Thank you for your interest in participating in this study. First, we need to ask you a few questions in order to determine if you are eligible to participate.

1. Have you been diagnosed by a physician with any of the following conditions?

* Attention Deficit Hyperactivity Disorder (ADHD)
* Diabetes **[Screen out if not selected]**
* Asthma
* Allergies
* High cholesterol (hyperlipidemia)
* None of the above **[screen out if selected]**

**[Next screen]**

1. Have you been diagnosed with **type 1 diabetes mellitus** by a physician?

* Yes **[Screen out if YES]**
* No

**[Next screen]**

1. Have you been diagnosed with **type 2 diabetes mellitus** by a physician?

* Yes
* No **[Screen out if NO]**

**[Next screen]**

1. Do you **currently** take medication to treat your type 2 diabetes?

* Yes
* No **[Screen out if NO]**

**[Next screen]**

1. Do you **currently** take **Bydureon® (exenatide extended release**, taken once weekly) to treat your type 2 diabetes? (This does not include **Byetta® (exenatide**,taken daily).)

* Yes **[If YES, ask 5a & 5b]**
* No
  1. When did you begin taking **Bydureon (exenatide QW)** to treat your type 2 diabetes? If you’re unsure of the exact day, please provide your best estimate.

\_\_\_\_\_ day \_\_\_\_month \_\_\_year **[Show mini-calendar from which participant can select date. Screen out if less than 2 MONTHS prior to time of screening]**

* 1. How often do you take **Bydureon (exenatide QW)?**
* Once a week
* Once a day ***[Screen out if YES]***
* Twice a day ***[Screen out if YES]***
* Three times a day ***[Screen out if YES]***
* More than three times a day ***[Screen out if YES]***

**[Next screen]**

1. Do you **currently** take **Victoza (liraglutide)** to treat your type 2 diabetes?

* Yes **[If YES, ask 6a]**
* No

**[Screen out participants who answer YES to both Q5 and Q6]**

* 1. When did you begin taking **Victoza (liraglutide)** to treat your type 2 diabetes? If you’re unsure of the exact day, please provide your best estimate.

\_\_\_\_\_ day \_\_\_\_month \_\_\_ year **[Show mini-calendar from which participant can select date. Screen out if less than 2 MONTHS prior to time of screening]**

**[Next screen]**

1. Do you **currently** take **oral medication(s)** to treat your type 2 diabetes medication?

* Yes **[If YES, ask 7a & 7b]**
* No **[Screen out if also answered no to 5 and 6]**

**[Next screen]**

**7a**. Which **oral medication(s)** do you take to treat your type 2 diabetes? Please select all that apply. **[Show drop down list of medications]**

* + Metformin
  + Glimepiride
  + Glipizide
  + Glyburide (also known as glibenclamide)
  + Gliclazide
  + Tolbutamide
  + Glicazide modified release
  + Repaglinide
  + Galvus® (Vildagliptin)
  + Januvia® (Sitagliptin)
  + Onglyza ® (Saxagliptin)
  + Trajenta® (Linagliptin)
  + Vipidia® (Alogliptin)
  + Actos® (Pioglitazone)
  + Forxiga® (Dapagliflozin)
  + Invokana® (Canagliflozin)
  + Jardiance® (Empagliflozin)
  + Other

**[Repeat 7b for each oral medication selected]**

**[Next screen]**

**7b.** When did you begin taking **[INSERT TYPE OF ORAL MED]** to treat your type 2 diabetes? If you’re unsure of the exact day, please provide your best estimate.

\_\_\_\_\_ day \_\_\_\_\_\_month \_\_\_\_\_year **[Show mini calendar to choose from]**

**[Ask 7c only to those who said NO to Q5 and Q6 but YES to Q7]**

**[Next screen]**

**7c.** Have you **ever** had to give yourself an **injectable medication** to treat your type 2 diabetes?

* Yes ***[Screen out if YES and also answered NO to Q5 and Q6]***
* No

**[Next screen]**

1. Do you **currently** take **insulin or another injectable medication other than Bydureon or Victoza** to treat your type 2 diabetes?

* Yes ***[Screen out if YES]***
* No

**[Next screen]**

1. What is your age?

* \_\_\_\_\_\_ **[show dropdown list, 0-110]** **[Screen out if under 18]**

**[Next screen]**

1. What is your gender?
   * Male
   * Female **[If YES, ask 9a]**

**[Next screen]**

9a. Are you pregnant?

* Yes ***[Screen out if YES]***
* No

**[Next screen]**

**[IF RESPONDENT IS ELIGIBLE, PROCEED WITH THE FOLLOWING RECRUITMENT MESSAGE]**

Based upon the answers you provided,you are eligible to participate in an online survey to understand your preferences for treatment of your type 2 diabetes mellitus.

Length of survey: 30 minutes

Compensation: **[Insert relevant amount depending on recruitment method/panel/country]**

**Survey is open only until study quota is filled. Don’t miss this opportunity!**

The survey is designed to be completed in one 30-minute session; however, should you need to leave partway through the survey, simplyclick the link provided in the original email invitation, and you will be returned to where you left off. Please note that once you begin the survey you have only **48 hours** to complete it. An honorarium is paid on successful submission of the completed survey only, so please make sure that you complete the survey as quickly as possible to prevent being closed out of this opportunity.

If you are ready to begin now, click “Next” to read the full disclosures of the study and provide consent to participate.

**[Next screen]**

**WELCOME**

Thank you for your interest in this study. We appreciate you taking the time to complete this survey. Your opinion is very important to us.

The purpose of this survey is to learn about your thoughts and opinions regarding treatments for type 2 diabetes. The next screen will tell you more about the study, including the risks and benefits of participating. Please read this page carefully, and, if you still would like to participate, please select the option at the bottom of the next screen indicating that you agree to take this survey.

**[Next screen]**

**[Insert relevant ICD dependent on recruitment method/panel/country]**

AN AGREEMENT TO BE IN A RESEARCH STUDY

INFORMED CONSENT DOCUMENT – Ad-Hoc

**Sponsor:** AstraZeneca

**City and State:** Gaithersburg, MD

**Protocol Number and Title:** 0049-0302: MULTINATIONAL STUDY OF PATIENT PREFERENCES FOR INJECTABLE GLP-1 AGONIST TREATMENTS FOR TYPE 2 DIABETES MELLITUS

**Principal Investigator:** Emuella Flood

**Address of Study Site(s):** ICON

820 West Diamond Ave

Gaithersburg, MD 20878

**24-Hour Telephone Number:** 1-866-893-0282

# INTRODUCTION

You are being invited to take part in this research study because you are 18 years or older and have been diagnosed with Type 2 Diabetes Mellitus. Before you decide to take part in this study, you should read this document. This document, called an informed consent document, explains the study. This consent form tells you about the purpose, procedures, possible risks and discomforts, and benefits of the study.

Participation is voluntary, and you are free to choose whether or not you would like to participate.

You must be honest about your health history in order to participate in this study.

After reading this form, if you decide to participate, please check “I have read the above statement and I agree to participate in this study” at the end of the screen.

**PURPOSE OF THE STUDY**

ICON is conducting this research for AstraZeneca in order to provide them with detailed information regarding patient preferences for T2DM treatments and treatment regimens.

**WHAT WILL HAPPEN DURING THE STUDY**

If you agree to participate, you will complete the survey after providing your informed consent. The survey will ask you to choose between different hypothetical diabetes treatments, which will have varying features. During the survey, you will be asked questions about your sociodemographic background and clinical history. These questions give us some basic information about you (e.g. age, employment status, highest level of education), in addition to obtaining more specific information about your clinical condition (e.g. date of diagnosis, type of diagnosis, current medication, etc.). No participant identifiers will be recorded within the survey.

The survey will take approximately 30 minutes to complete.

**RISK AND DISCOMFORTS**

There are no known physical risks to participating in this study. There may be questions that make you uncomfortable while completing the online survey. However, there is no risk of loss of confidentiality since we will not collect any identifying information from you on the survey.

**UNKNOWN/UNFORSEEABLE RISKS**

There may be some unknown or infrequent and unforeseeable risks associated with this study. You will be informed in a timely manner, both verbally and in writing of any new information, findings or changes to the way the research will be performed that might influence your willingness to continue your participation in these interviews.

**BENEFITS**

There may not be any direct benefit to you.

**ALTERNATIVE**

Because this study is for research only, your only other choice is to not to participate in this study.

**PAYMENT FOR BEING IN THE STUDY**

Each participant will receive £30.00 in your choice of either a cheque or voucher for participating in this research study. You will receive this money within two weeks after completing the survey.

The principal investigator is being paid by the Sponsor to conduct this research study.

**CONFIDENTIALITY AND AUTHORIZATION TO USE AND DISCLOSE PERSONAL INFORMATION**

This study can be performed only by collecting and using your personal information. Your study records will be kept as confidential as possible under local laws. Personnel from the following organizations may examine your study records: the sponsor (AstraZeneca), personnel associated with this study, the United States Food and Drug Administration, or other State or Federal Regulatory Agencies, and Salus IRB, a committee that has reviewed this study to help ensure that the rights and welfare of you as a research participant are protected and that the study is carried out in an ethical manner. Because of the number of individuals who may see your records, absolute confidentiality cannot be guaranteed.

Personal information that may be used and disclosed includes that which is obtained to determine your eligibility to participate and that which is collected from the procedures that are carried out. Any personal identifying information that you provide, such as your name, email, telephone number, or other identifiers, will be used only for recruitment and compensation purposes. It will not be traceable to your survey answers and will not be made available to the sponsor. If the final study data are prepared for publication and other reports, your identity will be kept confidential and will not be revealed. This authorization has no expiration date.

You may, by written notice to the principal investigator, cancel your authorization to use or disclose the personal information at any time. If you withdraw your authorization, the information collected up to that time may still be used to preserve the scientific integrity of the study. By verbally consenting to participate in this study, you authorize these uses and disclosures of the personal information of you. If you do not authorize these uses and disclosures, you will not be able to participate in the study.

**RIGHT TO WITHDRAW OR REMOVAL FROM STUDY**

You understand that you are free to withdraw yourself from this study at any time, and you agree to inform the interviewer immediately if you intend to withdraw. Your decision to participate in this study, or to withdraw yourself from this study, will involve no penalty or loss of benefits to which you are otherwise entitled.

If you wish to withdraw from this study, please call the principal investigator at the telephone number listed on the first page of this consent document.

If you withdraw from the study, no new data about you will be collected for study purposes. All data that have already been collected for study purposes will be shared with the study sponsor.

The Principal Investigator in charge of this study can remove you from this study without your consent for any reason, including, but not limited to:

a. His/her judgment that any condition or circumstance may jeopardize you, or the integrity of study.

b. Your failure to follow study instructions.

c. If the study is stopped by the sponsor of the study prior to completion.

Your participation in this study and/or the study itself may be stopped at any time by:

* ICON
* AstraZeneca
* Salus IRB

**IN CASE OF AN INJURY RELATED TO THIS RESEARCH STUDY**

This study only requires you to complete a survey. No study-related injury is anticipated. Therefore, there is no provision made for study-related injury; however, you **DO NOT** give up your legal rights by agreeing to participate in this study.

**OFFER TO ANSWER ANY QUESTIONS ABOUT THIS STUDY**

If you have any study-related questions, concerns, or complaints at any time about the study, contact Emuella Flood at 1 301-944-67829446782 or email [emuella.flood@iconplc.com](mailto:emuella.flood@iconplc.com).

You may contact Salus IRB if you:

* would like to speak with someone not related to the research,
* have questions, concerns, or complaints regarding the research study, or
* have questions about your rights as a research participant.

Chairman, Salus IRB

2111 West Braker Lane, Suite 400

Austin, TX 78758 USA

Or you may email [salus@salusirb.com](file:///\\iconcr.com\global\Sites\AM-Data\oxo-data\Bethesda\PRO\Projects\0049%20AstraZeneca\3%20Protocol\Protocol%20Draft%201\clientservices@salusirb.com)

Or you can call: 00+1-855-300-0815 Monday – Friday between 8:00 AM and 5:00 PM, Central Time

If you would like additional information, you may visit Salus IRB’s website at [www.salusirb.com](file:///\\iconcr.com\global\Sites\AM-Data\oxo-data\Bethesda\PRO\Projects\0049%20AstraZeneca\3%20Protocol\Protocol%20Draft%201\www.salusirb.com).

Salus IRB has approved this study and this informed consent document. Salus IRB is a group of scientific and non-scientific people whoreview and approve or disapprove research involving people by following the federal regulations. This group is also required by the federal regulations to do periodic reviewof ongoing research studies.

# AGREEMENT TO PARTICIPATE

This consent document contains important information to help you decide if you want to be in this study. If you have any questions that are not answered in this consent document, please contact the Principal Investigator.

I have read, in a language that I understand, the above information. I hereby voluntarily consent and offer to take part in this study and authorize the use and disclosure of the information I provide to take part in the study. I confirm that I am legally permitted to consent on my own behalf.

Check one box:

**Print a copy of this consent to keep for your records.**

* I have read the above statement and I agree to participate in this study.
* I have read the above statement and I do not agree to participate in this study. **[If selected, show: You’ve indicated that you do not agree to participate in this study. Is that correct? Yes/No. If YES, END SURVEY]**

**[Next screen]**

**INTRODUCTION**

Thank you for agreeing to participate in this survey. Before you begin, please note that the survey will take approximately 30 minutes to complete. If you need to leave the survey part-way through, you can re-enter the survey at the point where you left off using the survey link.

If you have any questions about the study or the survey, or if you require technical assistance, please call:

**[Insert local country number]** (Monday-Friday, **[Insert available time]**).

We recommend writing this number down or printing this page before you begin the survey.

Your responses will be kept strictly confidential, and we ask you to be as open and honest as possible. There are no right or wrong answers. The survey will begin on the next screen.

**[Next screen]**

**Section 1: You and Your Experience with Type 2 Diabetes**

In this section of the survey, we will ask you questions about you, your diabetes and the treatments you take for your diabetes. Please answer each question as best as you can.

**[Next screen]**

1. When were you first diagnosed with type 2 diabetes?

Month\_\_\_\_\_ Year\_\_\_\_\_

**[Next screen]**

1. Who do you currently see to treat your type 2 diabetes? *(Please select all that apply)*

❒ A general practitioner (GP)

❒ An endocrinologist

❒ A diabetes specialist

* A nurse practitioner
* Other hospital doctor (e.g. consultant, senior registrar, registrar)

❒ Other

❒ Don’t know

**[Next screen]**

1. Do you know your HbA1c (A1c) level? A1c is the test that is done at your doctor’s office to determine you average blood sugar level over the past 3 months. It is not the blood sugar test you do at home.

* No
* Yes (please enter your current A1c level):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[RANGE: 0.0-20.0]**

1. Have you measured your blood sugar in the past week? This is the test you do at home.

* No **[Skip to Q5]**
* Yes **[Ask Q4a]**

4a.Please enter your most recent blood sugar level: (*Enter all that apply*)

Fasting blood sugar (on an empty stomach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[RANGE: 0.0-999.9] \_\_\_\_\_\_ Don’t know**

Postprandial blood sugar (taken 2 hours after a meal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[RANGE: 0.0-999.9] \_\_\_\_\_\_ Don’t know**

Random blood sugar (taken regardless of time of last meal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[RANGE: 0.0-999.9] \_\_\_\_\_\_ Don’t know**

**[Next screen]**

1. Do you suffer from any other chronic health problems? *(Please select all that apply)*

* Cancer
* Cardiovascular condition
* Chronic kidney disease
* Mental health condition
* Respiratory disorder
* Diabetic retinopathy
* Diabetic foot problems
* Diabetic neuropathy
* Other
* No other health problems besides type 2 diabetes

**[Next screen]**

1. How would you rate your current health overall?

* Excellent
* Very good
* Good
* Fair
* Poor

**[Next screen]**

**Current Medications**

The next few questions ask about the medication(s) that you take now to treat your diabetes. Please think only about your **current** diabetes medications when you answer these questions.

**[Next screen]**

**[Next screen]**

**[Repeat Q7 for each medication listed in the screener]**

1. How often do you take **[insert medication]**?

* Once a week
* Once a day
* Twice a day
* Three times a day
* More than three times a day

**[Next screen]**

1. Please think about how well your current diabetes treatment or treatments controls your blood sugar. How would you describe the level of control your **current** diabetes treatment(s) provides?

* Excellent
* Very good
* Good
* Fair
* Poor
* Don’t know

**[Next screen]**

**[Ask Q9 only to patients who selected Victoza or Bydureon in the screener]**

1. What type of injection device do you **currently** use to take **[insert medication name]**?

* Vial and syringe
* A disposable, single-use pen
* A disposable, multi-use pen
* Other

**[Next screen]**

**[Ask Q10-Q14for EACH medication selected in the screener]**

1. How **difficult** is it to take **[insert medication name]** as prescribed?
   1. Not difficult
   2. A little difficult
   3. Moderately difficult
   4. Difficult
   5. Very difficult

**[Next screen]**

1. How **convenient** is **[insert medication name]**?
   1. Very convenient
   2. Convenient
   3. Moderately convenient
   4. A little convenient
   5. Not convenient

**[Next screen]**

1. How often do you **completely miss** taking **[insert medication name]** (for any reason)? Missing a dose means missing it completely. There will be another question about how often you may take it late. Please choose the best answer.

* Never miss **[Skip to Q13]**
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

12a. What are the reasons you have ever **completely missed a dose** (not taken it at all on the scheduled day) of **[insert medication name]**? *(Please select all that apply)*

* Forgot
* Didn’t have the medication with me at the scheduled time
* Didn’t take it out of the refrigerator when supposed to
* Ran out of medication
* Because of side effects/to avoid side effects
* For cost reasons
* Had a change in daily routine
* Felt ill
* Other
* None

**[Next screen]**

1. How often do you take **[insert medication name]** **later than your scheduled time** (for any reason) but still on the day you are supposed to? Please choose the best answer.

* Never late **[Skip to Q14]**
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

13a. What are the reasons you have ever taken a dose of **[insert medication name]** **later** than scheduled? *(Please select all that apply)*

* Forgot
* Didn’t have the medication with me at the scheduled time
* Didn’t take it out of the refrigerator when supposed to
* Ran out of medication
* Because of side effects/to avoid side effects
* For cost reasons
* Had a change in daily routine
* Felt ill
* Other
* None

**[Next screen]**

1. What aspect of your treatment makes it **most difficult or inconvenient** to take **[insert medication name]** as instructed by your doctor? *(Please choose only one.)*

* Having to take it once a day
* Having to take it more than once a day
* Having to take it once a week
* Having to keep it refrigerated
* Having to inject the medication
* Other
* None

**[Next screen]**

**[Ask 15 of Bydureon and Victoza users only. Ask 15a only to those only on oral medications]**

1. Which of the following **injectable diabetes treatment** **schedules** do you think would be **easiest** for you to follow?

* Once a day
* Twice a day
* Once a week

15a. Imagine that your doctor has prescribed you an **injectable diabetes medication**. Which of the following **injectable diabetes treatment schedules** do you think would be **easiest** for you to follow?

* Once a day
* Twice a day
* Once a week

**[Next screen]**

**[Show Q16 to Bydureon users only. Show Q16a only to those only on oral medications.]**

1. If you were required to take an **injectable** diabetes treatment **once a day**, how often do you think you would **completely miss a dose**?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

16a. Imagine that your doctor has prescribed you an **injectable diabetes medication**. If you were required to take an injectable diabetes treatment **once a day**, how often do you think you would **completely miss a dose**?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

**[Next screen]**

**[Show Q17 to Victoza users only. Show Q17a only to those on oral medications only.]**

1. If you were required to take an **injectable** diabetes treatment **once a week**, how often do you think you would **completely miss a dose**?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 2 times a month
* More than 2 times a month

**17a.** Imagine that your doctor has prescribed you an **injectable diabetes medication**. If you were required to take an injectable diabetes treatment **once a week**, how often do you think you would **completely miss a dose**?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 2 times a month
* More than 2 times a month

**[Next screen]**

**[Show Q18 to Bydureon users only. Show Q18a only to those on oral medications only.]**

1. If you were required to take an **injectable** diabetes treatment **once a day**, how often do you think you would be **late** taking a dose?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

18a. Imagine that your doctor has prescribed you an **injectable diabetes medication**. If you were required to take an injectable diabetes treatment **once a day**, how often do you think you would be **late** taking a dose?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 3 times a month
* About once a week
* More than once a week

**[Next screen]**

**[Show Q19 to Victoza users only. Show Q19a only to those on oral medications only.]**

1. If you were required to take an **injectable** diabetes treatment **once a week**, how often do you think you would be **late** taking a dose?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 2 times a month
* More than 2 times a month

19a. Imagine that your doctor has prescribed you an **injectable diabetes medication**. If you were required to take an **injectable** diabetes treatment **once a week**, how often do you think you would be **late** taking a dose?

* Never
* About once a year
* About once every 6 months
* About once every 3 months
* About once a month
* About 2 times a month
* More than 2 times a month

**[Next screen]**

**Past Medications**

The next few questions will ask you about medications that you have taken **in the past** to treat your type 2 diabetes. Please answer the questions thinking only about the medications that you **no longer take** to treat your diabetes.

**[Next screen]**

1. Have you ever used a different medication (not your current medication) to treat your type 2 diabetes **in the past**?

* Yes
* No, I have never used any other medication to treat my type 2 diabetes **[Skip to Q21]**

**[Next screen]**

20a What medication(s) have you used **previously** to treat your type 2 diabetes?

* Oral medication. **[if selected, show Q20a1]**

20a1. Please select **all oral medications** that you’ve taken previously from the list below:

* + Metformin
  + Glimepiride
  + Glipizide
  + Glyburide (also known as glibenclamide)
  + Gliclazide
  + Tolbutamide
  + Glicazide modified release
  + Repaglinide
  + Galvus® (Vildagliptin)
  + Januvia® (Sitagliptin)
  + Onglyza ® (Saxagliptin)
  + Trajenta® (Linagliptin)
  + Vipidia® (Alogliptin)
  + Actos® (Pioglitazone)
  + Forxiga® (Dapagliflozin)
  + Invokana® (Canagliflozin)
  + Jardiance® (Empagliflozin)
  + Other
* Injectable medication. **[if selected, show Q20a2; if patient screened in as an injectable naïve, terminate if they select injectable medication here**

20a2. Please select **all injectable medications** that you’ve taken **previously** from the list below:

* + Bydureon® (exenatide QW)
  + Byetta® (exenatide)
  + Victoza® (liraglutide)
  + Xultophy® (insulin degludec + liraglutide)
  + Lyxumia® (lixisenatide)
  + Trulicity® (dulaglutide)
  + Eperzan® (albiglutide)
  + Actrapid® 100 ml (human insulin)
  + Apidra® 100 ml (insulin glulisine)
  + Apidra Solostar® 100 ml (insulin glulisine)
  + Humalog® 100ml (insulin lispro)
  + Humalog® 200ml (insulin lispro)
  + Humalog Mix25® 100 ml (insulin lispro)
  + Humalog Mix50® 100 ml (insulin lispro)
  + Humulin® (human insulin)
  + Hypurin Bovine Isophane® (beef insulin)
  + Hypurin Bovine Lente® (beef insulin)
  + Hypurin Bovine Neutral® (beef insulin)
  + Hypurin Bovine Protamine Zinc® (beef insulin)
  + Hypurin Porcine 30/70 Mix® (pork insulin)
  + Hypurin Porcine Isophane® (pork insulin)
  + Hypurin Porcine Neutral® (pork insulin)
  + Insulatard® 100ml (human insulin)
  + Insulatard Penfill® 100ml (human insulin)
  + Insulatard InnoLet® 100ml (human insulin)
  + Insuman Basal® 100ml (human insulin)
  + Insuman Basal SoloStar® 100ml (human insulin)
  + Insuman Comb 15® 100ml (human insulin)
  + Insuman Comb 25® 100ml (human insulin)
  + Insuman Comb 25 SoloStar® 100 ml (human insulin)
  + Insuman Comb 50® 100ml (human insulin)
  + Insuman Rapid® 100ml (human insulin)
  + Lantus® 100ml (insulin glargine)
  + Levemir Cartridge® 100ml (insulin detemir)
  + NovoMix 30® 100ml (insulin aspart)
  + NovoRapid® 100ml (insulin aspart)
  + NoveRapid PumpCart® 100ml (insulin aspart)
  + Tresiba® 100ml (insulin degludec)
  + Tresiba® 200ml (insulin degludec)
  + Other

**[Next screen]**

**[Repeat the following questions for each medication checked]**

20a3. How long did you take **[Insert name of medication**]?

Months\_\_\_\_\_\_ Years\_\_\_\_\_\_

20a4. How frequently did you take [**insert medication name**]?

* Once a week
* Once a day
* Twice a day
* Three times a day
* More than three times a day
* Other

**[Next screen]**

20a5. What were the reasons you stopped taking **[Insert name of medication**]? *(Please select all that apply)*

❒ Side effects

❒ It didn’t work well at keeping my blood sugar under control

❒ I gained weight

❒ I didn’t like the way I had to take it (e.g., injection, pill, liquid, etc…)

❒ I didn’t like how often I had to take it

❒ I didn’t like the device (e.g., disposable pen, vial and syringe, non-disposable

pen, etc…)

❒ My doctor recommended I stop taking it

❒ I kept forgetting to take my medication

❒ It was inconvenient

❒ Other

**[Next screen]**

**[Ask Q20a6 only for prior injectable medications]**

20a6. What type of injection device did you use to take **[insert medication name]**?

* + - Vial and syringe
    - A disposable, single-use pen
    - A disposable, multi-use pen
    - A non-disposable, refillable pen
    - Other

**[Next screen]**

And now we have a few more questions we would like to ask about you.

1. What is the highest level of education that you have completed? (*Please check only one*)

* No formal qualifications
* GCSE/O-level or equivalent
* A-level or equivalent
* University degree
* Post-graduate degree

**[Next screen]**

1. What is your current weight? If you are unsure, please give your best estimate.

\_\_\_\_\_\_\_\_\_\_\_\_\_stones

\_\_\_\_\_\_\_\_\_\_\_\_\_pounds

\_\_\_\_\_\_\_\_\_\_\_\_\_kg

1. What is your height? If you are unsure, please give your best estimate.

\_\_\_\_\_\_\_\_\_\_\_\_\_feet

\_\_\_\_\_\_\_\_\_\_\_\_\_inches

\_\_\_\_\_\_\_\_\_\_\_\_\_centimetres

**[Next screen]**

1. What is your ethnic group? *(Please select all that apply)*

❒ White

❒ Mixed/Multiple ethnic groups

❒ Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, Japanese, Other)

❒ Black/African/Caribbean/Black British

❒ Arab

❒ Other ethnic group; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ I prefer not to answer

**[Next screen]**

1. How would you describe your current employment status? Please select the answer that best applies.

❒ Employed, full-time

❒ Employed, part-time

❒ Self-employed

❒ Student

❒ Stay-at-home parent/homemaker

❒ Unemployed

❒ Retired

❒ Disabled

❒ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Next screen]**

**Section 2: Features of Injectable Diabetes Treatments**

Thank you for telling us about you and your experience with diabetes and treatment.

In the next section we will ask for your opinions about hypothetical, or imaginary, injectable diabetes treatments.

The next several screens will describe the features of the imaginary treatments that will be presented to you in the survey. After we describe the features, we will ask you a set of questions to get your opinions about the imaginary treatments.

**[Next screen]**

The features of the imaginary injectable medications that will be presented in the survey are:

1. The size of the device
2. The preparation required to use the device
3. How often you take the medication
4. The size of the needle used to inject the medication
5. The need to slowly increase the dose when you first start taking it (titration)
6. How well the medication works
7. Evidence that the medication remains effective and safe over the long term
8. The chance of side effects

We will describe each of these treatment features in more detail on the next screens.

**[Next screen]**

**Medication Feature #1: Device Size**

The imaginary injectable diabetes treatments you will see in the survey are different sizes. The pictures here represent the size of each of the four imaginary devices.

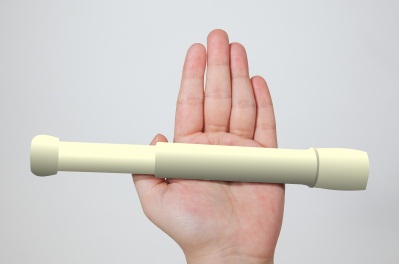
**Device B**

**Device C**

**Device D**

**Device A**





**[Next screen]**

**Medication Feature #2: Preparation required**

The amount of preparation required to use an injectable diabetes treatment can vary from one medication to another. The imaginary injectable diabetes treatments you will see in this survey have four possible preparations. These four different preparations are described below. Please read each of these carefully before moving to the next screen.

|  |  |  |  |
| --- | --- | --- | --- |
| **Preparation A** | **Preparation B** | **Preparation C** | **Preparation D** |
| * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Shake it for 15 seconds to mix it   + Inject the medication   + Leave the needle in your skin for 15 seconds to ensure a full dose has been given | * + Take the medication out of the refrigerator   + Connect vial and syringe   + Combine powder in vial with liquid in syringe   + Shake it hard to mix it   + Draw mixed solution into syringe   + Attach the needle provided with the medication   + Inject the medication |

**[Next screen]**

**Feature #3: Dosing Frequency**

Injectable diabetes treatments can also have different requirements regarding how often the treatments have to be taken. The imaginary injectable diabetes treatments that you will see in this survey are taken either once a day or once a week.

**Frequency A Frequency B**

**Once a day Once a week**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** |
| **X** | **X** | **X** | **X** | **X** | **X** | **X** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** |
| **X** |  |  |  |  |  |  |

This treatment has to be taken one time every seven days, for a total of 52 injections per year. You can take the treatment any time of day, with or without food.

This treatment has to be taken once a day, every single day of the week, for a total of 365 injections per year. You can take the treatment any time during the day, with or without food

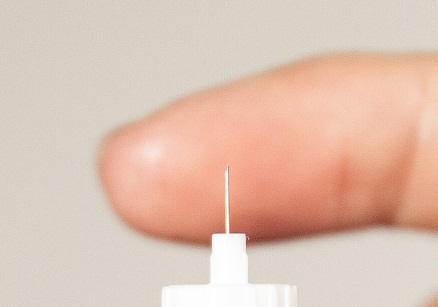
.

**[Next screen]**

**Feature #4: Needle size**

The devices used for injectable diabetes treatments can also have different-sized needles in terms of length and thickness. The imaginary injectable diabetes treatments that you will see in this survey have one of two different needles, which are pictured below. Needle A is longer and thicker than Needle B.

**Needle A** **Needle B**



**[Next screen]**

**Feature #5: Needing to Change the Treatment Dose Step by Step over a Few Weeks (Titration)**

Some injectable diabetes treatments require that the dose be increased a little at a time when you first start taking the medication until you get to the right dose for you. This process of adjusting the dose to find the right one for you is called “titration.” As an example, during the titration process, your doctor might tell you to start by taking 0.5 mg for one week and then increase to 1.0 mg during the second week. At the end of the second week, you might have to return to your doctor to determine whether you should stay at 1.0 mg or increase the dose one step further to 1.5 mg.

Other injectable diabetes treatments **do not require titration** **(no adjustment of dose).** They have only one dosage amount that never changes. You take the same dose each time.

**[Next screen]**

For the hypothetical diabetes treatments discussed in this survey, one medication requires titration and one medication does not.

**Treatment A: Requires titration (adjusting/initially increasing the dose)**

The medication that requires titration starts with a lower dose for one week. Then, in week two, you would increase the dose. If your blood sugar level is doing well, you would continue taking that dose. If your doctor decides that your blood sugar still needs more control, the doctor would increase your dose one more time. Each time you give yourself an injection, you would need to make sure that you are selecting the correct dose.

**Treatment B: Does NOT require titration (no adjustment/take same dose each time)**

For this medication, you never have to adjust the dose. Since the amount is the same every time you give the injection, you never have to select a dosage amount.

**[Next screen]**

**Feature #6: How Well the Medication Works**

The next feature we would like you to think about is how well the medication works.

Diabetes medications lower your blood sugar. A1c is a test of your blood sugar that is done at the doctor's office. It is an average of your blood sugar over the last 3 months. It is NOT the test you take yourself at home.

A normal A1c is 4% to 6%, but people with diabetes have a higher than normal A1c (up to 12% or more). The goal of diabetes treatment is usually to get the A1c to under 7%.

**[Next screen]**

In this survey, you will be asked to consider medications that lower your A1c by different amounts. When you have diabetes, your A1c can be too high, and so a **greater** decrease in your A1c is better (meaning that the medication is more effective).

So, for example, a reduction in your A1c from 9% to 7% would mean a **2-point** improvement. A **2-point** improvement in A1c is better than a **1-point** improvement in A1c.

**[Next screen]**

Which of the following options means a medication is working better at lowering your blood sugar?

* **2.5** point improvement in A1c **[If selected, show screen A: “You are correct. A 2.5 point improvement in A1c is better than a 0.5 improvement in A1c.”]**
* **0.5** point improvement in A1c **[If selected, show screen B: “Sorry, that is incorrect. Remember that a 2.5-point improvement in A1c is better than a 0.5-point improvement in A1c because it indicates a larger improvement.”]**

**[Next screen]**

The hypothetical treatments that we will discuss in this survey have three different levels of A1c improvement.

**Treatment A**

This medication improves A1c by **1.5 points**.

**Treatment B**

This medication improves A1c by **1.2 points**.

**Treatment C**

This medication improves A1c by **0.8 points**.

**[Next screen]**

**[Next screen]**

**Feature #7: Evidence that the Treatment Remains Effective and Safe Over the Long Term**

When medications are first approved for human use, clinical studies are done to test if the medicine works and is safe. However, initial clinical studies are short and patients are often followed for less than a year. This is not a long enough time to understand if a medicine works and is safe over many years. So, additional studies where patients are followed while on treatment over several years are usually done to test if the medicine is safe and works over a longer period of time. Since patients take medications for many years, the information from these longer clinical studies helps confirm that these medicines will continue to control diseases like diabetes over a long period of time. The information from these studies regarding the effect and safety of the medicine is often published in medical journals.

**[Next screen]**

“Has evidence of continued effectiveness and safety for 2 years” means which of the following:

* The medication is safe and effective for only 2 years. **[If selected, show:** No, sorry that is incorrect. The correct answer is “Patients taking the medicine were followed for 2 years. Evidence shows that the medicine is safe and effective over the 2 year period. It could be safe and effective longer than 2 years, but patients were not followed for longer than 2 years to study the medicine’s effect in a formal study.”]
* You can use the medication for 2 years before you have to see the doctor for a check-up. **[If selected, show:** No, sorry that is incorrect. The correct answer is “Patients taking the medicine were followed for 2 years. Evidence shows that the medicine is safe and effective over the 2 year period. It could be safe and effective longer than 2 years, but patients were not followed for longer than 2 years to study the medicine’s effect in a formal study.”]
* Patients taking the medicine were followed for 2 years. Evidence shows that the medicine is safe and effective over the 2 year period. It could be safe and effective longer than 2 years, but patients were not followed for longer than 2 years to study the medicine’s effect in a formal study. **[If selected, show:** Yes, that is correct. The medication could be safe and effective for more than 2 years, but there is no evidence from a study to show this because patients were not followed beyond 2 years.]

**[Next screen]**

In the survey, we will ask you about imaginary injectable diabetes treatments that have evidence which shows that the medicine works well and is safe in treating diabetes for **six years, two years, or one year** in published studies.

**Treatment A**

Has evidence of continued effectiveness and safety for **6 years**

**Treatment B**

Has evidence of continued effectiveness and safety for **2 years**

**Treatment C**

Has evidence of continued effectiveness and safety for **1 year**

**[Next screen]**

**Feature #8: Chance of Side Effects**

Some injectable diabetes treatments may have a chance of side effects. In this survey, the imaginary injectable diabetes treatments each have a different chance of having one of the following side effects:

* **Vomiting** (being sick)
* **Nausea** (feeling sick to your stomach, as if you want to be sick)
* **Diarrhoea** (loose, watery stool)
* **Injection-site nodules** (small bumps, usually less than 1 cm, near the place on your body where you gave an injection)

**[Next screen]**

The chance of side effects will be presented as a percentage (%). A **lower** percent chance of a side effect is **better** than a higher percent chance. So, for example, a 5% chance of having nausea is better than a 60% chance of having nausea.

**[Next screen]**

Which of the following options means that you are less likely to have nausea as a treatment side effect?

* **3%** chance of nausea **[If selected, show screen A: “You are correct. A 3% chance of nausea is better than an 8% chance of nausea.”]**
* **8%** chance of nausea **[If selected, show screen B: “Sorry, that is incorrect. Remember that a 3% chance of nausea is better than an 8% chance of nausea because it indicates that you are less likely to have nausea as a side effect.”]**

**[Next screen]**

The imaginary injectable diabetes treatments we’ll be discussing have the following chance of side effects:

**Side effects A Side effects B**

* **21%** chance of nausea
* **13%** chance of diarrhoea
* **11%** chance of vomiting
* **1%** chance of injection-site nodules
* **9%** chance of nausea
* **6%** chance of diarrhoea
* **4%** chance of vomiting
* **10%** chance of injection-site nodules

**[Next screen]**

**Section 3**

Now we would like to get your opinion about the imaginary injectable diabetes treatments.

In the following questions, we will show you two different imaginary treatment options and ask you to tell us which treatment you would prefer, assuming that these were your only options.

**[Next screen]**

When making your selection, please **only think about the features presented**. You can assume that all other features of the treatments or devices **are equal**. For example, you can assume that both medications have the same cost and availability.

On the next screen, you’ll see a short example of the type of question we’ll be asking in the survey. In this example, we’re comparing two cars instead of two diabetes treatments. This is just to give you an idea of what the survey questions will look like.

**[Next screen]**

**Example:**

Imagine that you are buying a car. You have two options to choose from. The two cars are different in only three ways: type of car, type of transmission, and colour. They are the same in every other way. (e.g., they have the same fuel mileage, can drive at the same speeds, cost the same, are equally as safe, etc…)

**[Next screen]**

Assuming that they are the same in every other way, which of the two cars listed below would you choose?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 1** |  | **Car A** |  | **Car B** |
| **Type of car** |  | 2-door |  | 4-door |
| **Type of transmission** |  | Automatic transmission |  | Manual transmission |
| **Colour** |  | Red |  | Blue |
|  |  |  |  |  |
| **Which car would you choose?** |  |  |  |

**[Next screen]**

The next questions will present similar pairs for you to choose from, except these will be the imaginary diabetes treatments. For each pair of medication options, please choose the one you would prefer. **There are no right or wrong answers.** We are interested in your opinion.

We understand that this portion of the survey may seem repetitive; however, each question is very important. We ask that you please take your time and consider each response carefully.

***Remember:*** The treatments described on the next screens **are not real** diabetes treatments.

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 1** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation required** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 2** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 3** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 4** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 5** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 6** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

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| --- | --- | --- | --- | --- |
| **Choice 7** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 8** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 9** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 10** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 11** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 12** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 13** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation required** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 14** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next Screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 15** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 16** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 17** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 18** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 19** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 20** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 21** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 22** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 23** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 24** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 25** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **1 year** |  | Has evidence of continued effectiveness and safety for **2 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 26** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 27** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 28** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.5** point improvement |  | **0.8** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 29** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 30** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  | cid:image001.jpg@01D06AEC.C2B39700 |  |  |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 31** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * Take the medication out of the refrigerator * Connect vial and syringe * Combine powder in vial with liquid in syringe * Shake it hard to mix it * Draw mixed solution into syringe * Attach the needle * Inject the medication |  | * + Obtain needle   + Take the medication out of the refrigerator   + Attach the needle   + Select the dose using a dial   + Inject the medication   + Leave the needle in your skin for 6 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | Does **NOT** require titration |  | **Requires** titration |
| **Improvement in A1c** |  | **0.8** point improvement |  | **1.2** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **6 years** |  | Has evidence of continued effectiveness and safety for **1 year** |
| **Side effects** |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**Below are two pretend medications with different features. Please assume that everything else about the medications, such as the cost or availability, is exactly the same.**

**Take your time and review each medication carefully. Choose the one you would prefer by clicking the button at the bottom of the screen under Treatment A or Treatment B.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 32** |  | **Treatment A** |  | **Treatment B** |
| **Device Size** |  |  |  |  |
| **Needle Size** |  |  |  | cid:image001.jpg@01D06AEC.C2B39700 |
| **Dosing Frequency** |  | Medicine is taken **once a week**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** |  |  |  |  |  |  | |  | Medicine is taken **once a day**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
| **Preparation** |  | * + Take the medication out of the refrigerator and let it warm up for 15 minutes   + Attach the needle provided with the medication   + Combine the powder and liquid by twisting the knob   + Tap it up to 80 times on the palm of your hand to mix it   + Inject the medication   + Leave the needle in your skin for 10 seconds to ensure a full dose has been given |  | * Take the medication out of the refrigerator and let it warm up for 15 minutes * Shake it for 15 seconds to mix it * Inject the medication * Leave the needle in your skin for 15 seconds to ensure a full dose has been given |
| **Titration (Need to change dose step by step over a few weeks)** |  | **Requires** titration |  | Does **NOT** require titration |
| **Improvement in A1c** |  | **1.2** point improvement |  | **1.5** point improvement |
| **Evidence of continued effectiveness and safety** |  | Has evidence of continued effectiveness and safety for **2 years** |  | Has evidence of continued effectiveness and safety for **6 years** |
| **Side effects** |  | * + **9%** chance of nausea   + **6%** chance of diarrhea   + **4%** chance of vomiting   + **10%** chance of injection-site nodules |  | * + **21%** chance of nausea   + **13%** chance of diarrhea   + **11%** chance of vomiting   + **1%** chance of injection-site nodules |
|  |  |  |  |  |
| **Which treatment would you choose?** |  |  |  |

**[Next screen]**

**You have reached the end of the survey.**

**Thank you for participating in this study!**