SUPPLEMENTARY DATA

Rationale for Supplementary Materials

Supplementary Table S1 – The STROBE Checklist was included to provide the reporting guidelines we used for a cross-sectional study.

Supplementary Table S2 – We included the complete list of the possible comorbidities included in recruitment selection of the study.

Supplementary Table S3 – We included the table for the additional adjusted analyses that were requested, which include adjustments for ethnicity, duration of diabetes, employment, and family support.

SUPPLEMENTARY DATA

Supplementary Table 1. Strobe Checklist for Cross-Sectional Design

STROBE Statement—Checklist of items that should be included in reports of ***cross-sectional studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders

		(b) Indicate number of participants with missing data for each variable of interest
Outcome data	15*	Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

SUPPLEMENTARY DATA

Supplementary Table 2. List of Comorbidities Included in Recruitment Selection

Comorbidities in Addition to Type 1 or 2 Diabetes
Heart disease (including ischemic, valvular, congestive, arrhythmic, congenital disease)
Heart failure
Stroke
Mental health disorders (stress, anxiety, depression, multiple depressive disorders)
Cancer (excludes nonmelanoma skin cancer)
Respiratory (asthma, chronic bronchitis, COPD)
Musculoskeletal (arthritis, osteoporosis)
Kidney disease
Eye disease
Nerve damage

SUPPLEMENTARY DATA

Supplementary Table 3. Additional Adjusted Analyses

Adjusted β-values of the selected associations between DDS and SF-12, PACIC and DCS and DCS and DDS with their respective selected sub-scores.

Scale Comparisons	β-value, CI (P-value)
SF-12 and DDS - emotional burden sub-score	-3.635, CI: -5.75 to -1.50 (P= 0.0010)
SF-12 mental component sub-score and DDS - emotional burden sub-score	-3.34, CI: -4.91 to -1.77 (P<0.0001)
PACIC and DCS	-6.7, CI: -9.1 to -4.32 (P<0.0001)
PACIC - patient activation sub-score and DCS	-4.305, CI: -6.25 to -2.375 (P<0.0001)
DCS and DDS (total scores)	0.0139, CI: 0.00372 to 0.0024 (P=0.0078)
DCS -uncertainty sub-score and DDS -emotional burden sub-score	0.00435, CI: -0.0066 to 0.0153 (P=0.4330)

β Values were adjusted for age, education, income, ethnicity, duration of diabetes, employment, and family support.