

Supplemental materials for

Willcoxon T, Hess R. A survey snapshot measuring insulin underuse in a primary care clinic. *Ann Fam Med.* 2023;21(1):70-72.

Supplemental appendix. DIABETES AND INSULIN STATUS

Please note: This first question is to verify your eligibility for the study.

1. In the past 12 months, have you been prescribed insulin?

1 Yes → CONTINUE

2 No → STOP

Demographic Information:

2. What your age? _____

3. What is your sex assigned sex at birth?

1 Male

2 Female

4. Please choose the group or groups that best describe your race or ethnic origin: (*Please check ALL that apply*)

1.1 Black/African American

1.2 Latino/Hispanic/Latin American

1.3 White/Caucasian

1.4 Middle Eastern (Arab, Israeli)

1.5 Asian/Asian American

1.6 Pacific Islander

1.7 Native American/American Indian/Alaska Native

1.8 Don't know

1.9 Other

5. What educational degrees did you earn? (*CHECK ALL THAT APPLY*)

- 1 No degree earned
- 2 High school diploma
- 3 GED or certificate of completion
- 4 Trade school, occupational, technical, or vocational certificate
- 5 Associate degree for academic program (example: AA)
- 6 Bachelor's degree (example: BA, AB, BS, BBA)
- 7 Master's degree (example: MA, MS, MEng, MEd, MBA, MFA)
- 8 Professional school degree (example: MD, DDS, DVM, JD)
- 9 Doctoral degree (example: PhD, EdD ScD)
- 10 Don't know

6. In the home where you live, do you

- 1 Rent
- 2 Own
- 3 Live rent-free
- 4 Other (*specify*) (A) _____
- 5 Don't know

7. How many people are currently living in your household, including yourself?

(include part-time residents or joint-custody children)

- 1 _____ Adults
- 2 _____ Children (age 18 or less)
- 3 Don't know

8. Employment: Are you currently...?

Note: If more than one, select the category that best describes you.

- 1 Employed for wages
- 2 Self-employed
- 3 A Homemaker
- 4 Out of work for 1 year or more
- 5 Out of work for less than 1 year
- 6 A student
- 7 Retired
- 8 Unable to work

Insulin and Health Habits

9. In the past 12 months, did you use less insulin than you were prescribed because of COST?

- 1 Yes
- 2 No
- 3 Don't know

10. In the past 12 months, did you stretch out your insulin because of COST?

- 1 Yes
- 2 No
- 3 Don't know

11. In the past 12 months, did you take smaller doses of insulin than prescribed because of COST?

- 1 Yes

- 2 No
- 3 Don't know

12. In the past 12 months, did you stop insulin because of COST?

- 1 Yes
- 2 No
- 3 Don't know

13. In the past 12 months, did you not fill an insulin prescription because of COST?

- 1 Yes
- 2 No
- 3 Don't know

14. In the past 12 months, did you not start insulin because of COST?

- 1 Yes
- 2 No
- 3 Don't know

15. In the past 12 months, have you discussed the cost of insulin with your health care provider (primary care provider or diabetes specialist)?

- 1 Yes
- 2 No
- 3 Don't know

16. In the 12 months, did you ever have a time when you could not buy diabetes medical equipment (such as glucose strips, glucose monitors or insulin syringes) because it cost too much?

- 1 Yes
- 2 No

3 I don't use strips or syringes, etc.

4 Don't know

17. In the past 12 months, did you or your doctor have to CHANGE the type of insulin you used because of cost or prescription drug coverage?

1 Yes

2 No

18. How many insulin shots per day were you prescribed to take?

1 _____ shots per day

2 I use an insulin pump

3 None

4 Don't know

19. Where do you get your insulin?

1 Pharmacy

2 Mail-in Prescription Service

3 Samples

4 Other

20. Would you say that in general your health is:

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

Health Plan Coverage

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

21. What is your drug prescription coverage?

- 1 My prescriptions are covered under my (or my family member's) employer-sponsored commercial health insurance plan
- 2 Medicare Part D (a coverage plan for people age 65 or over and for certain disabled persons)
- 3 Medicaid (TennCare)
- 4 TRICARE (formerly CHAMPUS), VA, or Military
- 5 Other: _____
- 6 I don't have any
- 7 Don't know

22. During the past 12 months, have there been times when you did NOT have any prescription drug coverage?

- 1 Yes
- 2 No → Skip to Question 24
- 3 Don't know

23. During the past 12 months, for about how long in total were you not covered by any prescription drug coverage?

- 1 Less than 1 month
- 2 1 month to less than 3 months
- 3 3 months to less than 6 months
- 4 More than 6 months
- 5 Don't know

24. In the past 12 months, have you received any coupons, vouchers, co-pay discount cards or instant savings cards to help cover the cost of your insulin prescription? Check all that apply.

- 1 Yes
- 2 Coupons
- 3 Vouchers
- 4 Co-pay discount cards
- 5 Instant savings cards
- 6 No

Financial barriers:

25. Over the past ONE MONTH, how much did you pay out of pocket and/or as a copay for insulin? (Note: if you pay for insulin every 3 months, give an estimate of your MONTHLY spending)

- 1 _____
- 2 Don't know

26. Does amount you pay out of pocket and/or as a copay for insulin change month to month?

- 1 Yes
- 2 No → Skip to 28
- 3 Don't know

27. In the past 12 months, what is the most and the least you paid in one month out of pocket and/or as a copay for insulin (if you are not sure, given an estimate)?

- 1 Most: _____
- 2 Least: _____

28. Which of these categories best describes your total annual household income? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability or veteran's benefits, unemployment benefits, workers' compensation, help from relatives (including child payments and alimony), and so on.

- 1 Less than \$10,000
- 2 \$10,000 to \$24,999
- 3 \$25,000 to \$49,999
- 4 \$50,000 to \$74,999
- 5 \$75,000 to \$99,999
- 6 \$100,000 and greater
- 7 Don't know

Thank you for completing our survey