

## Supplemental Materials

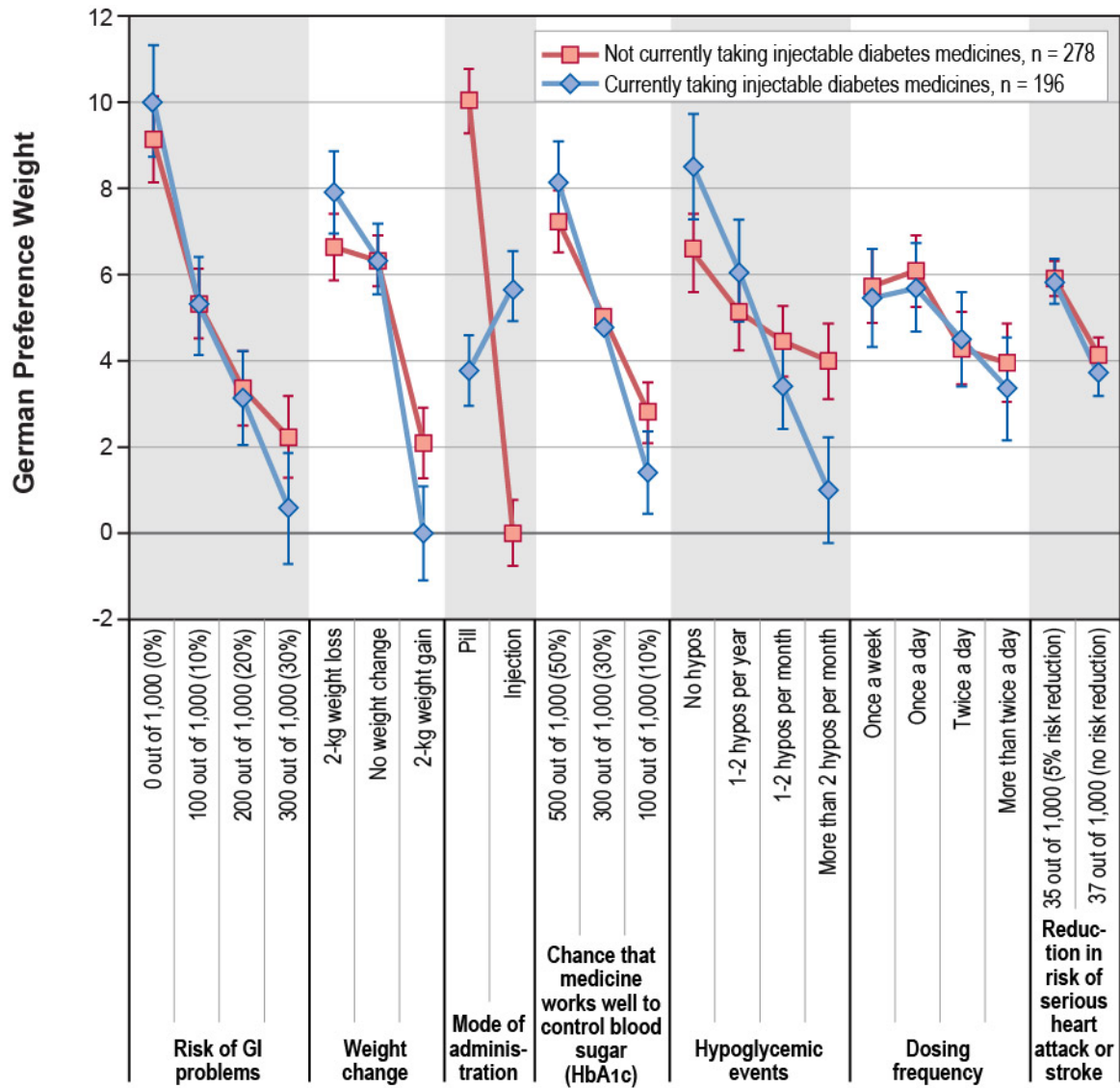
Among German respondents, those using injectable treatments preferred injection to oral delivery, whereas those using oral treatments preferred oral administration over injections (Fig. S1a). Additionally, those using injectables showed significant differences in preference weights for every level of hypoglycemic events, whereas respondents not using injectables showed significant differences in preference weights only between none versus 1 or more per month.

Among Spanish respondents, those using injectables did not show a significant preference for one mode of administration over the other ( $p = 0.10$ ), whereas those not using injectables showed a preference for oral administration over injections ( $p < 0.01$ ) (Fig. S1b). Additionally, those using injectables significantly preferred “once a week” to “once a day” dosing ( $p < 0.01$ ), whereas those not using injectables did not discriminate between these levels ( $p = 0.25$ ).

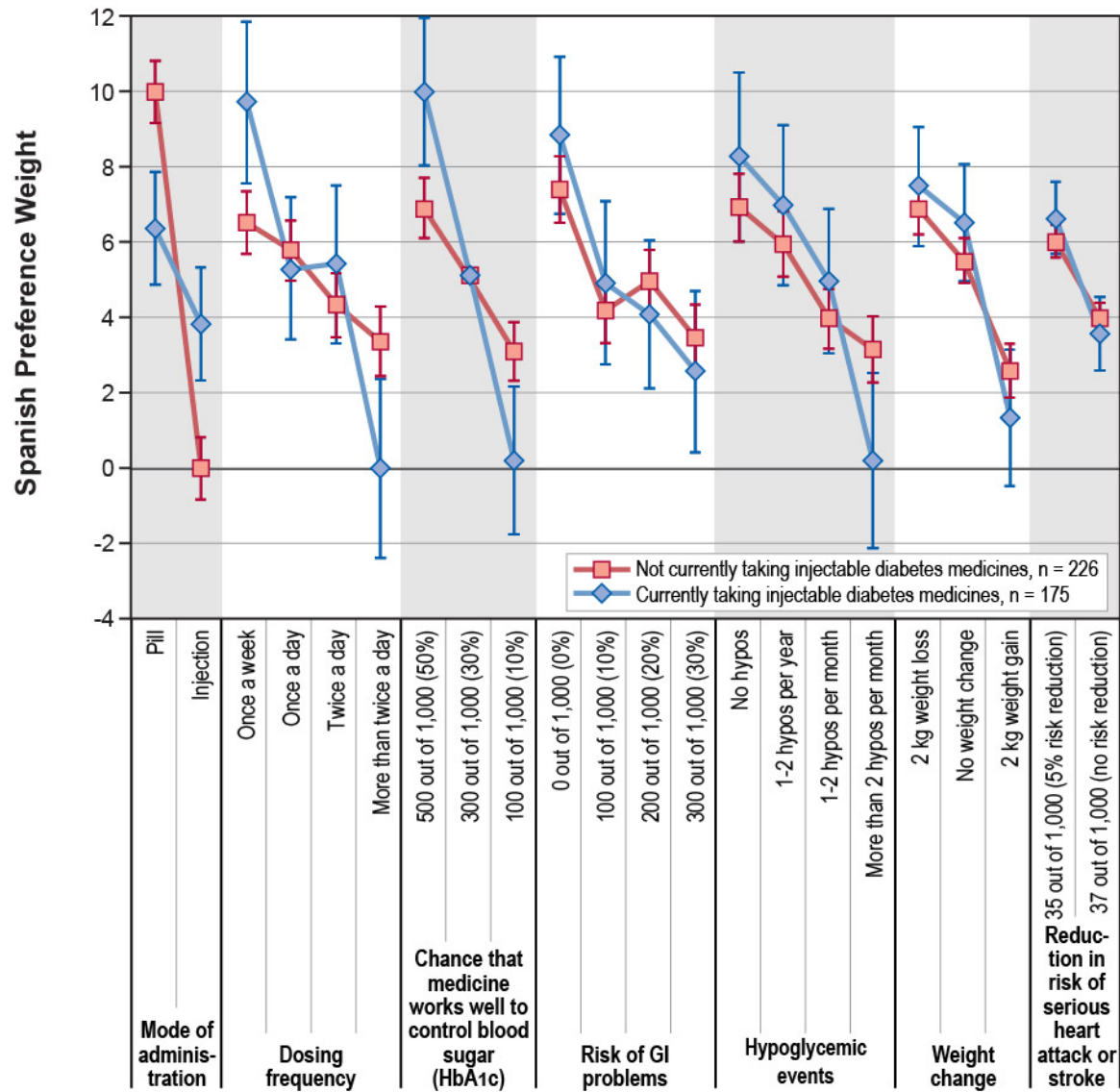
There were differences according to time since diagnosis ( $<7$  years versus  $\geq 7$  years) only among German respondents (Fig. S1c). Compared with respondents diagnosed more recently, respondents diagnosed  $\geq 7$  years prior to the survey showed a significantly higher preference weight for no hypoglycemic events versus 1-2 per year and for a 2-kg weight loss versus no weight loss.

**Fig S1.** Preference weights for subgroups

**a** German preference weights for subgroups defined in terms of mode of administration



**b** Spanish preference weights for subgroups defined in terms of mode of administration



c German preference weights for subgroups defined in terms of time since T2DM diagnosis

