

## Supplement

**Supplementary table 1** Characteristics of participating practices

<b>Practice name</b>	<b>Location</b>	<b>Setting</b>	<b>Level of care</b>	<b>Allocation arm</b>	<b>Patients enrolled (N)</b>
Serres	Serres	Urban	Primary	Usual care	33
Diavata	Diavata	Rural	Primary	Usual care	28
Tzavio	Athens	Urban	Secondary	Usual care	25
Alexandroupoli	Alexandroupoli	Urban	Secondary	Usual care	17
Areteos	Thessaloniki	Urban	Primary	Decision aid	30
Michaniona	Michaniona	Rural	Primary	Decision aid	24
Nimts	Athens	Urban	Secondary	Decision aid	30
Athens Polyclinic	Athens	Urban	Secondary	Decision aid	11
Athens Laiko General Hospital*	Athens	Urban	Secondary	Decision aid	6

\*Practice "Athens Laiko General Hospital" was added post-randomisation, due to inability of practice "Athens Polyclinic" to recruit patients after trial initiation.

**Supplementary table 2** 13-Item modified Decisional Conflict Scale

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>INFORMED Subscale*</b>					
1. I know which options are available to me.					
2. I know the benefits of each option.					
3. I know the risks and side effects of each option.					
<b>SUPPORT Subscale*</b>					
4. I have enough support from others to make a choice.					
5. I am choosing without pressure from others.					
6. I have enough advice to make a choice.					
<b>EFFECTIVE DECISION Subscale*</b>					
7. My decision shows what is important to me.					
8. I feel I have made an informed choice.					
9. I expect to stick with my decision.					
10. I am satisfied with my decision.					
<b>ADDITIONAL ITEMS†</b>					
11. I am now in a better position to make a decision about starting a medicine to control my blood sugar.					
12. My clinician explained to me both the pros and the cons of starting a medicine.					
13. I am satisfied with the conversation I had with my clinician.					
* Items for these subscales are from the original, validated 16-item Decisional Conflict Scale <sup>1</sup>					
† Items 11-13 are not part of the original, validated 16-item Decisional Conflict Scale					

Reference

1. O'Connor AM. Validation of a decisional conflict scale. *Med Decis Making* 1995;15:25-30

**Supplementary table 3** Patient's Knowledge questionnaire

	True	False	Not sure
A. The only way to control diabetes is by using insulin.			
B. Diabetes medicines can cause a person to gain weight.			
C. Some diabetes medicines can lower sugar levels in the blood to the point where one feels sick (hypoglycaemia).			
D. Because of its side effects, doctors should give insulin only after all other medicines have failed to control diabetes.			
E. On average, all diabetes medicines (other than insulin) have similar ability to lower haemoglobin A1c (measure of blood sugar control).			
F. The main adverse effects of insulin are weight gain and feeling sick from low blood sugar (hypoglycaemia).			

**Supplementary table 4** Patient and clinician satisfaction

<b>Patient satisfaction</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am satisfied with my decision.					
I am satisfied with the conversation I had with my clinician.					
<b>Clinician satisfaction</b>	Completely	Very	Somewhat	Poorly	Not at all
To what extent do you feel satisfied with the discussion you had about diabetes medications with the patient you just saw?					

**Supplementary table 5** Sensitivity analysis results

<b>Outcomes</b>	<b>Usual care (N=103)</b>	<b>Decision aid (N=95)</b>	<b>Mean difference</b>	<b>P value</b>	<b>ICC</b>
Overall Decisional Comfort; 0-100, 100=no conflict (95% CI)	75.1 (61.0 to 89.2)	82.4 (67.7, 97.1)	-7.3 (-23.1, 8.5)	0.30	0.32
Informed subscale (95% CI)	65.4 (44.3 to 86.5)	79.9 (58.5, 100)	-14.6 (-37.6, 8.5)	0.17	0.27
Support subscale (95% CI)	77.6 (61.3 to 93.9)	81.6 (65.1, 98.1)	-4.0 (-21.7, 13.7)	0.60	0.31
Effective subscale (95% CI)	80.5 (69.9 to 91.1)	84.8 (73.8, 95.7)	-4.2 (-16.0, 7.5)	0.41	0.20