**Supplementary Appendix S1
The Survey**

Record ID

*GDM Study Survey (200) Page 1 of 6*

Date survey administered

Day of the Week Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Started

Surveyor

(initials only)

**Thank you for agreeing to take part in this very important survey for UCLA. Our team is surveying women who have been diagnosed with gestational diabetes during a previous pregnancy. The answers provided will be used in our UCLA Gestational Diabetes Study. Be assured that all the answers you provide will be kept in the strictest confidentiality.**

1) How many years ago did you have the pregnancy

where you were first diagnosed with high blood (If "don't know" write "DK". If "missing", write sugars during pregnancy, otherwise known as "missing".)

gestational diabetes?

2, Please rate your agreement with the statement "I Strongly Agree don't think I truly had gestational diabetes" Agree Disagree

Strongly Disagree

Refused

Missing

3) Do you think that gestational diabetes increases, Increases

has no effect, or decreases the risk of developing Has No Effect

Type 2 diabetes after pregnancy? Decreases Refused Missing

4) What do you think is your chance of developing Type 2 Almost No Chance diabetes over the next 10 years? Slight Chance

Moderate Chance High Chance Refused

Missing

5) From the following five options, please select I prefer to make the final decision

the one that best describes the role you prefer in I prefer to make the final decision after managing your medical care: seriously considering my doctor's opinion

I prefer that my doctor and I share responsibility for deciding which treatment is best

I prefer my doctor to make the final treatment decision, but only after my doctor has seriously considered my opinion

I prefer to leave all treatment decisions to my doctor

Refused

Missing

**The Centers for Disease Control, also called the CDC, has endorsed a 1-year program that can prevent the development of Type 2 diabetes. This program is called the National Diabetes Prevention Program or NDPP. The NDPP includes 16 weekly one-hour group classes and then 8 monthly group** **classes, for a total of 24 classes. The classes are led by a trained lifestyle coach, and teach participants to make healthy diet changes, increase their exercise, and then keep those changes going.**

6) Have you attended NDPP classes in the past? Yes

No

DK

Refused

Missing

7) How interested would you be in attending NDPP Not at all interested classes? Somewhat interested

Moderately interested Very interested Refused

Missing

8) If the group classes were offered at an in-person location In-person classes or in an online-only format where people log on to No preference participate in the group, which would you prefer? Online classes Refused

Missing

9) If your health insurance did not cover the NDPP

program, how much money would you be willing to pay (ENTER DOLLAR AMOUNT TOTAL FOR 12 MONTHS)

on your own for the 24 classes with the trained lifestyle coach, to help prevent Type 2 diabetes?

10) Some people think that joining the NDPP and making Not at all important lifestyle changes is important because it may help Somewhat important their children adopt healthier lifestyles and Moderately important prevent Type 2 diabetes. How important is that idea Very important

to you? Refused

Missing

**Another proven option for preventing the development of Type 2 diabetes is taking a medication called metformin. Metformin is a safe, inexpensive and effective first-line drug in type 2 diabetes. It is taken as a tablet, either once or twice daily. Research studies have shown that for women who have a history of gestational diabetes, metformin works just as well to prevent diabetes as lifestyle change with the NDPP program.**

11) Have you taken metformin before? Yes

No

DK

Refused

Missing

12) How interested would you be in taking metformin to Not at all interested prevent Type 2 diabetes? Somewhat interested

Moderately interested Very interested Refused

Missing

13) In some patients, metformin can cause temporary Not at all important nausea and/or diarrhea. How important would those Somewhat important possible symptoms be if you were considering Moderately important starting metformin? Very important

Refused

Missing

**One possible barrier to making lifestyle changes or taking a medication to improve health may be your mood, or how you feel. For this reason, we would like to ask you a few questions about your mood.**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

14) Little interest or pleasure in doing things Not at all

Several days

More than half the days Nearly every day Refused

Missing

15) Feeling down, depressed, or hopeless Not at all

Several days

More than half the days Nearly every day Refused

Missing

16) Trouble falling or staying asleep or sleeping too Not at all much Several days

More than half the days Nearly every day Refused

Missing

17) Feeling tired or having little energy Not at all

Several days

More than half the days Nearly every day Refused

Missing

18) Poor appetite Not at all

Several days

More than half the days Nearly every day Refused

Missing

19) Feeling bad about yourself -- or that you are a Not at all failure or let yourself or family down Several days

More than half the days Nearly every day Refused

Missing

20) Trouble concentrating on things, such as reading Not at all

the newspaper or watching television Several days

More than half the days Nearly every day Refused

Missing

21) Moving or speaking so slowly that other people Not at all could have noticed? Or the opposite- being so Several days

fidgety or restless that you have been moving around More than half the days a lot more than usual Nearly every day

Refused

Missing

**These last questions will help us to describe the background of patients who participated in this survey. I want to remind you that all of your answers are confidential.**

22) Has any biological member of your family, either Yes living or deceased, ever been told that he or she No had diabetes? DK

Refused

Missing

23) How many children do you have?

(If no children, skip to Question #22)

**IF RESPONDENT HAS CHILDREN, ASK: "WHAT ARE THEIR AGES?"**

**IF RESPONDENT DOES NOT HAVE ANY CHILDREN, SKIP TO #22**

23a) Age of Child #1

23b) Age of Child #2

23c) Age of Child #3

23d) Age of Child #4

23e) Age of Child #5

23f) Age of Child #6

23g) Age of Child #7

23h) Additional children ages

(Use this field if >7 children)

24) What is the highest grade or level of school that 8th grade or less

you have completed? Some high school, but did not graduate

High school graduate or GED Some college or 2-year degree

4-year college graduate

More than 4-year college degree

Refused

Missing

25) Are you of Hispanic or Latino origin? Yes

No [SKIP TO QUESTION #24] DK [SKIP TO QUESTION #24] Refused [SKIP TO QUESTION #24] Missing

25a) Would you consider yourself to be. Cuban

[READ AND CHECK ALL THAT APPLY] Puerto Rican Mexican-American Chicano/a

Central American (specify) South American (specify) Caribbean (specify)

Other Hispanic/Latino (specify) DK

Refused

Missing

(read options)

25b) Specific Hispanic or Latino origin:

26) What is your race? American Indian or Alaska Native

Asian (specify)

Black or African- American

White

Other (specify) DK

Refused

Missing

(Asian includes: Chinese, Filipino, Japanese, Korean, Asian (or East) Indian, Native Hawaiian, Pacific Islander)

26a) Specific Race

(Specify "Other" Race)

27) In the past 12 months, how often did you have a Never

hard time speaking or understanding a doctor or Sometimes health provider because you spoke a different Usually language? Always

I had no visits in the last 12 months

Refused

Missing

**We have completed the survey, thank you so much for your time.**

**There is another part of our study that involves a free, personalized, one-on-one meeting with a UCLA pharmacist.**

**In this meeting, you will learn more about prediabetes and the treatment options.**

**The meeting will take place in the clinic where you normally see your doctor and will last about 45 minutes. An office co-pay will not be collected for this scheduled appointment with the Pharmacist and, you will receive a $40 gift card for your participation.**

28) If eligible, would you be willing to participate? Yes No DK

Refused

Missing

**[INSTRUCTIONS]**

**IF RESPONDENT ANSWERS "YES", LET THEM KNOW THAT A UCLA STAFF MEMBER WILL BE REACHING OUT TO THEM TO SCHEDULE THE APPOINTMENT.**

29) Lastly, our group is interested in potentially reconnecting with participants over the next 2-3 years to track progress. Would it be okay to contact you?

 Yes No DK

Refused

Missing

**[INSTRUCTIONS]**

**THANK THEM FOR THEIR TIME AND LET THEM KNOW THAT A**

**$40 TARGET GIFT CARD WILL BE SENT OUT TO THEM SHORTLY.**

Time Ended

This survey was conducted in: English

Spanish