

Additional file 1

Patient survey included and programmed in the D-Foot

D-Foot patient questions 20160224

No. Heading/question	Field text in D-Foot	Alternative
2. E-mail		
E-mail	Enter your e-mail	
Confirm	Enter your e-mail again	
3. Telephone number		
Telephone number	Enter your telephone number	
Confirm your telephone number	Enter your telephone number again	
4. Occupation		Work (state your level of employment in %) Pensioner Student Other
5. Height	cm	
6. Weight	kg	
7. In which year were you diagnosed with diabetes?	If you do not know exactly, give an approximate answer	
8. Which type of diabetes do you have?		Diabetes type 1 Diabetes type 2
9. Which HbA1c value (known as "long-term blood sugar") did you have at your last check-up?	If you do not know exactly, give an approximate answer	
10. Do you smoke?		Yes No
11. Do you use snuff?		Yes No
12. Do you take medicine for high blood pressure?		Yes No

13. Do you take medicine for cardiovascular disease?		Yes
		No
14. Have you previously received shoes or insoles because of your diabetes?		Yes
		No
If so, in which year did you make your first visit?	YYYY If you do not know exactly, give an approximate answer	
15. Do you think you can walk normally?		Yes
		No
16. Do you think you have good balance?		Yes
		No
17. Do you use walking aids in any context?		Yes
		No
18. Do you think you have normal feeling in your feet?		Yes
		No
19. Indicate on the scale how much of the day you sit/lie or stand/walk. This applies to the past week.	A scale from "Sit and lie all day" to "Stand or walk all day"	
During the past 12 months	Relates to Questions 20-22	
20. Have your feet been examined by a doctor or diabetes nurse?		Yes
		No
21. Have you received podiatry?		Yes
		No
22. Do you think you have received sufficient information relating to self-care of your feet?		Yes
		No
Do the healthcare staff think you have reduced circulation in your feet?		Yes
		No
A. Do you feel numbness/tingling in your feet?		Yes
		No

B. Do your feet sweat less than before?		Yes
		No
C. How much pain do you have in your right foot?	A scale from “No pain” to “Extreme pain”	
How much pain do you have in your left foot?	-“-	
D. Have you had ulcers on your right foot?		Yes
		No
Have you had ulcers on your left foot?		Yes
		No

*Note: In the first column (Nr. Rubrik/Fråga, in English No, Heading/Question), the number and heading of the question is seen, followed by a column (Fälttext in D-Foot, in English field text in D-Foot) describing the text that was programmed in the D-Foot. In the column to the right (Alternativ, in English Alternative), the different alternative answers are presented.*