**Supplementary Appendix 1**

Youth Behaviors around Driving Survey

This survey asks questions about when you drive, as well as some questions about low blood glucose. These questions are meant to be about YOU. This is not a test and there are no right or wrong answers. Please answer honestly. This will not have any effect on the care that you receive at Seattle Children’s.

1. How often do you check your blood glucose within the 30 minutes before you drive?
	1. Always
	2. Often
	3. Rarely
	4. Never
2. If your glucose is below 70 when you are about to drive, what do you typically do?
	1. Still drive
	2. Eat/drink rapid acting carbs but still drive right away
	3. Eat/drink rapid acting carbs, wait until a recheck BG is >70, then drive
3. If you feel like your blood glucose is low while driving (or are alerted by your sensor that you are dropping), what do you typically do?
	1. Keep driving
	2. Eat/drink rapid acting carbs but still continue driving
	3. Pull over, check glucose, Eat/drink rapid acting carbs, wait until a recheck glucose is >70, then drive
4. How often do you have a source of rapid-acting glucose available when you drive?
	1. Always
	2. Often
	3. Rarely
	4. Never
5. In the past month, how often have you had a low blood glucose (either had symptoms or had a reading <70) while driving?
	1. Never
	2. 5 times or less
	3. greater than 5 times
6. In the past month, how often have you had a blood glucose below 70 at ANY time?
	1. Never
	2. Less than 5 times
	3. 5-10 times
	4. 11-20 times
	5. More than 20 times
7. In the past year have you had a low blood glucose that resulted in a seizure or the need for someone else to help you treat it (severe low)?
	1. Yes
	2. No
8. At what blood glucose level can you first tell that you are low (when do you develop symptoms)?
	1. Above 70
	2. 50-69
	3. Less than 50
9. Do you worry about having a low blood glucose while driving?
	1. Yes
	2. No
10. Have you ever had a car accident?
	1. Yes
	2. No
11. Have you ever had a car accident that occurred when your blood glucose was low?
12. Yes
13. No
14. Do you wear a CGM (continuous glucose monitor)?
	1. Yes
	2. No
15. In the past month, how often have you had a CGM alarm (low or fast decline) while driving?
	1. Never
	2. 5 times or less
	3. greater than 5 times
16. Do you wear a medical alert item?
	1. Yes
	2. No
17. Have you ever driven within a few hours after consuming ANY alcohol?
	1. Yes
	2. No
18. Have you ever driven while feeling the effects of alcohol or other drugs (driving while impaired or under the influence)?
	1. Yes
	2. No
19. Have you ever driven within a few hours after using Marijuana?
	1. Yes
	2. No
20. How often do you text while driving?
	1. Never
	2. Daily
	3. A few times a week
	4. A few times a month