**Supplementary Table S1.** Variables recorded in the SMID system. Items with \* are obligatory in order to allow saving the information and continue with the next section.

1. **Section 1: laboratory tests results**

* Date of the result
* Triglycerides
* HDL-cholesterol
* LDL-cholesterol
* Non-HDL cholesterol (automatically calculated by the SMID)
* Glucose
* Glycated hemoglobin
* Creatinine
* Uric acid
* ALT
* AST
* GGT
* TSH
* Albumin/creatinine ratio
* Other

**2. Section 2: follow-up**

- Comorbidities (check all that apply, option to visualize comorbidities and treatment registered in th previous visit)\*

* <None
* Chronic kidney disease >KDIGO 3
* Coronary heart disease
* Cancer that limits life expectancy
* Lung disease with oxygen requirement
* Heart failure
* Cerebrovascular disease
* Cirrhosis Child B or C
* Peripheral artery disease
* Other (section to specify)

- Smoking (yes/no)\*

- Evaluations

* Ophthalmology (yes/no), date and diagnosis\*
* Dental (yes/no), date and diagnosis\*

- Symptoms

* Main problem for consultation: brief description\*
* Hypoglycemia (yes/no)\*
  + - Number and frequency (day, week, month)
    - Severe hypoglycemia (yes/no)
* Neuropathy\*
  + - None
    - Peripheral
    - Cardiovascular
    - Gastrointestinal
    - Genitourinary

- Average capillary glucose

* Before breakfast
* After breakfast
* Before lunch
* After lunch
* Before dinner
* After dinner

- Nutritional plan

* Barriers (select one)\*
  + - None
    - Lack of information
    - Did not understand indications
    - Economic reasons
    - Lack of time for meals preparation
    - Eating outside most of the time
    - Negation o refuse to make changes
* Meals time (select one)\*
  + - Regular times
    - Fasting periods >6 hours

- Physical activity

* Pedometer use (yes or no)\*
* Number of steps per day\*

- Exercise

* Performs exercise (yes or no)\*
* Type of exercise (select one)\*
  + - Aerobic
    - Resistance
* Minutes per week\*

- Mental health

* Mental health status (select one)
  + - None
    - Depression
    - Anxiety
    - Emotional eater
* HAD score for anxiety
* HAD score for depression
* Stressors (present or absent)\*
* Personality trait (select one)
  + - None
    - Withdrawn (indifferent/disinterested)
    - Eccentric (dreamy/mistic)
    - Paranoid (distrustful/skeptic)
    - Limit (inconstant/snapped up)
    - Narcissist (devaluator/demanding)
    - Histrionic (extremist/scandalous)
    - Obsessive (perfectionist/rigid)
    - Dependent (influenceable/submissive)
    - Avoidant (isolated/shy)
    - Passive aggressive (incongruous/informal)
    - Depressive (catastrophic/negative)
    - Unspecific (complex/ incomprehensible)
* Motivation stage (select one)\*
  + - Pre contemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance
    - Relapse
* Grieving stage (select one)\*
  + - Denial
    - Anger
    - Negotiation
    - Depression
    - Acceptance

- Physical exam\*

* Systolic blood pressure
* Diastolic blood pressure
* Weight
* BMI (automatically calculated by the SMID)
* Waist circumference
* Visual acuity (normal or abnormal)
* Dental evaluation\*
* Caries (yes or no)
* Gingival inflammation (yes or no)
* Difficulty for mastication (yes or no)

- Alterations (select all that apply)\*

* None
* Abdomen
* Cardiopulmonary
* Thyroid
* Acanthosis
* Extremities
  + - Brief detail of the alterations
* Right foot\*
  + - Dynamic alterations (select one)
      * Normal
      * Hallux valgus
      * Foot dig
      * Claw toes
      * Fallen plantar arch
      * Valgus foot
      * Varus foot
      * Genu varus
      * Genu valgus
      * Calcaneal spur
    - Pedal pulse (present or absent)
* Left foot\*
  + - Dynamic alterations (select one)
      * Normal
      * Hallux valgus
      * Foot dig
      * Claw toes
      * Fallen plantar arch
      * Valgus foot
      * Varus foot
    - Genu varus
    - Genu valgus
    - Calcaneal spur
  + Pedal pulse: present or absent
* Ulcer: yes or no\*
  + Depth (select one)
    - Superficial
    - Deep
    - Bone observed
  + Size (in cm2)
* Interdigital humid (yes or no)
* Hyperkeratosis (present of absent)
* Footwear (adequate or inadequate)
* Mycosis (select one)
  + None
  + Onychomycosis
  + Tinea
* Other alteration (describe briefly)

- Hypoglycemic medications

* Metformin: mg/day
* SGLT2 inhibitors: (select one)
  + - Canagliflozin
    - Dapaglifozin
    - Empagliflozin
* Dose: mg/day
* Sulfonylureas (select one)
  + - Glibenclamide
    - Gliclazide
    - Glimepiride
    - Glipizide
* Dose: mg/day
* GLP-1 analogs (select one)
  + - Exenatide mcg
    - Liraglutide mg
    - Lixisenatide mcg
* Dose
* DDP-IV inhibitors (select one)
  + - Sitagliptin
    - Vildagliptin
    - Saxagliptin
    - Linagliptin
    - Alogliptin
* Dose: mg/day
* Basal insulin (select one)
  + - Degludec
    - Detemir
    - Glargine
    - NPH
* Breakfast dose (units)
* Lunch dose (units)
* Dinner dose (units)
* Bolus insulin (select one)
  + - Aspart
    - Glulisine
    - Lispro
    - Regular
* Breakfast dose (units)
* Lunch dose (units)
* Dinner dose (units)
  + - Premixed insulin (select one)
      * 70/30
      * 75/25
      * 50/50
* Breakfast dose (units)
* Lunch dose (units)
* Dinner dose (units)

- Anti-hypertensives (select all that apply)

* ACE inhibitors (select one)
  + - Captopril
    - Enalapril
    - Lisinopril
    - Perindopril
* Dose: (mg/day)
* Calcium channel blockers
  + - Amlodipine
    - Felodipine
    - Nifedipine
* Dose (mg/day)
* Beta-blockers
  + - Metoprolol
    - Propranolol
* Dose (mg/day)
* ARB (select one)
  + - Losartan
    - Telmisartan
    - Valsartan
    - Olmesartan

• Dose (mg/day)

* Diuretic (select one)
  + - Chlorthalidone
    - Spironolactone
    - Furosemide
    - Hydrochlorothiazide
* Dose (mg/day)

- Lipid lowering medications (select all that apply)

* Statin (select one)
  + - Pravastatin
    - Simvastatin
    - Atorvastatin
    - Rosuvastatin
    - Pitavastatin
* Dose (mg/day)
* Fibrates
  + - Bezafibrate
    - Ciprofibrate
    - Fenofibrate
* Dose (mg/day)
* Omega-3
* Ezetimibe
* Dose (mg/day)

- Aspirin

* Dose

- Other: specify

- Justification for not changing current medication (this section is required when medications/dose are the same as in the previous visit and metabolic goals are not met)

- Electrocardiogram

* Date
* Diagnosis (select one)
  + - * Normal
      * Ischemia
      * Hypertrophy
      * Other
* Add file

3. **Section 3: reference (select all that apply)**

* Ophthalmology
* Dental
* Nutrition
* Psychiatry
* Psychology
* Podiatrist
* Diabetes educator
* Trainer
* Angiology
* Nephrology
* Cardiology

**Supplementary Table S2.** Questionnaire to evaluate users’ satisfaction of the use of the SMID

1. e-mail address
2. Age range
   1. 20 to 29 years
   2. 30 to 39 years
   3. 40 to 49 years
   4. 50 to 59 years
   5. 60 to 69 years
3. Work area
   1. Center of Comprehensive Care for Patients with Diabetes (CAIPaDi)
   2. Obesity Clinic
   3. Lipid Clinic
   4. Diabetes Clinic
4. How many hours per week do you use the SMID?
   1. Less than 1 hour
   2. Between 1 to 2 hours
   3. Between 3 to 5 hours
   4. Between 6 to 8 hours
   5. More than 8 hours
5. In general ¿how is your experience using the SMID?
   1. Excellent
   2. Good
   3. Regular
   4. Bad
   5. Very bad
6. I use the SMID mainly for:
   1. Register data
   2. Consult data
   3. Both
7. How useful has been the SMID in your clinical practice?
   1. Great use
   2. Quite useful
   3. Regular
   4. Not much
   5. I never use it
8. Do you believe the SMID content is comprehensive?
   1. Yes
   2. No
9. Do you believe the SMID is useful for the follow-up of your patients?
   1. Yes
   2. No
10. Do you like the graphic design of the SMID?
    1. Yes
    2. No
11. Do you consider that the SMID is easy to use?
    1. Yes
    2. Regular
    3. No
12. How frequently do you generate graphics to show to your patients?
    1. Always
    2. Frequently
    3. Occasionally
    4. Almost never
13. How frequently do you consult data from other specialties?
    1. Always
    2. Frequently
    3. Occasionally
    4. Rarely
    5. Never
14. What is the main problem that you had using the SMID?
    1. Registering data
    2. Saving data
    3. Consulting data
    4. Password blocking
    5. Registering a new patient
15. How frequently have you experienced difficulties using the SMID?
    1. Always
    2. Frequently
    3. Occasionally
    4. Rarely
    5. Never
16. Would you recommend using the SMID in other clinics?
    1. Yes
    2. No
17. In your opinion, what changes would you implement in the SMID?