SUPPLEMENTARY DATA

Supplementary Table 1. Online survey of experiences of CGM in type 1 diabetes.

Q1. How long ago were you (or the person you care for) diagnosed with type 1 diabetes?

Choose one from each column:

Years Months I am the: patient/carer

Q 2. Gender and age (years and months) of the person with type 1 diabetes using CGM.

Please choose one item from each column:

Gender Age (years) (+months)

Q3. I, or the person I care for, began using CGM because:

Q4. Have you (or the person you care for) used CGM with (choose one):

Pump only (I have never used CGM while on MDI)

MDI only (I have never used CGM while on a pump)

Both (I have used CGM when on MDI and a pump)

Q5. For how long have you (or the person you care for) used CGM?

Years Months

Q6. On average, how many days a month do you (or the person you care for) wear a CGM sensor?

6 days or fewer (less than 25% of the time)

7-14 days (about 25-50% of the time)

15-22 days (about 50-75% of the time)

22-30 days (about 75-100% of the time)

Q7. Do you receive any NHS funding for your CGM? If your funding situation has changed over time, please tell us about the 'current' funding situation

No NHS funding (completely self-funding)

NHS funding for sensor with no stated limit on the number of sensors, but no funding for the receiver/transmitter

NHS funding for a specific number of sensors per year/month (I had to buy the receiver transmitter myself)

NHS funding for the entire system, including a specific number of sensors per year

NHS funding with no stated limit on the number of sensors and NHS funding for the receiver/transmitter

Q8. I (or the person I care for) currently use the following CGM system and diabetes regimen:

Q9. Please describe in your own words your personal experience with CGM, including any benefits, problems or drawbacks to using the glucose sensor. Feel free to go into as much or as little detail as you wish. (These might be concerned with your diabetes, aspects of your life or relationships at home, with the family, with the hospital or healthcare professionals or at work, your health and well being, what you feel or what others feel, or any other positive or negative aspects of CGM that you would like to mention.