**Supplementary Materials: Sharps Use and Disposal Survey**

You are invited to participate in this survey because you use sharps in the management of your diabetes. A sharp is a needle that you may use to get a blood sample to check your blood sugar, also known as a lancet. A sharp may also be used to inject medicine under the skin, such as a pen needle or a needle on a syringe. If you do not use sharps, you do not need to read further and should not complete the survey. We are conducting this survey to determine sharps disposal practices among people with diabetes in a community clinic setting. This survey will help identify patterns of sharps use and barriers to proper disposal. Participation in the study is voluntary and your responses will be kept anonymous.

1. In your diabetes management, which supplies do you currently use? SELECT ALL THAT APPLY
	* Lancets – used to prick a finger to check blood sugar
	* Pen needles – used to inject insulin or other medication
	* Syringes – used to inject insulin
	* Medication that is injected that is not insulin (Trulicity, Bydureon, Victoza, etc.)
	* Disposable insulin delivery device
	* An insulin pump (Omnipod, Medtronic, Dexcom, etc.)
	* None of the above

If you selected ‘None of the above’ in question 1, you do not need to complete this survey.

1. What do you consider to be “sharps”? SELECT ALL THAT APPLY
	* Lancets
	* Lancing devices
	* Pen needles
	* Syringes
	* Medication that is injected that is not insulin (Trulicity, Bydureon, Victoza, etc.)
	* Disposable insulin delivery device
	* An insulin pump (Omnipod, Medtronic, Dexcom, etc.)
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* Not sure
2. How often do you change your lancet, on average?
	* After every use
	* Not after every use, but usually daily
	* Not after every use, but usually weekly
	* Not after every use, but usually monthly
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* I have never changed the lancet
	* I do not use lancets
3. How often do you change your pen needle, on average?
	* After every use
	* Not after every use, but usually daily
	* Not after every use, but usually weekly
	* Not after every use, but usually monthly
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* I have never changed the pen needle
	* I do not use pen needles
4. How often do you change your syringe, on average?
	* After every use
	* Not after every use, but usually daily
	* Not after every use, but usually weekly
	* Not after every use, but usually monthly
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* I have never changed the syringe
	* I do not use syringes
5. If you do not change your lancet, pen needle, or syringe after every use, what is your reasoning? SELECT ALL THAT APPLY
	* Cost
	* I change the needle only when it starts to hurt
	* I feel safe reusing the needle because only I use it
	* It seems like a waste to only use it once
	* I find disposal to be a hassle – reusing allows me to cut down on waste
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
6. When you first started using sharps, were you given training on sharps disposal?
	* Yes
	* No
	* Not sure
7. Did you receive formal training in disposing each of the following diabetes supplies? Please check off your responses for each in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes  | No  | Not Sure  | Not Applicable |
| Lancets  |  |  |  |  |
| Pen Needles |  |  |  |  |
| Syringes |  |  |  |  |

Questions 9 and 10 only apply if you marked ‘yes’ in any row of the table above.

1. If you did receive formal training in sharps disposal, please indicate which type of training you received.
	* Attended a class and learned in a group.
	* Individually met with a trainer one-on-one.
	* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. If you did receive formal training in sharps disposal, please indicate who performed the training from the list below (PLEASE CHECK ALL THAT APPLY):
	* Endocrinologist
	* Nurse
	* Pharmacist
	* Diabetes Educator
	* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* Do not recall
3. Do you put your sharps into a container after you use them?
* Yes, I use a designated “sharps” container at home
* No, I don’t use a container; I put the sharps directly into the trash
* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. If you answered “Yes” in question 11 above, please indicate what type of container you use for sharps disposal:
	* A container designed specifically for “sharps”
	* A homemade puncture resistant, leak proof container (such as a coffee can or laundry detergent bottle with lid/cap)
	* A homemade container that is not puncture resistant or leak proof or does not have a lid/cap
	* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. If you use a container, how do you dispose of the sharps container once it is full?
	* A designated “sharps” receptacle at medical facility (clinic, hospital, nursing home)
* Directly into the garbage at home
* A designated sharps facility in town
* Via the mail
* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. How confident are you when disposing your sharps? (1: I am not confident at all in my disposal of sharps; 10: I am very confident in proper disposal of my sharps.

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

1. Has anyone in your household, including yourself, had an accidental needle stick from a lancet, pen needle, or syringe as a result of how it was disposed?

|  |  |  |
| --- | --- | --- |
| * + Yes
 | * No
 | * Not Sure
 |

1. What type of diabetes do you have?

|  |  |  |
| --- | --- | --- |
| * Type 1 Diabetes
 | * Type 2 Diabetes
 | * Not Sure
 |

1. How many years have you had diabetes?
	* Less than a year
	* 1-5 years
	* 6-10 years
	* 11-15 years
	* 15+ years
2. How do you manage your diabetes? SELECT ALL THAT APPLY
	* Diet/food choices
	* Oral medications/pills
	* Insulin
	* Injectable medications – not insulin (ex: Byetta, Bydureon, Victoza, Trulicity, Ozempic)
	* Physical Activity
	* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	* Not sure
3. What gender do you identify with?
	* Female
	* Male
	* Non-Binary/Third Gender
	* Prefer to Self-Describe
	* Prefer Not To Say
4. How old are you? Please write in your age in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What race/ethnicity do you identify with?
	* Caucasian or White
	* African-American or Black
	* Hispanic or Latino
	* Native American or American Indian
	* Asian or Pacific Islander
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What level of education have you completed?
	* Elementary School
	* Some High School
	* High School Diploma
	* Some College
	* College Degree
	* Post-Graduate
7. What is your marital status?
	* Single
	* In a relationship but not married
	* Married
	* Divorced
	* Widowed

Thank you for taking the time to complete this survey.