

## **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**

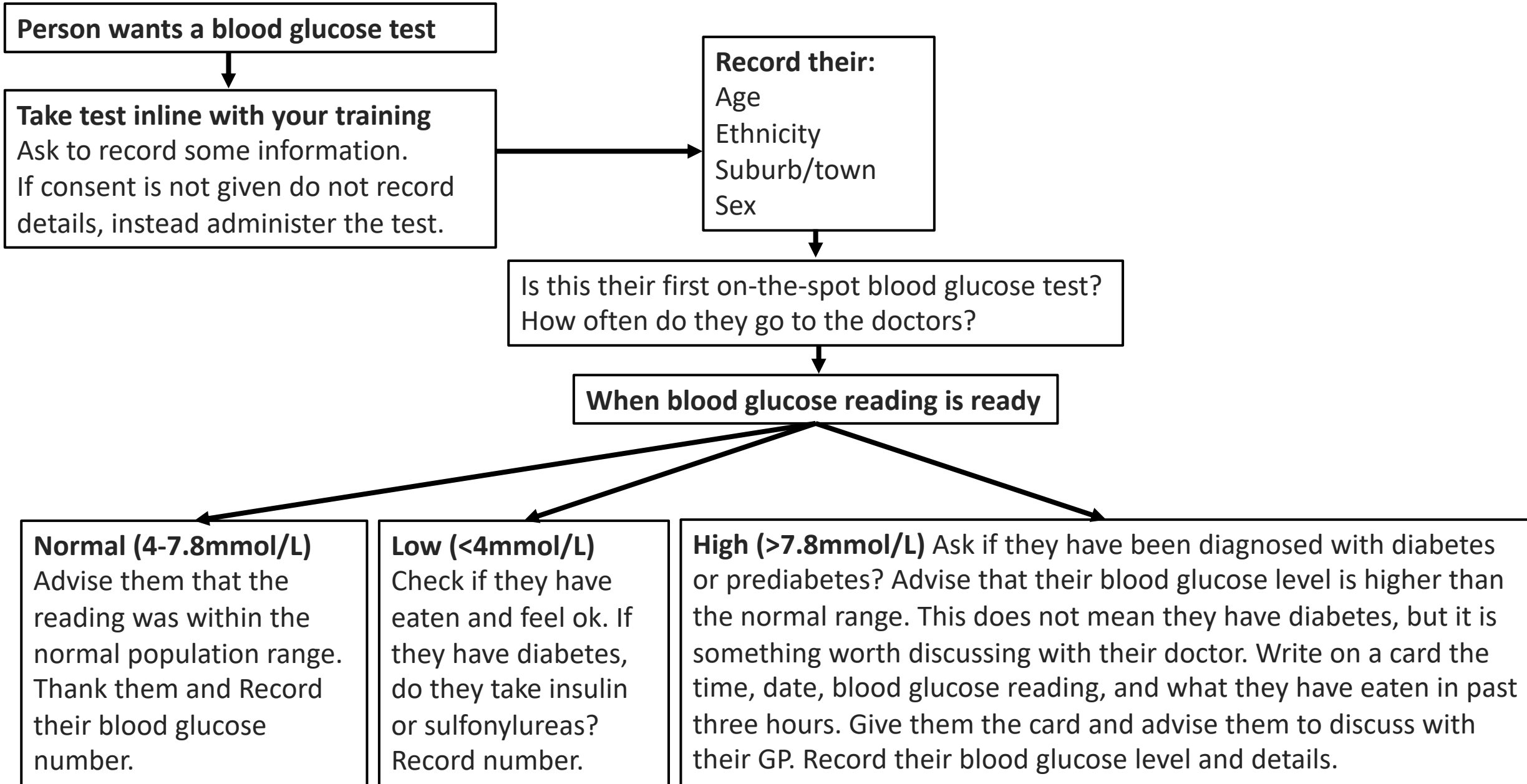
**Routine data collection and what results mean**

**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



# 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
- Maori
- Pacific Islander
- Samoan
- Cook Island Maori
- Other (please specify)
- Tongan
- Niuean
- Chinese
- Indian
- Other, such as Dutch, Japanese, Tokelauan
- Don't know
- Prefer not to say

## 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.

