

## Data Dictionary Codebook

10/13/2022 8:56am

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)										
Instrument: Type 1 Diabetes Out-of-Pocket Cost Survey (type_1_diabetes_outofpocket_cost_survey)  Enabled as survey													
1	[ record_id ]	Record ID	text										
2	[ consent ]	<p>Section Header: <i>You are invited to take part in an online survey about your type 1 diabetes (T1D) costs. It should take approximately 20-25 minutes to complete. You must be at least 18 years old to complete the survey. Primary caregivers (usually parents) may complete the survey for individuals under the age of 18.T1International is conducting this survey. Your participation is completely voluntary. You will receive no money or other financial reward by participating in this survey.Your responses will help build a global picture of diabetes costs, and support advocacy for better access and policy change. There are minimal risks to your privacy in completing this survey. We will not request any information that leads to your identity. Should you provide any information that could lead to your identify in free text fields (open-ended questions), this will be removed before analysis. If you have questions, please email T1International at contact@t1international.com.</i></p> <p>By clicking "agree" below, you are e-signing this form and agree to the following: I have read this information and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research study at any time without disadvantage. I agree that the data can be used in the publication of scientific and research work. I agree that the information collected in this study will be stored in a protected archive where it may be available for future research. I understand that by authorizing the use of my personal data obtained in this survey, data privacy laws might not apply or no longer protect my information. I have read this consent form. I understand that I can refuse to participate in this project. I have taken time to think carefully about my decision to participate. I freely consent to share my data with this research project.</p>	<div>radio, Required</div> <table><tr><td>1</td><td>I have read the above information and I agree to participate</td></tr><tr><td>0</td><td>I am not interested</td></tr></table> <div>Custom alignment: LV Stop actions on 0</div>	1	I have read the above information and I agree to participate	0	I am not interested						
1	I have read the above information and I agree to participate												
0	I am not interested												
3	[ age ]	I am 18 years old or older	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Stop actions on 0</div>	1	Yes	0	No						
1	Yes												
0	No												
4	[ currency_converter_2 ]	<p>Section Header:</p> <p>In this survey, we will be asking about your out-of-pocket costs. We will ask you to select the currency you use to calculate costs.Out-of-pocket costs are the amount you pay from your own funds, including any taxes, fees, or other charges. For more definitions, visit our Glossary.Please complete a separate survey for each person in your household with type 1 diabetes. If completing on behalf of someone with T1D, note that references to "you/your" refer to the person with T1D.</p>	<div>descriptive</div>										
5	[ who_t1d ]	<p>What is your connection to type 1 diabetes?</p> <p><i>If completing on behalf of someone with T1D, note that references to "you/your" refer to the person with T1D</i></p>	<div>radio, Required</div> <table><tr><td>0</td><td>I have type 1 diabetes</td></tr><tr><td>1</td><td>My child has type 1 diabetes</td></tr><tr><td>2</td><td>My spouse/partner/significant other has type 1 diabetes</td></tr><tr><td>3</td><td>I am a medical professional completing survey on behalf of a specific patient with type 1 diabetes</td></tr><tr><td>4</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	0	I have type 1 diabetes	1	My child has type 1 diabetes	2	My spouse/partner/significant other has type 1 diabetes	3	I am a medical professional completing survey on behalf of a specific patient with type 1 diabetes	4	Prefer not to answer
0	I have type 1 diabetes												
1	My child has type 1 diabetes												
2	My spouse/partner/significant other has type 1 diabetes												
3	I am a medical professional completing survey on behalf of a specific patient with type 1 diabetes												
4	Prefer not to answer												

6	[ gender_1 ]	What is your gender?	radio, Required <table><tr><td>0</td><td>Male</td></tr><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Non-binary</td></tr><tr><td>3</td><td>Other {gender_oth}</td></tr><tr><td>4</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	0	Male	1	Female	2	Non-binary	3	Other {gender_oth}	4	Prefer not to answer
0	Male												
1	Female												
2	Non-binary												
3	Other {gender_oth}												
4	Prefer not to answer												
7	[ gender_oth ] Show the field ONLY if: [gender_1] = '3'	If other, please specify	text Custom alignment: LV										
8	[ gender_transgender ] Show the field ONLY if: [gender_1] <>""	Do you identify as transgender?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	1	Yes	0	No	2	Prefer not to answer				
1	Yes												
0	No												
2	Prefer not to answer												

9	[ <span style="color: red;">country</span> ]	What country do you live in?	dropdown, Required
			0 Afghanistan
			1 Albania
			2 Algeria
			3 Andorra
			4 Angola
			5 Antigua and Barbuda
			6 Argentina
			7 Armenia
			8 Aruba
			9 Australia
			10 Austria
			11 Azerbaijan
			12 Bahamas, The
			13 Bahrain
			14 Bangladesh
			15 Barbados
			16 Belarus
			17 Belgium
			18 Belize
			19 Benin
			20 Bhutan
			21 Bolivia
			22 Bosnia and Herzegovina
			23 Botswana
			24 Brazil
			25 Brunei
			26 Bulgaria
			27 Burkina Faso
			28 Burma
			29 Burundi
			33 Cabo Verde
			30 Cambodia
			31 Cameroon
			32 Canada
			205 Cayman Islands
			34 Central African Republic
			35 Chad
			36 Chile
			37 China
			38 Colombia
			39 Comoros
			40 Congo, Democratic Republic of the
			41 Congo, Republic of the
			42 Costa Rica
			43 Cote d'Ivoire
			44 Croatia
			45 Cuba
			46 Curacao
			47 Cyprus

48	Czechia
49	Denmark
50	Djibouti
51	Dominica
52	Dominican Republic
53	East Timor
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Ethiopia
61	Fiji
62	Finland
63	France
64	Gabon
65	Gambia, The
66	Georgia
67	Germany
68	Ghana
69	Greece
70	Grenada
71	Guatemala
72	Guinea
73	Guinea-Bissau
74	Guyana
75	Haiti
76	Holy See
77	Honduras
78	Hong Kong
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea, North
95	Korea, South
96	Kosovo

97	Kuwait
98	Kyrgyzstan
99	Laos
100	Latvia
101	Lebanon
102	Lesotho
103	Liberia
104	Libya
105	Liechtenstein
106	Lithuania
107	Luxembourg
108	Macau
109	Macedonia
110	Madagascar
111	Malawi
112	Malaysia
113	Maldives
114	Mali
115	Malta
116	Marshall Islands
117	Mauritania
118	Mauritius
119	Mexico
120	Micronesia
121	Moldova
122	Monaco
123	Mongolia
124	Montenegro
125	Morocco
126	Mozambique
127	Namibia
128	Nauru
129	Nepal
130	Netherlands
131	New Zealand
132	Nicaragua
133	Niger
134	Nigeria
135	North Korea
136	Norway
137	Oman
138	Pakistan
139	Palau
140	Palestinian Territories
141	Panama
142	Papua New Guinea
143	Paraguay
144	Peru
145	Philippines

146	Poland
147	Portugal
148	Qatar
149	Romania
150	Russia
151	Rwanda
152	Saint Kitts and Nevis
153	Saint Lucia
154	Saint Vincent and the Grenadines
155	Samoa
156	San Marino
157	Sao Tome and Principe
158	Saudi Arabia
159	Senegal
160	Serbia
161	Seychelles
162	Sierra Leone
163	Singapore
164	Sint Maarten
165	Slovakia
166	Slovenia
167	Solomon Islands
168	Somalia
169	South Africa
170	South Korea
171	South Sudan
172	Spain
173	Sri Lanka
174	Sudan
175	Suriname
176	Swaziland
177	Sweden
178	Switzerland
179	Syria
180	Taiwan
181	Tajikistan
182	Tanzania
183	Thailand
184	Timor-Leste
185	Togo
186	Tonga
187	Trinidad and Tobago
188	Tunisia
189	Turkey
190	Turkmenistan
191	Tuvalu
192	Uganda
193	Ukraine
194	United Arab Emirates

			<table><tr><td>195</td><td>United Kingdom</td></tr><tr><td>196</td><td>United States of America</td></tr><tr><td>197</td><td>Uruguay</td></tr><tr><td>198</td><td>Uzbekistan</td></tr><tr><td>199</td><td>Vanuatu</td></tr><tr><td>200</td><td>Venezuela</td></tr><tr><td>201</td><td>Vietnam</td></tr><tr><td>202</td><td>Yemen</td></tr><tr><td>203</td><td>Zambia</td></tr><tr><td>204</td><td>Zimbabwe</td></tr></table> <p>Custom alignment: LV</p>	195	United Kingdom	196	United States of America	197	Uruguay	198	Uzbekistan	199	Vanuatu	200	Venezuela	201	Vietnam	202	Yemen	203	Zambia	204	Zimbabwe				
195	United Kingdom																										
196	United States of America																										
197	Uruguay																										
198	Uzbekistan																										
199	Vanuatu																										
200	Venezuela																										
201	Vietnam																										
202	Yemen																										
203	Zambia																										
204	Zimbabwe																										
10	[ race ]	Which of these do you identify with? (Choose all that apply) Note: our surveys are global, so we have chosen very broad categories to cover as many identities as possible, with the option to write in yours specifically.	<p>checkbox, Required</p> <table><tr><td>1</td><td>race__1</td><td>Asian</td></tr><tr><td>2</td><td>race__2</td><td>Black/African/African American</td></tr><tr><td>3</td><td>race__3</td><td>Hispanic/Latino/Mestizo</td></tr><tr><td>4</td><td>race__4</td><td>Indigenous</td></tr><tr><td>5</td><td>race__5</td><td>Middle Eastern/North African</td></tr><tr><td>6</td><td>race__6</td><td>White/Caucasian</td></tr><tr><td>7</td><td>race__7</td><td>Other {multiracial_other}</td></tr><tr><td>8</td><td>race__8</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="8"</p>	1	race__1	Asian	2	race__2	Black/African/African American	3	race__3	Hispanic/Latino/Mestizo	4	race__4	Indigenous	5	race__5	Middle Eastern/North African	6	race__6	White/Caucasian	7	race__7	Other {multiracial_other}	8	race__8	Prefer not to answer
1	race__1	Asian																									
2	race__2	Black/African/African American																									
3	race__3	Hispanic/Latino/Mestizo																									
4	race__4	Indigenous																									
5	race__5	Middle Eastern/North African																									
6	race__6	White/Caucasian																									
7	race__7	Other {multiracial_other}																									
8	race__8	Prefer not to answer																									
11	[ multiracial_other ]  Show the field ONLY if: [race(7)] = '1'	If other race, please specify:	text Custom alignment: LV																								

12	[currency]	What currency do you use?	<div>radio, Required</div> <table><tr><td>1</td><td>Australian Dollar (AUD)</td></tr><tr><td>2</td><td>Bosnia-Herzegovina Convertible Marka (BAM)</td></tr><tr><td>3</td><td>Canadian Dollar (CAD)</td></tr><tr><td>4</td><td>Chinese Renminbi (CNH)</td></tr><tr><td>5</td><td>Costa Rican Colón (CRC)</td></tr><tr><td>6</td><td>Euro (EUR)</td></tr><tr><td>7</td><td>Ghanaian Cedi (GHC)</td></tr><tr><td>8</td><td>Hong Kong Dollar (HKD)</td></tr><tr><td>9</td><td>Indian Rupee (INR)</td></tr><tr><td>10</td><td>Israeli New Shekel (ILS)</td></tr><tr><td>11</td><td>Japanese Yen (JPY)</td></tr><tr><td>12</td><td>Lebanese Pound (LBP)</td></tr><tr><td>13</td><td>Mexican Peso (MXN)</td></tr><tr><td>14</td><td>New Zealand Dollar (NZD)</td></tr><tr><td>15</td><td>Pakistani Rupee (PKR)</td></tr><tr><td>16</td><td>Panamanian Balboa (PAB)</td></tr><tr><td>17</td><td>Pound Sterling (GBP)</td></tr><tr><td>18</td><td>Swedish Krona (SEK)</td></tr><tr><td>19</td><td>Swiss Franc (CHF)</td></tr><tr><td>20</td><td>Tanzanian Shilling (TSH)</td></tr><tr><td>21</td><td>US Dollar (USD)</td></tr><tr><td>22</td><td>Zimbabwe Dollar (ZWD)</td></tr><tr><td>23</td><td>Your Currency</td></tr></table> <div>Custom alignment: LV</div>	1	Australian Dollar (AUD)	2	Bosnia-Herzegovina Convertible Marka (BAM)	3	Canadian Dollar (CAD)	4	Chinese Renminbi (CNH)	5	Costa Rican Colón (CRC)	6	Euro (EUR)	7	Ghanaian Cedi (GHC)	8	Hong Kong Dollar (HKD)	9	Indian Rupee (INR)	10	Israeli New Shekel (ILS)	11	Japanese Yen (JPY)	12	Lebanese Pound (LBP)	13	Mexican Peso (MXN)	14	New Zealand Dollar (NZD)	15	Pakistani Rupee (PKR)	16	Panamanian Balboa (PAB)	17	Pound Sterling (GBP)	18	Swedish Krona (SEK)	19	Swiss Franc (CHF)	20	Tanzanian Shilling (TSH)	21	US Dollar (USD)	22	Zimbabwe Dollar (ZWD)	23	Your Currency
1	Australian Dollar (AUD)																																																
2	Bosnia-Herzegovina Convertible Marka (BAM)																																																
3	Canadian Dollar (CAD)																																																
4	Chinese Renminbi (CNH)																																																
5	Costa Rican Colón (CRC)																																																
6	Euro (EUR)																																																
7	Ghanaian Cedi (GHC)																																																
8	Hong Kong Dollar (HKD)																																																
9	Indian Rupee (INR)																																																
10	Israeli New Shekel (ILS)																																																
11	Japanese Yen (JPY)																																																
12	Lebanese Pound (LBP)																																																
13	Mexican Peso (MXN)																																																
14	New Zealand Dollar (NZD)																																																
15	Pakistani Rupee (PKR)																																																
16	Panamanian Balboa (PAB)																																																
17	Pound Sterling (GBP)																																																
18	Swedish Krona (SEK)																																																
19	Swiss Franc (CHF)																																																
20	Tanzanian Shilling (TSH)																																																
21	US Dollar (USD)																																																
22	Zimbabwe Dollar (ZWD)																																																
23	Your Currency																																																
13	[oth_currency] Show the field ONLY if: [currency] = '23'	If your currency, please specify <i>If selecting "Your Currency", please write your currency in the text box or we cannot calculate your costs.</i>	<div>text, Required</div> <div>Custom alignment: LV</div>																																														
14	[health_ins]	Do you have health coverage that covers the cost of your diabetes medication and supplies? (Choose the answer the best describes your situation)	<div>radio, Required</div> <table><tr><td>0</td><td>No, there is no coverage for any of my costs</td></tr><tr><td>1</td><td>Yes, there is health coverage for some of my costs</td></tr><tr><td>2</td><td>Yes, there is health coverage for all of my costs (so I do not pay anything out of pocket)</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	0	No, there is no coverage for any of my costs	1	Yes, there is health coverage for some of my costs	2	Yes, there is health coverage for all of my costs (so I do not pay anything out of pocket)	3	Prefer not to answer																																						
0	No, there is no coverage for any of my costs																																																
1	Yes, there is health coverage for some of my costs																																																
2	Yes, there is health coverage for all of my costs (so I do not pay anything out of pocket)																																																
3	Prefer not to answer																																																



15	[ <b>help_covering_costs</b> ]	Do you receive any help to pay for your insulin, diabetes supplies, or care? (Choose all that apply)	<div>checkbox, Required</div> <table><tr><td>0</td><td>help_covering_costs__0</td><td>No</td></tr><tr><td>1</td><td>help_covering_costs__1</td><td>Yes, support from family and friends</td></tr><tr><td>2</td><td>help_covering_costs__2</td><td>Yes, charities/religious /non-profit programs</td></tr><tr><td>3</td><td>help_covering_costs__3</td><td>Yes, donations (including online platforms like GoFundMe)</td></tr><tr><td>4</td><td>help_covering_costs__4</td><td>Yes, government assistance/benefit programs</td></tr><tr><td>5</td><td>help_covering_costs__5</td><td>Yes, pharmaceutical company assistance programs</td></tr><tr><td>6</td><td>help_covering_costs__6</td><td>Other {help_type_oth}</td></tr><tr><td>7</td><td>help_covering_costs__7</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="0,7"</div>	0	help_covering_costs__0	No	1	help_covering_costs__1	Yes, support from family and friends	2	help_covering_costs__2	Yes, charities/religious /non-profit programs	3	help_covering_costs__3	Yes, donations (including online platforms like GoFundMe)	4	help_covering_costs__4	Yes, government assistance/benefit programs	5	help_covering_costs__5	Yes, pharmaceutical company assistance programs	6	help_covering_costs__6	Other {help_type_oth}	7	help_covering_costs__7	Prefer not to answer
0	help_covering_costs__0	No																									
1	help_covering_costs__1	Yes, support from family and friends																									
2	help_covering_costs__2	Yes, charities/religious /non-profit programs																									
3	help_covering_costs__3	Yes, donations (including online platforms like GoFundMe)																									
4	help_covering_costs__4	Yes, government assistance/benefit programs																									
5	help_covering_costs__5	Yes, pharmaceutical company assistance programs																									
6	help_covering_costs__6	Other {help_type_oth}																									
7	help_covering_costs__7	Prefer not to answer																									
16	[ <b>help_type_oth</b> ]  Show the field ONLY if: [help_covering_costs(6)] = '1'	If other, please describe	<div>text</div> <div>Custom alignment: LV</div>																								
17	[ <b>oth_sources_for_ins</b> ]	In the past year, have you had to do any of the following to pay for your out-of-pocket costs for your medication and/or supplies? (Choose all that apply)	<div>checkbox, Required</div> <table><tr><td>0</td><td>oth_sources_for_ins__0</td><td>None of these</td></tr><tr><td>1</td><td>oth_sources_for_ins__1</td><td>Use savings</td></tr><tr><td>2</td><td>oth_sources_for_ins__2</td><td>Borrowed money</td></tr><tr><td>3</td><td>oth_sources_for_ins__3</td><td>Sold assets</td></tr><tr><td>4</td><td>oth_sources_for_ins__4</td><td>Other {oth_sources_oth}</td></tr><tr><td>5</td><td>oth_sources_for_ins__5</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='0,5'</div>	0	oth_sources_for_ins__0	None of these	1	oth_sources_for_ins__1	Use savings	2	oth_sources_for_ins__2	Borrowed money	3	oth_sources_for_ins__3	Sold assets	4	oth_sources_for_ins__4	Other {oth_sources_oth}	5	oth_sources_for_ins__5	Prefer not to answer						
0	oth_sources_for_ins__0	None of these																									
1	oth_sources_for_ins__1	Use savings																									
2	oth_sources_for_ins__2	Borrowed money																									
3	oth_sources_for_ins__3	Sold assets																									
4	oth_sources_for_ins__4	Other {oth_sources_oth}																									
5	oth_sources_for_ins__5	Prefer not to answer																									
18	[ <b>oth_sources_oth</b> ]  Show the field ONLY if: [oth_sources_for_ins(4)] = '1'	If other, please describe	<div>text</div> <div>Custom alignment: LV</div>																								
19	[ <b>covid</b> ]	Has the COVID-19 pandemic affected your access to insulin and diabetes supplies?	<div>checkbox, Required</div> <table><tr><td>0</td><td>covid__0</td><td>No change</td></tr><tr><td>1</td><td>covid__1</td><td>Access to supplies have been delayed or disrupted</td></tr><tr><td>2</td><td>covid__2</td><td>Access to insulin has been delayed or disrupted</td></tr><tr><td>3</td><td>covid__3</td><td>Prices have gone up</td></tr><tr><td>4</td><td>covid__4</td><td>Prices have gone down</td></tr><tr><td>5</td><td>covid__5</td><td>Unsure</td></tr><tr><td>6</td><td>covid__6</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="0,6"</div>	0	covid__0	No change	1	covid__1	Access to supplies have been delayed or disrupted	2	covid__2	Access to insulin has been delayed or disrupted	3	covid__3	Prices have gone up	4	covid__4	Prices have gone down	5	covid__5	Unsure	6	covid__6	Prefer not to answer			
0	covid__0	No change																									
1	covid__1	Access to supplies have been delayed or disrupted																									
2	covid__2	Access to insulin has been delayed or disrupted																									
3	covid__3	Prices have gone up																									
4	covid__4	Prices have gone down																									
5	covid__5	Unsure																									
6	covid__6	Prefer not to answer																									

20	[ <b>insulin</b> ]	In what form do you get your insulin? (Choose all that apply)	checkbox, Required <table><tr><td>0</td><td>insulin__0</td><td>Insulin vials</td></tr><tr><td>2</td><td>insulin__2</td><td>Insulin pens</td></tr><tr><td>4</td><td>insulin__4</td><td>Inhaled insulin</td></tr><tr><td>5</td><td>insulin__5</td><td>Other {insulin_admin_oth}</td></tr><tr><td>3</td><td>insulin__3</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="3"	0	insulin__0	Insulin vials	2	insulin__2	Insulin pens	4	insulin__4	Inhaled insulin	5	insulin__5	Other {insulin_admin_oth}	3	insulin__3	Prefer not to answer
0	insulin__0	Insulin vials																
2	insulin__2	Insulin pens																
4	insulin__4	Inhaled insulin																
5	insulin__5	Other {insulin_admin_oth}																
3	insulin__3	Prefer not to answer																
21	[ <b>insulin_admin_oth</b> ]  Show the field ONLY if: [insulin(5)] = '1'	If other, please specify	text Custom alignment: LV															
22	[ <b>insulin_how</b> ]	How do you administer the insulin? (Choose all that apply)	checkbox, Required <table><tr><td>0</td><td>insulin_how__0</td><td>Syringes</td></tr><tr><td>1</td><td>insulin_how__1</td><td>Pens with pen needles</td></tr><tr><td>2</td><td>insulin_how__2</td><td>Insulin pump</td></tr><tr><td>3</td><td>insulin_how__3</td><td>Other {insulin_how_oth}</td></tr><tr><td>4</td><td>insulin_how__4</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="4"	0	insulin_how__0	Syringes	1	insulin_how__1	Pens with pen needles	2	insulin_how__2	Insulin pump	3	insulin_how__3	Other {insulin_how_oth}	4	insulin_how__4	Prefer not to answer
0	insulin_how__0	Syringes																
1	insulin_how__1	Pens with pen needles																
2	insulin_how__2	Insulin pump																
3	insulin_how__3	Other {insulin_how_oth}																
4	insulin_how__4	Prefer not to answer																
23	[ <b>insulin_how_oth</b> ]  Show the field ONLY if: [insulin_how(3)] = '1'	If other, please specify	text															
24	[ <b>pen_needles_cost</b> ]  Show the field ONLY if: [insulin_how(0)] = '1' or [insulin_how(1)] = '1'	How much do you pay in [currency] for a 1 month supply of pen needles and/or syringes?	text (number) Custom alignment: LV															

25	[insulin_type]	Please select all insulins you currently use. (Choose all that apply)	<div>checkbox, Required</div> <table><tr><td>0</td><td>insulin_type__0</td><td>Humalog U-100</td></tr><tr><td>20</td><td>insulin_type__20</td><td>Humalog U-200</td></tr><tr><td>1</td><td>insulin_type__1</td><td>Novolog/Novorapid</td></tr><tr><td>2</td><td>insulin_type__2</td><td>Apidra</td></tr><tr><td>22</td><td>insulin_type__22</td><td>Admelog</td></tr><tr><td>23</td><td>insulin_type__23</td><td>Lyumjev</td></tr><tr><td>3</td><td>insulin_type__3</td><td>Humulin</td></tr><tr><td>4</td><td>insulin_type__4</td><td>Novolin (Regular)</td></tr><tr><td>5</td><td>insulin_type__5</td><td>Fiasp</td></tr><tr><td>21</td><td>insulin_type__21</td><td>Velosulin</td></tr><tr><td>6</td><td>insulin_type__6</td><td>Lantus/ Toujeo</td></tr><tr><td>7</td><td>insulin_type__7</td><td>Levemir</td></tr><tr><td>8</td><td>insulin_type__8</td><td>Tresiba U-100</td></tr><tr><td>19</td><td>insulin_type__19</td><td>Tresiba U-200</td></tr><tr><td>9</td><td>insulin_type__9</td><td>Basaglar</td></tr><tr><td>10</td><td>insulin_type__10</td><td>NPH</td></tr><tr><td>11</td><td>insulin_type__11</td><td>Humulin 70/30</td></tr><tr><td>12</td><td>insulin_type__12</td><td>Humulin 50/50</td></tr><tr><td>13</td><td>insulin_type__13</td><td>Humalog 75/25</td></tr><tr><td>14</td><td>insulin_type__14</td><td>Novolin 70/30</td></tr><tr><td>15</td><td>insulin_type__15</td><td>Novolog 70/30</td></tr><tr><td>18</td><td>insulin_type__18</td><td>Mixtard</td></tr><tr><td>25</td><td>insulin_type__25</td><td>Rezvoglar</td></tr><tr><td>26</td><td>insulin_type__26</td><td>Afrezza</td></tr><tr><td>27</td><td>insulin_type__27</td><td>Semglee</td></tr><tr><td>16</td><td>insulin_type__16</td><td>Other {insulin_type_oth}</td></tr><tr><td>17</td><td>insulin_type__17</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="17"</div>	0	insulin_type__0	Humalog U-100	20	insulin_type__20	Humalog U-200	1	insulin_type__1	Novolog/Novorapid	2	insulin_type__2	Apidra	22	insulin_type__22	Admelog	23	insulin_type__23	Lyumjev	3	insulin_type__3	Humulin	4	insulin_type__4	Novolin (Regular)	5	insulin_type__5	Fiasp	21	insulin_type__21	Velosulin	6	insulin_type__6	Lantus/ Toujeo	7	insulin_type__7	Levemir	8	insulin_type__8	Tresiba U-100	19	insulin_type__19	Tresiba U-200	9	insulin_type__9	Basaglar	10	insulin_type__10	NPH	11	insulin_type__11	Humulin 70/30	12	insulin_type__12	Humulin 50/50	13	insulin_type__13	Humalog 75/25	14	insulin_type__14	Novolin 70/30	15	insulin_type__15	Novolog 70/30	18	insulin_type__18	Mixtard	25	insulin_type__25	Rezvoglar	26	insulin_type__26	Afrezza	27	insulin_type__27	Semglee	16	insulin_type__16	Other {insulin_type_oth}	17	insulin_type__17	Prefer not to answer
0	insulin_type__0	Humalog U-100																																																																																		
20	insulin_type__20	Humalog U-200																																																																																		
1	insulin_type__1	Novolog/Novorapid																																																																																		
2	insulin_type__2	Apidra																																																																																		
22	insulin_type__22	Admelog																																																																																		
23	insulin_type__23	Lyumjev																																																																																		
3	insulin_type__3	Humulin																																																																																		
4	insulin_type__4	Novolin (Regular)																																																																																		
5	insulin_type__5	Fiasp																																																																																		
21	insulin_type__21	Velosulin																																																																																		
6	insulin_type__6	Lantus/ Toujeo																																																																																		
7	insulin_type__7	Levemir																																																																																		
8	insulin_type__8	Tresiba U-100																																																																																		
19	insulin_type__19	Tresiba U-200																																																																																		
9	insulin_type__9	Basaglar																																																																																		
10	insulin_type__10	NPH																																																																																		
11	insulin_type__11	Humulin 70/30																																																																																		
12	insulin_type__12	Humulin 50/50																																																																																		
13	insulin_type__13	Humalog 75/25																																																																																		
14	insulin_type__14	Novolin 70/30																																																																																		
15	insulin_type__15	Novolog 70/30																																																																																		
18	insulin_type__18	Mixtard																																																																																		
25	insulin_type__25	Rezvoglar																																																																																		
26	insulin_type__26	Afrezza																																																																																		
27	insulin_type__27	Semglee																																																																																		
16	insulin_type__16	Other {insulin_type_oth}																																																																																		
17	insulin_type__17	Prefer not to answer																																																																																		
26	[insulin_type_oth]  Show the field ONLY if: [insulin_type(16)] = '1'	If other, please list	<div>text</div> <div>Custom alignment: LV</div>																																																																																	
27	[sa_vial_num_pm]  Show the field ONLY if: ([insulin_type(0)] = '1' or [insulin_type(20)] = '1' or [insulin_type(1)] = '1' or [insulin_type(2)] = '1' or [insulin_type(22)] = '1' or [insulin_type(23)] = '1' or [insulin_type(3)] = '1' or [insulin_type(4)] = '1' or [insulin_type(5)] = '1' or [insulin_type(21)] = '1') and [insulin(0)] = '1'	How many vials of short-acting insulin (e.g. Humalog, Novolog/Novorapid, Apidra, Humulin, Novolin/Regular, Velosulin, Fiasp, Admelog, or Lyumjev) do you typically use per month?	<div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer																																																															
1	1																																																																																			
2	2																																																																																			
3	3																																																																																			
4	4																																																																																			
5	5																																																																																			
6	6																																																																																			
7	7																																																																																			
8	8+																																																																																			
9	Prefer not to answer																																																																																			

28	<div>[ sa_pens_num_pm ]</div> <div>Show the field ONLY if: ([insulin_type(0)] = '1' or [insulin_type(20)] = '1' or [insulin_type(1)] = '1' or [insulin_type(2)] = '1' or [insulin_type(22)] = '1' or [insulin_type(23)] = '1' or [insulin_type(3)] = '1' or [insulin_type(4)] = '1' or [insulin_type(5)] = '1' or [insulin_type(21)] = '1') and [insulin(2)] = '1'</div>	How many pens of short-acting insulin (e.g. Humalog, Novolog/Novorapid, Apidra, Humulin, Novolin/Regular, Velosulin, Fiasp, Admelog, or Lyumjev) do you typically use per month?	<div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
29	<div>[ sa_ins_cost ]</div> <div>Show the field ONLY if: [insulin_type(0)] = '1' or [insulin_type(20)] = '1' or [insulin_type(1)] = '1' or [insulin_type(2)] = '1' or [insulin_type(22)] = '1' or [insulin_type(23)] = '1' or [insulin_type(3)] = '1' or [insulin_type(4)] = '1' or [insulin_type(5)] = '1' or [insulin_type(21)] = '1'</div>	How much do you pay out of pocket in [currency] for a 1 month supply of short-acting insulin (e.g. Humalog, Novolog/Novorapid, Apidra, Humulin, Novolin/Regular, Velosulin, Fiasp, Admelog, or Lyumjev)? <i>Number only</i>	<div>text (number, Min: 0)</div> <div>Custom alignment: LV</div>																		
30	<div>[ la_vials_num_pm ]</div> <div>Show the field ONLY if: ([insulin_type(6)] = '1' or [insulin_type(7)] = '1' or [insulin_type(8)] = '1' or [insulin_type(19)] = '1' or [insulin_type(9)] = '1' or [insulin_type(10)] = '1' or [insulin_type(25)] = '1' or [insulin_type(27)] = '1') and [insulin(0)] = '1'</div>	How many vials of intermediate or long-acting insulin (e.g. Lantus/Toujeo, Levemir, Tresiba, Basaglar, NPH, Semglee, or Rezvoglar) do you typically use per month?	<div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
31	<div>[ la_pens_num_pm ]</div> <div>Show the field ONLY if: ([insulin_type(6)] = '1' or [insulin_type(7)] = '1' or [insulin_type(8)] = '1' or [insulin_type(19)] = '1' or [insulin_type(9)] = '1' or [insulin_type(10)] = '1' or [insulin_type(25)] = '1' or [insulin_type(27)] = '1') and [insulin(2)] = '1'</div>	How many pens of intermediate or long-acting insulin (e.g. Lantus/Toujeo, Levemir, Tresiba, Basaglar, NPH, Semglee, or Rezvoglar) do you typically use per month?	<div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
32	<div>[ la_ins_cost ]</div> <div>Show the field ONLY if: [insulin_type(6)] = '1' or [insulin_type(7)] = '1' or [insulin_type(8)] = '1' or [insulin_type(19)] = '1' or [insulin_type(9)] = '1' or [insulin_type(10)] = '1' or [insulin_type(25)] = '1' or [insulin_type(27)] = '1'</div>	How much do you pay out of pocket in [currency] for a 1 month supply of intermediate or long-acting insulin (e.g. Lantus/Toujeo, Levemir, Tresiba, Basaglar, NPH, Semglee, or Rezvoglar)? <i>Number only</i>	<div>text (number, Min: 0)</div> <div>Custom alignment: LV</div>																		

33	<p><b>[ma_vials_num_pm]</b></p> <p>Show the field ONLY if: ([insulin_type(11)] = '1' or [insulin_type(12)] = '1' or [insulin_type(13)] = '1' or [insulin_type(14)] = '1' or [insulin_type(15)] = '1' or [insulin_type(17)] = '1' or [insulin_type(18)] = '1') and [insulin(0)] = '1'</p>	How many vials of mixed insulin (e.g. Humulin 70/30, Humulin 50/50, Humalog 75/25, Novolin 70/30, Mixtard or Novolog 70/30) do you typically use per month?	<p>radio, Required</p> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: LV</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
34	<p><b>[ma_pens_num_pm]</b></p> <p>Show the field ONLY if: ([insulin_type(11)] = '1' or [insulin_type(12)] = '1' or [insulin_type(13)] = '1' or [insulin_type(14)] = '1' or [insulin_type(15)] = '1' or [insulin_type(17)] = '1' or [insulin_type(18)] = '1') and [insulin(2)] = '1'</p>	How many pens of mixed insulin (e.g. Humulin 70/30, Humulin 50/50, Humalog 75/25, Novolin 70/30, Mixtard or Novolog 70/30) do you typically use per month?	<p>radio, Required</p> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: LV</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
35	<p><b>[mix_ins_cost]</b></p> <p>Show the field ONLY if: ([insulin_type(11)] = '1' or [insulin_type(12)] = '1' or [insulin_type(13)] = '1' or [insulin_type(14)] = '1' or [insulin_type(15)] = '1' or [insulin_type(17)] = '1' or [insulin_type(18)] = '1')</p>	How much do you pay out of pocket in [currency] for a 1 month supply of mixed insulin (e.g. Humulin 70/30, Humulin 50/50, Humalog 75/25, Novolin 70/30, Mixtard or Novolog 70/30)? <i>Number only</i>	<p>text (number, Min: 0)</p> <p>Custom alignment: LV</p>																		
36	<p><b>[oth_ins_vials_num_pm]</b></p> <p>Show the field ONLY if: ([insulin_type(16)] = '1' or [insulin_type(26)] = '1') and [insulin(0)] = '1'</p>	How many vials of other insulin type do you typically use per month?	<p>radio, Required</p> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: LV</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				

37	<div>[oth_ins_pens_num_pm]</div> <div>Show the field ONLY if: [insulin_type(16)] = '1' and [insulin(2)] = '1'</div>	How many pens of other insulin type do you typically use per month?	radio, Required <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8+</td></tr><tr><td>9</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8+	9	Prefer not to answer
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8+																				
9	Prefer not to answer																				
38	<div>[oth_ins_cost]</div> <div>Show the field ONLY if: [insulin_type(16)] = '1' or [insulin_type(26)] = '1'</div>	How much do you pay out of pocket in [currency] for a 1 month supply of other insulin type? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																		
39	<div>[ins_ration_freq]</div>	How often do you have to ration or NOT give yourself insulin due to cost?	radio, Required <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>At least once per year</td></tr><tr><td>2</td><td>At least once per month</td></tr><tr><td>3</td><td>At least once per week</td></tr><tr><td>4</td><td>Every day</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	0	Never	1	At least once per year	2	At least once per month	3	At least once per week	4	Every day	5	Prefer not to answer						
0	Never																				
1	At least once per year																				
2	At least once per month																				
3	At least once per week																				
4	Every day																				
5	Prefer not to answer																				
40	<div>[pump_type]</div> <div>Show the field ONLY if: [insulin_how(2)] = '1'</div>	What type of insulin pump do you use?	radio, Required <table><tr><td>0</td><td>Animas</td></tr><tr><td>1</td><td>Accu-Check</td></tr><tr><td>2</td><td>Asante</td></tr><tr><td>3</td><td>Medtronic</td></tr><tr><td>4</td><td>Sooil</td></tr><tr><td>5</td><td>Tandem t:slim</td></tr><tr><td>6</td><td>Omnipod</td></tr><tr><td>7</td><td>Other</td></tr><tr><td>8</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	0	Animas	1	Accu-Check	2	Asante	3	Medtronic	4	Sooil	5	Tandem t:slim	6	Omnipod	7	Other	8	Prefer not to answer
0	Animas																				
1	Accu-Check																				
2	Asante																				
3	Medtronic																				
4	Sooil																				
5	Tandem t:slim																				
6	Omnipod																				
7	Other																				
8	Prefer not to answer																				
41	<div>[pump_type_oth]</div> <div>Show the field ONLY if: [pump_type] = '7'</div>	If other, pump type please list	text Custom alignment: LV																		
42	<div>[initial_pump_cost]</div> <div>Show the field ONLY if: [insulin_how(2)] = '1'</div>	How much did you pay out of pocket in [currency] for your [pump_type] pump? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																		
43	<div>[pump_costs]</div> <div>Show the field ONLY if: [insulin_how(2)] = '1'</div>	How much do you pay out of pocket in [currency] for a 1 month supply of insulin pump supplies? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																		

44	[ <b>bg_strips</b> ]	What brand of blood testing strips do you primarily use?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>OneTouch</td></tr> <tr><td>2</td><td>Accu-Check</td></tr> <tr><td>3</td><td>Abbott Freestyle</td></tr> <tr><td>4</td><td>Ascensia (Bayer)</td></tr> <tr><td>5</td><td>Precision</td></tr> <tr><td>6</td><td>True track</td></tr> <tr><td>7</td><td>True test</td></tr> <tr><td>8</td><td>Sanofi BG star</td></tr> <tr><td>9</td><td>Subscription based services (e.g. One Drop or Good Glucose)</td></tr> <tr><td>10</td><td>Other {bg_strips_oth}</td></tr> <tr><td>11</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	None	1	OneTouch	2	Accu-Check	3	Abbott Freestyle	4	Ascensia (Bayer)	5	Precision	6	True track	7	True test	8	Sanofi BG star	9	Subscription based services (e.g. One Drop or Good Glucose)	10	Other {bg_strips_oth}	11	Prefer not to answer
0	None																										
1	OneTouch																										
2	Accu-Check																										
3	Abbott Freestyle																										
4	Ascensia (Bayer)																										
5	Precision																										
6	True track																										
7	True test																										
8	Sanofi BG star																										
9	Subscription based services (e.g. One Drop or Good Glucose)																										
10	Other {bg_strips_oth}																										
11	Prefer not to answer																										
45	[ <b>bg_strips_oth</b> ] Show the field ONLY if: [bg_strips] = '10'	If other, please list	text Custom alignment: LV																								
46	[ <b>bg_strips_num</b> ] Show the field ONLY if: [bg_strips] = '1' or [bg_strips] = '2' or [bg_strips] = '3' or [bg_strips] = '4' or [bg_strips] = '5' or [bg_strips] = '6' or [bg_strips] = '7' or [bg_strips] = '8' or [bg_strips] = '9' or [bg_strips] = '10' or [bg_strips] = '11'	Approximately how many test strips do you use per month? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																								
47	[ <b>bg_strips_cost</b> ] Show the field ONLY if: [bg_strips] = '1' or [bg_strips] = '2' or [bg_strips] = '3' or [bg_strips] = '4' or [bg_strips] = '5' or [bg_strips] = '6' or [bg_strips] = '7' or [bg_strips] = '8' or [bg_strips] = '9' or [bg_strips] = '10' or [bg_strips] = '11'	How much do you pay out of pocket in [currency] for a 1 month supply of blood glucose testing strips? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																								
48	[ <b>cgm</b> ]	Do you use a continuous glucose monitor/Flash Glucose Monitoring devices (CGM)?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, Dexcom</td></tr> <tr><td>2</td><td>Yes, Medtronic</td></tr> <tr><td>3</td><td>Yes, Freestyle Libre</td></tr> <tr><td>4</td><td>Yes, other {cgm_oth}</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	No	1	Yes, Dexcom	2	Yes, Medtronic	3	Yes, Freestyle Libre	4	Yes, other {cgm_oth}	5	Prefer not to answer												
0	No																										
1	Yes, Dexcom																										
2	Yes, Medtronic																										
3	Yes, Freestyle Libre																										
4	Yes, other {cgm_oth}																										
5	Prefer not to answer																										
49	[ <b>cgm_oth</b> ] Show the field ONLY if: [cgm] = '4'	If other, please list	text Custom alignment: LV																								
50	[ <b>cgm_cost</b> ] Show the field ONLY if: [cgm] = '1' or [cgm] = '2' or [cgm] = '3' or [cgm] = '4'	How much do you pay out of pocket in [currency] for a 1 month supply of CGM/Flash Glucose Monitoring supplies? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																								

51	[bg_strips_freq]	How often do you NOT test your blood sugar due to lack of strips or CGM supplies?	radio, Required <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>At least once per year</td></tr><tr><td>2</td><td>At least once per month</td></tr><tr><td>3</td><td>At least once per week</td></tr><tr><td>4</td><td>Every day</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	0	Never	1	At least once per year	2	At least once per month	3	At least once per week	4	Every day	5	Prefer not to answer												
0	Never																										
1	At least once per year																										
2	At least once per month																										
3	At least once per week																										
4	Every day																										
5	Prefer not to answer																										
52	[glucagon]	Do you use or keep a glucagon emergency injection or nasal spray (Baqsimi) for hypoglycemia (low blood sugar)?	radio, Required <table><tr><td>1</td><td>Yes, Glucagon</td></tr><tr><td>3</td><td>Yes, nasal spray (Baqsimi)</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	1	Yes, Glucagon	3	Yes, nasal spray (Baqsimi)	0	No	2	Prefer not to answer																
1	Yes, Glucagon																										
3	Yes, nasal spray (Baqsimi)																										
0	No																										
2	Prefer not to answer																										
53	[glucagon_no] Show the field ONLY if: [glucagon] = '0'	You answered that you do not use or keep a glucagon or nasal spray with you. Why not? (Choose all that apply)	checkbox, Required <table><tr><td>0</td><td>glucagon_no__0</td><td>It is too expensive</td></tr><tr><td>1</td><td>glucagon_no__1</td><td>It is not available where I live</td></tr><tr><td>2</td><td>glucagon_no__2</td><td>I did not know it exists</td></tr><tr><td>3</td><td>glucagon_no__3</td><td>I do not know how to use it</td></tr><tr><td>4</td><td>glucagon_no__4</td><td>I do not want to keep it with me</td></tr><tr><td>5</td><td>glucagon_no__5</td><td>I do not feel that I need it</td></tr><tr><td>6</td><td>glucagon_no__6</td><td>Other {glucagon_no_oth}</td></tr><tr><td>7</td><td>glucagon_no__7</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="7"	0	glucagon_no__0	It is too expensive	1	glucagon_no__1	It is not available where I live	2	glucagon_no__2	I did not know it exists	3	glucagon_no__3	I do not know how to use it	4	glucagon_no__4	I do not want to keep it with me	5	glucagon_no__5	I do not feel that I need it	6	glucagon_no__6	Other {glucagon_no_oth}	7	glucagon_no__7	Prefer not to answer
0	glucagon_no__0	It is too expensive																									
1	glucagon_no__1	It is not available where I live																									
2	glucagon_no__2	I did not know it exists																									
3	glucagon_no__3	I do not know how to use it																									
4	glucagon_no__4	I do not want to keep it with me																									
5	glucagon_no__5	I do not feel that I need it																									
6	glucagon_no__6	Other {glucagon_no_oth}																									
7	glucagon_no__7	Prefer not to answer																									
54	[glucagon_no_oth] Show the field ONLY if: [glucagon_no(6)] = '1'	If other, please list	text Custom alignment: LV																								
55	[glucagon_cost] Show the field ONLY if: [glucagon] = '1' or [glucagon] = '3'	How much do you pay out of pocket in [currency] for a glucagon emergency shot or nasal spray? <i>Number only</i>	text (number, Min: 0) Custom alignment: LV																								
56	[ketone_strips]	Do you use or keep ketone strips with you?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes, urine strips</td></tr><tr><td>2</td><td>Yes, blood strips</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	0	No	1	Yes, urine strips	2	Yes, blood strips	3	Prefer not to answer																
0	No																										
1	Yes, urine strips																										
2	Yes, blood strips																										
3	Prefer not to answer																										



57	<div>[ ketone_strips_no ]</div> <div>Show the field ONLY if: [ketone_strips] = '0'</div>	<div>You answered that you do not use or keep ketone strips with you. Why not? (Choose all that apply)</div>	<div>checkbox, Required</div> <table><tr><td>0</td><td>ketone_strips_no__0</td><td>It is too expensive</td></tr><tr><td>1</td><td>ketone_strips_no__1</td><td>It is not available where I live</td></tr><tr><td>2</td><td>ketone_strips_no__2</td><td>I did not know it exists</td></tr><tr><td>3</td><td>ketone_strips_no__3</td><td>I do not know how to use it</td></tr><tr><td>4</td><td>ketone_strips_no__4</td><td>I do not want to keep it with me</td></tr><tr><td>5</td><td>ketone_strips_no__5</td><td>I do not feel that I need it</td></tr><tr><td>6</td><td>ketone_strips_no__6</td><td>Other {ketone_strips_no_oth}</td></tr><tr><td>7</td><td>ketone_strips_no__7</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="7"</div>	0	ketone_strips_no__0	It is too expensive	1	ketone_strips_no__1	It is not available where I live	2	ketone_strips_no__2	I did not know it exists	3	ketone_strips_no__3	I do not know how to use it	4	ketone_strips_no__4	I do not want to keep it with me	5	ketone_strips_no__5	I do not feel that I need it	6	ketone_strips_no__6	Other {ketone_strips_no_oth}	7	ketone_strips_no__7	Prefer not to answer
0	ketone_strips_no__0	It is too expensive																									
1	ketone_strips_no__1	It is not available where I live																									
2	ketone_strips_no__2	I did not know it exists																									
3	ketone_strips_no__3	I do not know how to use it																									
4	ketone_strips_no__4	I do not want to keep it with me																									
5	ketone_strips_no__5	I do not feel that I need it																									
6	ketone_strips_no__6	Other {ketone_strips_no_oth}																									
7	ketone_strips_no__7	Prefer not to answer																									
58	<div>[ ketone_strips_no_oth ]</div> <div>Show the field ONLY if: [ketone_strips_no(6)] = '1'</div>	<div>If other, please describe</div>	<div>text</div> <div>Custom alignment: LV</div>																								
59	<div>[ ketone_cost ]</div> <div>Show the field ONLY if: [ketone_strips] = '1' or [ketone_strips] = '2'</div>	<div>How much do you pay out of pocket in [currency] for one container of ketone test strips? <i>Number only</i></div>	<div>text (number, Min: 0)</div> <div>Custom alignment: LV</div>																								
60	<div>[ total_cost_2 ]</div>	<div>The number below is the total sum in [currency] of all monthly out-of-pocket costs you've entered related to your diabetes supplies.</div> <div>If it seems higher or lower than you expected, please recheck the values you have entered above.</div>	<div>calc</div> <div>Calculation: sum([sa_ins_cost],[la_ins_cost],[mix_ins_cost],[oth_ins_cost],[pump_costs],[bg_strips_cost],[cgm_cost],[pen_needles_cost])</div> <div>Custom alignment: LV</div>																								
61	<div>[ diab_med_visits ]</div>	<div>How much do you pay in [currency] annually for medical/doctor visits related to diabetes? This may be in the form of a "copay," if you have health coverage. <i>Number only</i></div>	<div>text (number)</div> <div>Custom alignment: LV</div>																								
62	<div>[ health_cov_cost ]</div> <div>Show the field ONLY if: [health_ins] = '1' or [health_ins] = '2'</div>	<div>How much do you pay in [currency] per month for your health coverage? You might know this as a 'premium.' <i>Number only</i></div>	<div>text (number, Min: 0)</div> <div>Custom alignment: LV</div>																								
63	<div>[ avg_oth_costs ]</div>	<div>If comfortable, please share your total average monthly household expenses other than diabetes costs (i.e. rent/mortgage, utilities, food, leisure activities, clothing, etc). <i>Number only</i></div>	<div>text (number, Min: 0)</div> <div>Custom alignment: LV</div>																								
64	<div>[ comments ]</div>	<div>Is there any other information you would like us to know about your diabetes care?</div>	<div>notes</div> <div>Custom alignment: LV</div>																								
65	<div>[ feedback_to_leg ]</div>	<div>If you could tell your government or people in power one thing, what would you tell them?</div>	<div>notes</div> <div>Custom alignment: LV</div>																								
66	<div>[ email ]</div>	<div>If you would like to share more information about life with diabetes in your country, email us at contact@t1international.com.</div>	<div>descriptive</div>																								
67	<div>[ type_1_diabetes_outofpocket_cost_survey_complete ]</div>	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										