Appendix 8. Information on feasibility of PROMs

PROM	Type and ease of administration	Length of instrument[a]	Response options included subscale	Completion time	Patient's required mental and physical ability level	Ease of score calculation	Copyright
DFS[42]	Self-report	11 subscales, 58 items: Leisure (5); Physical health (6); **Daily activities (6)**; Emotions (17); Noncompliance (2); Family (5); Friends (5); Treatment (4); Satisfaction (1); Positive attitude (5); Financial (2)	Daily activities: 1 = none of the time, 2 = a little bit of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time			Scores are based on the sum of items associated with a subscale if at least 50% of the items in a scale are completed. When necessary, raw item scores are reverse coded so that the minimum possible score (1) represents the worst quality of life, and the maximum possible score (5) represents the best quality of life (all items except in the positive attitude subscale). Each subscale is scored from 0 to 100, higher scores indicate better quality of life.	Johnson & Johnson Research & Development, LCC
DFS-SF[34,38,45,60,61]	Self-report/interview-based	6 subscales, 29 items: Leisure (5); **dependence/ daily life (5)**; negative emotions (6); physical health (5); worried about ulcers/feet (4); bothered by ulcer care (4)	Dependence/ daily life: 1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time	12.5 minutes for interview-based administration		Scores are based on the sum of items associated with a subscale if at least 50% of the items in a scale are completed. In case of item-level missing data <50%, the subscale score is calculated by substituting the mean item score for the missing item values. Raw item scores are reverse coded so that the	Johnson & Johnson Research & Development, LCC

					minimum possible score (1) represents the worst quality of life, and the maximum possible score (5) represents the best quality of life. Each subscale is scored from 0 to 100, higher scores indicate better quality of life.	
PRO-DM-Thai[35]	Self-report/interview-based	7 subscales, 44 items: **Physical function (5);** symptoms (7); Psychological wellbeing (5); Self-care management (12); Social wellbeing (5); Global judgements of health (5); Satisfaction with care and flexibility of treatment (5)	Unknown, PROM could not be retrieved	30 minutes		Not reported.
IWADL/APPADL[36,46]	Self-report	1 subscale, 7 items: **Physical activities of daily living (7)**	1-5: 1 = unable to do, 5 = not at all difficult	<5 minutes	Flesch Kincaid reading level: 9th grade	Total scores are derived by adding item scores (minimum = 1, maximum = 5) and then dividing by the number of items, so that the minimum and maximum total scores are 1 and 5, respectively. Total scores can be transformed to 0-100. Higher scores correspond to greater ability to do physical daily activities.	Publicly available
QOLID[37]	Interview-based	8 subscales, 34 items: Role limitations due to physical health (social life, work, traveling) (6); **Physical endurance (6);**	1-5: 1 referring to poorest outcome, 5 to best outcome	Mean: 7.8 minutes, SD: 2.8 minutes		A score for each domain is calculated by adding items' scores after mean imputation for 'not applicable' values. Each

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		General health (3); Treatment satisfaction (4); Symptom botherness (3); Financial worries (4); Emotional/ mental health (5); Diet advise tolerance (3)			domain score is standardized by dividing by the maximum possible domain score and multiplying by 100. All domain scores are added and divided by 8 (the number of domains) to obtain an overall score. Standardized scores range 0-100.	
DQLCTQ[44]	Self-report	8 subscales, 57 items: **Physical function (6)**; Energy/fatigue (5); Health distress (6); Mental health (5); Satisfaction (DQOL – 18, excl. 3 skip pattern questions); Treatment satisfaction (3); Treatment flexibility (10); Frequency of symptoms (7)	Physical function: 1 = limited for more than four weeks, 2 = limited for four weeks or less, 3 = not limited at all	10 minutes	The average of a domain is computed by summing up scores within the domain and dividing the sum by the number of items in the domain. If 50% or more of the items are missing, the average score should not be calculated, and the domain score is treated as missing. Domain scores are converted to a 100-point scale. Higher scores indicate better quality of life.	Yes
Diabetes-39[39-41,43,48-51,59]	Self-report/interview-based	5 subscales, 39 items: **Energy and mobility (15)**; Diabetes control (12); Anxiety and worry (4); Social burden (5); Sexual functioning (3)[b]	English/Arabic: VAS marked 1-7: 1 = not affected at all, 7 = extremely affected Other: 1-7: 1 = not affected at all, 7 = extremely affected	10-15 minutes	English/Arabic: Respondents place an 'X' on a modified visual analogue scale ranging from 1 (= not affected at all) to 7 (= extremely affected). The response is measured to the nearest quarter of a centimeter. Any response falling between two of the quarter graduations is rounded to the higher quarter of a centimeter. If	

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					more than 7 items are missing, the questionnaire is not analyzed. In case of 7 or less missing items, the modal response within each subscale served as a proxy for missing data. Each scale score is transformed to 0-100, with 0 indicating the least impact on quality of life and 100 indicating the most impact. Other: Respondents place an 'X' in one of the boxes numbered 1 to 7, which are on a horizontal bar. The number marked, without any 0.5 point approximation, for each subscale is summed, and then transported to a scale from 0 to 100, with a higher score indicating greater impact on quality of life.[c]
Diabetes-39 SF[48]	Interview-based	5 subscales, 22 items: **Energy and mobility (5)**; Diabetes control (5); Anxiety and worry (4); Social burden (5); Sexual functioning (3)	1-7: 1 = not affected at all, 7 = extremely affected		Scores are given on a 7-point Likert scale. Subscale scores are calculated by summing all responses, high scores represent poor quality of life.
C-CWIS[47]	Self-report/interview-based	3 subscales, 25 items: **Physical symptoms and everyday living (5)**; Social life (7); Well-being (6)	1-5: 1 = not at all, 5= always		Total item scores include patient's perception of the experience and the associated stress. To calculate scale scores, the item scores and number of

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	sub-evaluations are summated for each scale (unclear how this is exactly done, validated formula is used), subscale scores range from 0-100, higher scores indicate better health-related quality of life.

a Bold subscales measure physical functioning; b Thai version: 6 subscales and 39 items: Energy and mobility (10), Diabetes control (13), Anxiety and worry (4), Social burden (6), Sexual functioning (3), Other health problems and diabetic complications (3); German version: 5 subscales, 39 items: Diabetes and treatment (7), Physical impairment (7), Social stress (5), Physical illness (5), Sexual problems (3), subscale unknown for remaining 12 items; c Vietnamese version: If more than 4 items are missing (except from the sexual functioning domain), the questionnaire is not analyzed. For the energy and mobility scale, of more than 3 items are missing, a scale score is not calculated. If 3 of less items are missing, the missing value is replaced by the mean scale score