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Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Supporting people with type 2 diabetes in effective use of their medicine through a system comprising mobile health technology integrated with clinical care compared with usual care (SuMMiT-D Feasibility): a randomised feasibility trial protocol

Date and version No: v0.65 6 DEC 2019

Appendix 1.**Examples of SMS text messages used in SuMMiT-D feasibility**

Target and category of message	BCT/ Belief or concern	Example messages
Medication adherence, BCT	1.4 Action Planning	Plan when, where and how you are going to take your medication.
Medication adherence, BCT	15.1 Verbal persuasion about capability	If you are struggling with your diabetes tablets then don't worry, you will be able to master it in time. You will get on top of it.
Medication adherence, BCT	7.1 Prompts/ cues	It can be difficult to remember to take your tablets. Why not set an alarm to remind you to take them?
Medication adherence, BCT	2.3 Self-monitoring	Find a way to split your tablets into days so you notice when you have forgotten to take your tablets
Medication adherence, BCT	3.2 Social support (practical)	How often do you forget to take your tablets? Take control. Ask your friends and family members to help. Their reminders could help you to improve your diabetes
Medication adherence, BCT	15.2 Mental rehearsal of successful performance	Visualise in detail how you will take your tablets tomorrow. This will make it easier when you actually take them
Medication adherence, BCT	3.3 Social support (emotional)	If you're not taking your tablets as often as you should, try discussing your feelings with someone.
Medication adherence, BCT	15.2 Mental rehearsal of successful performance	Think about situations where taking tablets was easy. How could you make your everyday tablet taking like this?
Medication adherence, beliefs and concerns	G Healthcare system related concerns	Lots of questions? Check who the best person to see might be
Diet management	Signposting	Stuck for new ideas? You can search recipes for mains, desserts and snacks online at Diabetes.org.uk

Glossary: BCT- Behaviour Change Technique

Date and version No: v0.65 6 DEC 2019

Appendix 2 Beliefs and Ideas questionnaire



Participant ID: ____ / ____ / ____

Date Completed: DD / MMM / YYYY

SuMMiT-D Feasibility

Ideas and concerns about your diabetes treatment – Baseline

(Questionnaire to be adapted for electronic use as well)

This survey is about what you think and feel about your diabetes tablets, as well as how you approach taking them. There are no right or wrong answers. We know some of the items might be difficult to answer, but please choose the answer that best describes what you think. When you are completing the survey please think about the tablets you take for your diabetes.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. It is easy to take my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am confident that I can take my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Without my diabetes tablets I would be very ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My health in the future will depend on my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I sometimes worry about the long-term effects of my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My diabetes tablets are a mystery to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I want to take my diabetes tablets as prescribed every day over the next 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I will take my diabetes tablets as prescribed every day over the next 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID: ____ / ____ / ____

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
9. Taking my diabetes tablets as prescribed is something I do without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking my diabetes tablets as prescribed is something I do without noticing that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am confident that I am able to take my diabetes tablets as prescribed even when something disrupts my routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am confident that I can take my diabetes tablets as prescribed even when I feel well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I don't take my diabetes tablets for any reason, I am confident that I am able to start taking them again even if I feel no different to when I was not taking them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If I don't take my diabetes tablets for any reason, I can start taking them again even if I had not taken them for a couple of days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have made a detailed plan for when to take my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have made a detailed plan about exactly where to take my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have made a detailed plan for what to do to help me take my diabetes tablets as prescribed when facing barriers to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID: ____ / ____ / ____

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
18. I have made a detailed plan for how to deal with unpleasant side effects of taking my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. During the last 4 weeks I consistently monitored when, where, and how I took my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. During the last 4 weeks I really tried hard to take my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I use things around me to help me to take my diabetes tablets as prescribed (e.g. notes, phone reminders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I change things around me to prompt me to take my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I have had somebody help me to take my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have felt supported in taking my diabetes tablets as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Given the effort I have put into taking my diabetes tablets, I am content with my diabetes control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am content with what I have experienced as a result of taking my diabetes tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. It is likely that I will develop complications, or experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID: ____ / ____ / ____

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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worse complications from my
diabetes if do not take my tablets

28. I feel very at risk of developing complications, or experiencing worsening of existing complications from my diabetes if I do not take my tablets
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

If you have any comments about this survey, please leave them below.

Thank you for completing this survey.

Please return to the SuMMiT-D Feasibility study team in the envelope provided.

If you have any questions, please contact: xxxxxxxxxxxx

Date and version No: v0.65 6 DEC 2019

Appendix 3

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Date and version No: v0.65 6 DEC 2019

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Milman Road Health Centre/Milman Medical
Broadshires Health Centre
Bicester Health Centre
NIHR CRN: West Midlands
Eve Hill Medical Practice
Spring Gardens Group Medical Practice
Burbury Medical Centre
NIHR CRN: South West Peninsula
Brunel Medical Practice
Newquay Health Centre
Glastonbury Surgery
NIHR CRN: Greater Manchester
Block Lane Surgery
Ashcroft Surgery
West Timperley Medical Centre
Chorlton Family Practice
Washway Road Medical Centre
Market Street Medical Practice

Trial Sponsor: University of Oxford. Contact Clinical Trials and Research Governance, Churchill Hospital, Oxford, UK.