

Supplements

Questionnaire Diabetic Ketoacidosis

Dear Participant

Thank you for taking the time to answer this questionnaire. Participation is voluntary and your data is completely anonymous. The aim of the survey is to assess the knowledge about diabetic ketoacidosis (DKA) in patients with type 1 diabetes mellitus and subsequently to enable more targeted training. Answering the questionnaire takes about 10-15 minutes. Please do not use any aids and answer the questionnaire as well as you can.

1. How many years have you had type 1 diabetes mellitus?

2. What type of insulin therapy do you use?

Basal/Bolus-Insulin Insulin pump

3. Are you taking any of the following medications (SGLT2 inhibitors) in addition to insulin?

no Steglatro/Segluromet Jardiance/Jardiance Met
 Forxiga/Xigduo Invokana/Vokanamet

4. What is your current HbA1c? If you do not know exactly, an approximate figure is sufficient.

_____ I don't know.

5. When was your last diabetes counselling?

< 6 months 7 – 12 months 13 – 24 months > 2 years

6. Have you ever heard of diabetic ketoacidosis?

yes no I don't know.

7. How well do you rate your knowledge of the recognition and treatment of diabetic ketoacidosis on a scale from 0 (no idea at all) to 10 (excellent)?

8. Which typical causes of diabetic ketoacidosis do you know?

Free text

9. Which symptoms of diabetic ketoacidosis do you know?

Free text

10. Which of the following symptoms do you think belong to diabetic ketoacidosis (multiple answers possible)?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> sweating | <input type="checkbox"/> abdominal pain | <input type="checkbox"/> headaches |
| <input type="checkbox"/> increased urination | <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> tiredness |
| <input type="checkbox"/> decreased consciousness | <input type="checkbox"/> hearing disorders | <input type="checkbox"/> thirst |
| <input type="checkbox"/> muscle pain | <input type="checkbox"/> increased appetite | <input type="checkbox"/> aggression |
| <input type="checkbox"/> odour disorders | | |

11. Have you ever had diabetic ketoacidosis yourself?

- yes, once yes, several times no I don't know

12. What causes do you see that could lead to the ketoacidosis?

- | | |
|--|--|
| <input type="checkbox"/> basal insulin forgotten | <input type="checkbox"/> illness/infection |
| <input type="checkbox"/> psychological stress | <input type="checkbox"/> reduced carbohydrate intake |
| <input type="checkbox"/> increased physical activity | <input type="checkbox"/> stress |
| <input type="checkbox"/> I don't know | |

13. Do you feel that diabetic ketoacidosis is a dangerous complication of type 1 diabetes mellitus?

- yes no I don't know

14. Can diabetic ketoacidosis be prevented?

- yes no I don't know

15. Do you test for ketone bodies?

- yes no I don't know

16. How often do you test for ketone bodies?

- | | | |
|---|--|---|
| <input type="checkbox"/> several times a week | <input type="checkbox"/> 1 x per week | <input type="checkbox"/> 1 x per months |
| <input type="checkbox"/> at least 1 x per half year | <input type="checkbox"/> less frequently | |
| <input type="checkbox"/> if necessary/unexplainably high blood glucose levels | | |

17. When did you last test for ketone bodies?

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> < 1 month | <input type="checkbox"/> < 3 months | <input type="checkbox"/> < 6 months |
| <input type="checkbox"/> < 12 months | <input type="checkbox"/> >12 months/never | |

18. Under which conditions do you test frequently (multiple answers possible)?

- | | |
|--|--|
| <input type="checkbox"/> illness/infection | <input type="checkbox"/> operations |
| <input type="checkbox"/> increased physical activity | <input type="checkbox"/> lowered carbohydrate intake |
| <input type="checkbox"/> lowering insulin dose | <input type="checkbox"/> symptoms of ketoacidosis |
| <input type="checkbox"/> alcohol consumption | <input type="checkbox"/> I do not test. |

19. At what blood glucose level do you test for ketone bodies?

- | | | | |
|---|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> < 10 mmol | <input type="checkbox"/> 11 – 15 mmol | <input type="checkbox"/> 16 – 20 mmol | <input type="checkbox"/> > 20 mmol |
| <input type="checkbox"/> I do not test. | | | |

20. What type of test do you have at home?

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------|--|
| <input type="checkbox"/> urine test | <input type="checkbox"/> blood test | <input type="checkbox"/> both | <input type="checkbox"/> I don't know. |
|-------------------------------------|-------------------------------------|-------------------------------|--|

21. Are you sure that your test strips are still good (i.e. not expired)?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> I don't know. |
|------------------------------|-----------------------------|--|

22. Should the test strips be prescribed by the attending physician as standard with the annual prescription?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> I don't know. |
|------------------------------|-----------------------------|--|

23. Do you feel confident in treating a possible ketoacidosis?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> I don't know. |
|------------------------------|-----------------------------|--|

24. Would you like more information about diabetic ketoacidosis?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> I don't know. |
|------------------------------|-----------------------------|--|

25. What would help you learn more about diabetic ketoacidosis?

- | | |
|---|---|
| <input type="checkbox"/> information material | <input type="checkbox"/> renewed diabetes counselling |
| <input type="checkbox"/> online training/webinar | |
| <input type="checkbox"/> personal counselling by the treating doctor(s) | |
| <input type="checkbox"/> other (<i>free text</i>): | |

26. Please state your sex.

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> male | <input type="checkbox"/> female | <input type="checkbox"/> not specified. |
|-------------------------------|---------------------------------|---|

27. Your age (in years).

28. Please state your marital status.

- single in partnership married
 divorced widowed

29. In what way do you live at home?

- alone with partner family
 with friends shared flat

30. Are you employed?

- in training/study yes, full-time yes, part-time
 no, looking for work no, retired

31. Please select your highest completed education.

- primary school secondary school grammar school
 vocational apprenticeship university degree

32. Please state your height in metres.

33. Please state your weight in kilograms.

34. Do you have a known psychiatric illness?

- no yes

35. Do you drink alcohol (e.g. glass of red wine/bottle of beer)?

- never very rarely 1 x per week
 2-3 x per week daily

36. Do you use other drugs?

- never in the past yes

If yes, which? _____

37. Do you have any comments or feedback for us?

Free text:

Thank you for your valuable cooperation! Please hand in the questionnaire or return it by post.