

Demographic Information

1. What is your Gender?

- ☐ Female
- ☐ Male
- ☐ Other

2. What is your age in years?

- ☐ > 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 years or older

3. Do you live in Saudi Arabia?

- ☐ Australia
- ☐ Saudi Arabia
- ☐ Other

4. How long have you been living in this country?

- ☐ Since birth
- ☐ Past 1 year
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ More than 10 years

5. What is your current residential status?

- ☐ Citizen
- ☐ Permanent resident
- ☐ Temporary resident
- ☐ Refugee or asylum seeker
- ☐ Other

6. What is your country of birth?

7. What is your nationality?

8. What is your ethnic identity?

- ☐ Egypt
- ☐ Algeria
- ☐ Sudan
- ☐ Iraq
- ☐ Morocco

- Saudi Arabia
- Yemen
- Syria
- Tunisia
- United Arab Emirates
- Jordan
- Libya
- Lebanon
- Palestine
- Oman
- Mauritania
- Kuwait
- Qatar
- Bahrain
- Other please specify

9. What is your religion?

- Islam
- Christian
- Druze
- Other

10. What languages do speak at home other than Arabic?

11. What is the highest level of education you have completed?

- No formal education
- Elementary school (1st grade through 6th grade)
- Middle school (6th, 7th, and 8th grade)
- High school include (Technical and vocational training) (9, 10, 11 and 12 grade)
- Diploma
- University undergraduate degree (bachelor's degree)
- Postgraduate (Master or PhD)

12. What is your marital status?

- Married
- Widowed
- De-facto
- Single
- Divorced
- Separated but not divorced

13. What is your employment status?

- Retired
- Full-time
- Part-time
- Unemployed
- Don't know/ Not applicable

Diabetes Control:

14. How long have you been diagnosed with diabetes?

- Less than 6 months
- months to 1 year
- 1 year to 3 years
- 3 to 5 years
- over 5 years
- Don't know/ Not applicable

15. Do you have any other family members who are diagnosed with diabetes?

- ☐ Yes
- ☐ No

If you answered the previous question “yes” please state what

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16. Do you have other chronic health conditions?

- Yes
- No
- Don't know

If you answered the previous question “yes” please state what other conditions you have?

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17. The questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick. Please circle the most appropriate response where 1 represents strongly unsatisfied and 7 represents strongly satisfied.

1.

[illegible]

eating plan?							
On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On how many of the last SEVEN days did you test your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What area in your diabetes care do you find most difficult to manage or frustrating? Please select all that apply:

- ☐ Making healthy diet choices
- ☐ Getting enough physical activities
- ☐ Taking and keeping track of my blood glucose level
- ☐ Communicating with my physician
- ☐ Communicate with other health care providers such as dietitian, nurses, social workers etc.
- ☐ Communicating with friends and families
- ☐ Others please specify

19. Which of the following diabetes issues are currently a problem for you? Circle the number that gives the best answer for you. Please provide an answer for each question:

	Serious problem	Somewhat serious problem	Moderate problem	Minor problem	Not a problem
Not having clear and concrete goals for your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling discouraged with your diabetes treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feeling sick or scared when you think about living with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of guilt or anxiety when you get off track with your diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling that diabetes is taking up too much of your mental and physical energy everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with complications of diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling burned out by the constant effort needed to manage diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technology Usage

The following questions will ask you about your web-based technology

20. Do you have access to the internet at home?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not applicable

21. What are you using for accessing the internet?

- ☐ Computer
- ☐ Tablet
- ☐ Smartphone such as an iPhone, BlackBerry, or Android
- ☐ Other please specify

22. The following questions ask about your daily Web-based technology usage: On average how many hours a day do you spend on the Internet?

- ☐ One hour
- ☐ Between 1 to 2hours a day
- ☐ Between 2 to 3 hours a day
- ☐ Over 3 hours a day
- ☐ Don't know / Not applicable

23. What activities do you typically use the internet for? Please select all that apply.

- ☐ Emailing and communicating with friends
- ☐ Social Media (such as Facebook, Twitter, LinkedIn)

- Reading the news or books
- Researching information
- Watching movies or television shows
- Business purposes
- Other (please specify)

Diabetes self-management using web-based technology1/3:

The following questions will ask you about your opinions on using web-based technology to manage diabetes:

24. Do you use web-based technology to help you manage your diabetes?

- Yes
- No
- Don't Know/Not Applicable

25. If you were to use web-based technology to help manage your diabetes, select what management services you would be interested in:

	Yes	No	Don't Know Not Applicable
Dietary Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Messaging Monitoring and/or Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image Messaging Monitoring and/or Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose Reading and Tracking Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with other People with Type 2 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with diabetes clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Forum with Other Health Care Providers such as dieticians' nurses, social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Diabetes self-management using web-based technology continued 2/3:

	Very bad idea	Bad idea	Neither a bad or good idea	Good idea	Very good idea
26. For me, using Web-based technology to assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

with self-management would be:					
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	Extremely unenjoyable	Unenjoyable	Neither unenjoyable or enjoyable	Enjoyable	Very enjoyable
27. For me, using a Web- based technology to assist with self- management would be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very frightening	Frightening	Neighbour frightening or comforting	Comforting	Very comforting
28. For me, using Web- based technology to assist with self- management would be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very boring	Boring	Neither boring or exciting	Exciting	Very exciting
29. For me, using Web- based technology to assist with self- management would be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very dull	Dull	Neither dull or interesting	Interesting	Very interesting
30. For me, Web-based technology to assist with self-management would be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very time consuming	Time consuming	Neither time consuming or time saving	Time saving	Very time saving
31. For me using Web-based technology to assist with self-management would be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diabetes self-management using web-based technology continued 3/3:

32. I feel % confident that I could use web-based technology to help me with my diabetes

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33. If you were unable to use web-based technology for diabetes-management, would you want a spouse friend family member to help you?

- Yes
- No
- Don't know

If yes who?

[illegible]

my diabetes management in the future						
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34. General comments and additional contact request if you have any additional comments about using web-based technology to manage diabetes please state so here

- ☐ Yes
- ☐ No

If your answer is (Yes) for the previous question, please write your comment here: