

Appendix A. Items assessing the impact of the COVID-19 situation on aspects of diabetes management

On a scale from *much harder* to *much easier*, please tell us how the Coronavirus (COVID-19) situation has impacted the following aspects of your life.

In general, **since the last time I completed an iNPHORM survey...**

	...has been much harder	...has been somewhat harder	...has not been impacted	... has been somewhat easier	...has been much easier
1. ...Affording my rent and other living expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...Affording my diabetes medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...Affording my test strips and/or sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...Getting my diabetes medication(s) from the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...Making sure I have enough food to avoid hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...Testing/monitoring my blood glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...Staying as physically active as I usually am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...Consulting with my healthcare provider(s) about my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ...Remembering to take my diabetes medication(s) as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ...Monitoring my risk of hypoglycemia regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ...Having enough social support to help me manage my hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ...Feeling in control of my hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When answering this next question, please think about the time **since you last completed an iNPHORM survey.**

Because of the Coronavirus (COVID-19) situation, did you ever **cut back** on your diabetes medication(s) in order to...

	Yes	No
13. ...make your diabetes medication(s) supply last longer?	<input type="checkbox"/>	<input type="checkbox"/>
14. ...avoid hypoglycemia?	<input type="checkbox"/>	<input type="checkbox"/>