#### **Supplementary Material**

# Blood glucose testing in the community: who are the users and do they have elevated blood glucose?

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File S1. Blood glucose screening tool – data collection kit.

# On-the-spot blood glucose screening in the community

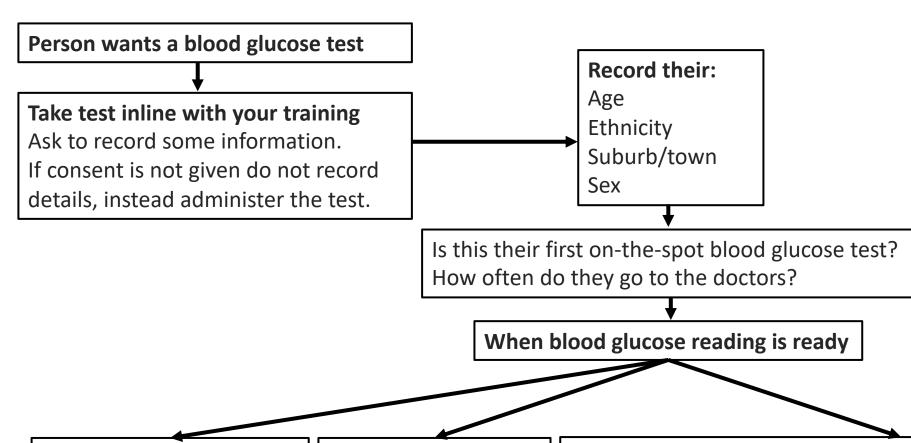
Routine data collection and what results mean

A process for people already trained to take capillary blood

### This kit contains:

- A flow chart of the data collection process, and what results may mean
- A short description of why each question is asked
- A template to record unidentifiable information on

## Flow Chart for Blood Glucose Screening



#### Normal (4-7.8mmol/L)

Advise them that the reading was within the normal population range. Thank them and Record their blood glucose number.

## Low (<4mmol/L)

Check if they have eaten and feel ok. If they have diabetes, do they take insulin or sulfonylureas?
Record number.

High (>7.8mmol/L) Ask if they have been diagnosed with diabetes or prediabetes? Advise that their blood glucose level is higher than the normal range. This does not mean they have diabetes, but it is something worth discussing with their doctor. Write on a card the time, date, blood glucose reading, and what they have eaten in past three hours. Give them the card and advise them to discuss with their GP. Record their blood glucose level and details.

## Why Collect Information?

On-the-spot blood glucose testing is to identify risk of diabetes, not to diagnose diabetes. Community testing may reach people who don't normally use health services. These questions seek to identify who uses on-the-spot testing, and how useful it is.

What's the difference between sex and gender?
Sex is about current anatomy, answers are F or M.
Gender is how we identify - there are a wide range of answers to this question.

## Why suburb or town?

This is a powerful question, we need a specific answer to where people live so we can compare between regions, urban/rural, and use an index of social deprivation to better understand who uses on-the-spot blood glucose testing.

## Previous testing and visiting the doctor?

Do we test new people or the same people each time? How often have been tested before? Are we seeing people who do/don't go to the doctors?

## **Standard format for asking about ethnicity** – multiple options are ok

2. What is your ethnicity?	(Please select all that apply	.)
New Zealand European	Tongan	Other, such as Dutch,
		Japanese,
☐ Maori	Niuean	Tokelauan
Pacific Islander	Chinese	Don't know
Samoan	Indian	Prefer not to say
Cook Island Maori		
Other (please specify)		

### What to do with high or low results?

Low results on their own don't indicate a problem- check how they feel, if they take insulin or sulfonylureas, and if they have eaten recently. High results can be a concern, they are the main reason we do on-the-spot testing. High readings are worth discussing – perhaps they have been diagnosed with prediabetes, T1 or T2 diabetes, or they may be unaware. If they were unaware it is useful for them to know that their reading was above the normal range. Very importantly, a reading about the normal range does not mean they have diabetes. Writing out the details of the blood glucose test is helpful for their GP, should they go on to book an appointment.

Date	:		Loca	ation:		Time fr	ame of testing:		Brand/type	of BG reader:	
N	Consent	Age		Suburb/town (as specific as possible)	Sex	Is this the 1st time blood sugars are tested on-the-spot?	How often do they visit their doctor?	BG level	Advised the reading was normal	If low: check insulin/food are ok	If high: known, or referred to GP?
а	✓	34	Māori, Dutch	Mornington	F	Υ	1 x year	5.2	✓	-	-
b	✓	57	Tongan	Ponsonby	М	N – 3x before	Not in 4 years	14.1	-	-	unknown – given card for GP
С	✓	18	NZ European	Lumsden	М	Υ	Every 3 months	3.6	-	√ T1	-
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