "1" indicates "Not at all important" and "7" indicates "Extremely important."

Not at all important							Extremely important
1	2	3	4	5	6	7	

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q410 Now, I'd like you to **imagine** that you have been **prescribed Product X** for the management of your **type 2 diabetes**. [IF INSULIN USER (S100r2) INSERT "Below is the same list of statements you reviewed earlier regarding basal insulin. This time, please" IF INSULIN NAÏVE (S100r1) INSERT "Please"] indicate your level of agreement with each of the following statements as it relates to **Product X**.

If you would like to review the product description again, please click [here](#). [INSERT LINK TO TPP]

Please use a scale where "1" indicates "Strongly disagree" and "7" indicates "Strongly agree."

[COLUMNS]

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

[ROWS; SHOW IN SAME ORDER AS Q250 – ATTRIBUTE TEXT VARIES SLIGHTLY BUT SHOULD STILL BE SHOWN IN THE SAME ORDER]

1. I am confident in my ability to administer the correct dose.
2. Product X will be easy for me to administer.
3. I am confident that Product X can keep my glycemic (blood sugar) levels under control.
4. I will not be concerned about severe low blood sugar events (i.e., hypoglycemic) occurring.
5. Taking Product X will have a minimal negative impact on my day-to-day life.
6. I will be able to take Product X as prescribed (i.e., once weekly with 3 days of flexibility regardless of my blood sugar levels).
7. It will be convenient to take Product X.
8. I would be comfortable administering the dose.

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q415 Now, please rate **Product X** on each of the following metrics.

If you would like to review the product profile again, please click [here](#). [INSERT LINK TO TPP]

Product X is...

[RANDOMIZE]

1. Restrictive	1	2	3	4	5	6	7	Convenient
2. Difficult to remember to take	1	2	3	4	5	6	7	Easy to remember to take

ALL QUALIFIED RESPONDENTS (S100r1-2) [DV TRAP; HIDE FOR PRE-TESTS]
QC3 Which of the following are ways someone can manage their type 2 diabetes?

Please select all that apply.

[RANDOMIZE; MULTI-SELECT]

1. Only eat foods high in fat and sugar
2. Exercise regularly
3. Test blood sugar and keep a record of the results
4. Recognize the signs of high or low blood sugar and know what to do about it
5. Take medication prescribed by a doctor

SECTION 100: DEMOGRAPHICS

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q100 Thank you for your responses so far! Our final set of questions are for classification purposes only.

What is the highest degree you received?

1. High school diploma or the equivalent (GED)
2. Associate degree
3. Bachelor's degree
4. Master's degree
5. Professional degree (MD, DDS, DVM, LLB, JD, DD)
6. Doctorate degree (Ph.D. or Ed.D.)
97. None of the above

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q105 What best describes your employment status?

1. Employed full-time
2. Employed part-time
3. A homemaker
4. A full-time student
5. Retired
6. Unable to work for health reasons
7. Unemployed
96. Other

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q110 What was your household total annual income in 2021 before taxes?

This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent, and any other money income received by all members of the household.

1. Under \$25,000
2. \$25,000 - \$49,999
3. \$50,000 - \$74,999
4. \$75,000 - \$99,999
5. \$100,000 - \$149,999
6. \$150,000 or more
97. Prefer not to say

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q115 With which of the following types of health insurance or health coverage plans, if any, do you **currently** have coverage?

Please select all that apply.

1. Insurance through a current or former employer or union
2. Insurance purchased directly from an insurance company
3. Medicare, for people 65 and older, or people with certain disabilities
4. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
5. TRICARE or other military healthcare
6. VA (including those who have ever used or enrolled for VA health care)
7. Indian Health Service
8. Any other type of health insurance or health coverage plan
98. I do not currently have any health insurance or health coverage plans [EXCLUSIVE]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q120A What is your height (feet, inches)?

Your best estimate will do.

[FEET RANGE: 1-9; INCHES 0-11; FORCE A RESPONSE FOR BOTH FEET AND INCHES]

1. Feet: |_|_|
2. Inches: |_|_|

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q120B What is your current weight (pounds)?

Please be as exact as possible.

- [1-1000]
1. Pounds: |_|_|_|_|

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q120C HIDDEN QUESTION FOR BMI CALCULATION

6. [BMI = (Q120B*703) / (Q120A_1*12 + Q120A_2) ^2]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q120D HIDDEN QUESTION FOR BMI CLASSIFICATION

1. Underweight [Q120Cr1<18.5]
2. Normal weight [Q120Cr1=18.5-24.9]
3. Overweight [Q120Cr1=25.0-29.9]
4. Obese [Q120Cr1=30.0+]

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q125 In general, how would you rate your **overall health**?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q130 In general, how would you rate your overall **mental or emotional health**?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ALL QUALIFIED RESPONDENTS (S100r1-2)

Q135 On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes to made you sweat and breathe hard, such as basketball, soccer/football, walking, running, swimming laps, bicycling, dancing, or similar activities?

1. Zero days
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 days
7. 6 days
8. 7 days

Supplementary Figure 1: Attributes Identified and Presented to Patients in the Discrete Choice Experiment.

Attribute <i>Description</i>	Tested Levels
Insulin Type <i>Type of insulin is determined based on how long the medication stays in your body to manage blood sugar level</i>	<ul style="list-style-type: none"> • Ultra-long-acting basal insulin; need to be taken once a week (with the flexibility to take the insulin within a 3-day time period regardless of blood glucose levels) • Long-acting basal insulin; need to be taken once or twice a day (with the flexibility to take the insulin within 1 hour regardless of blood glucose levels)
Dose Timing <i>The flexibility possible for the time of day the treatment is dosed</i>	<ul style="list-style-type: none"> • At <u>any time</u> of the day for each dose • The <u>same exact time</u> of the day for each dose
Insulin Delivery Method <i>Method used to self-administer treatment</i>	<ul style="list-style-type: none"> • Multiple-dose disposable pen (should be thrown away after approximately 30 days) • Multiple-dose durable pen (can be refilled with insulin cartridge) • Vial and syringe
Glycemic Control (Change in HbA1c) <i>Average decrease in glucose levels (ie, blood sugar, HbA1c) among current basal insulin patients who switched to this insulin while taking the insulin as prescribed after 26 weeks</i>	<i>Insulin experienced:</i> <ul style="list-style-type: none"> • 0.9%-point decrease [40% of patients currently taking a basal insulin achieve HbA1c goal of <7.0%]

<p><i>[Proportion of patients currently taking a basal insulin who switched to this insulin who achieve an HbA1c <7.0% while taking this insulin as prescribed after 26 weeks]</i></p>	<ul style="list-style-type: none"> • 0.7%-point decrease [25% of patients currently taking a basal insulin achieve HbA1c goal of <7.0%] <p><i>Insulin naïve:</i></p> <ul style="list-style-type: none"> • 1.6%-point decrease [58% of patients who have never taken basal insulin achieve HbA1c goal of <7.0%] • 1.4%-point decrease [41% of patients who have never taken basal insulin achieve HbA1c goal of <7.0%]
<p>Low Blood Sugar Risk</p> <p><i>Chance of developing a severe low blood sugar (ie, hypoglycemic) event while taking this insulin as prescribed in typical patient. A severe blood glucose event is whenever you need to ask for another person's help managing your symptoms</i></p>	<p><i>Insulin experienced:</i></p> <ul style="list-style-type: none"> • 1 event in 2 years • 1 event in 3 years <p><i>Insulin experienced:</i></p> <ul style="list-style-type: none"> • 1 event in 3 years • 1 event in 5 years

Abbreviations: HbA1C, hemoglobin A1C

Supplementary Figure 2: Attributes Identified and Presented to HCPs in the Discrete Choice Experiment.

Attribute <i>Description</i>	Tested Levels
Insulin Type <i>Type of basal insulin</i>	<ul style="list-style-type: none"> • Ultra-long-acting basal insulin (t1/2 approximately 196 hours); once per week (\pm 3 days) • Very-long-acting basal insulin (t1/2 approximately 25 hours); once or twice per day • Long-acting basal insulin (t1/2 approximately 12 hours); once or twice per day
Administration Timing <i>The consistency needed for the time of day the treatment is administered</i>	<ul style="list-style-type: none"> • At <u>any time</u> of the day for each dose • The <u>same exact time</u> of the day for each dose
Insulin Delivery Method <i>Method used to self-administer treatment</i>	<ul style="list-style-type: none"> • Multiple-dose disposable pen • Multiple-dose durable pen • Vial and syringe
Glycemic Control (Change in HbA1c) <i>Average decrease in HbA1c while taking this insulin as prescribed after 26 weeks</i>	<ul style="list-style-type: none"> • 0.9%-point decrease among insulin-experienced patients switching to this medication; • 1.6%-point decrease among insulin naïve patients initiating this medication; • 0.7%-point decrease among insulin-experienced patients switching to this medication;

	<ul style="list-style-type: none"> • 1.4%-point decrease among insulin naïve patients initiating this medication
<p>Low Blood Sugar Risk</p> <p><i>The probability of experiencing a severe or clinically significant hypoglycemia event (blood glucose below 3mmol/L [54mg/dL]) while taking this insulin</i></p>	<ul style="list-style-type: none"> • 0.7 events per patient year among insulin-experienced patients; • 0.3 events per patient year among insulin naïve patients; • 0.3 events per patient year among insulin-experienced patients; • 0.2 events per patient year among insulin naïve patients

Abbreviations: HbA1C, hemoglobin A1C