Robot-Diabetes: Modified Opioid Treatment Index (M-OTI)

These questions will ask you about sugary snacks and drinks that were not needed for your diabetes management

When was the last time you had a sugary snack or drink?

Never, More than 6 months ago, In the past 6 months, In the past month, In the past week, In the past few days

During the past month, how often did you have a sugary snack or drink?

Between 6-7 days each week, Between 4-5 days each week, Between 2-3 days each week, One day each week, One day each fortnight, One day each month, Not in the last month

On what day did you last have a sugary snack or drink (in the past month)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many sugary snacks or drinks did you consume on that day?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On which day before that did you have a sugary snack or drink?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And how many sugary snacks and drinks did you have on that day?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And when was the day before that?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would this be a typical pattern of sugary snack and drink intake?

Yes, No, more than usual, No, less than usual

What would be a typical pattern of sugary snacks and drinks?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Robot-Diabetes: High-Energy Food or Drink Frequency over the Past 2 Weeks (HE-F2)

**Thinking about sugary snacks and drinks** **OVER THE LAST TWO WEEKS** that were not needed for your diabetes management, please enter a number on each row to answer these questions.   

In the first column, enter the number of each of the snacks or drinks you had. Count each snack separately, even if you ate them at the same time. For example, if you had two cupcakes at the same time, you would enter the number 2 in the first column next to cakes.   
In the second column, enter the number of times you used insulin for each of these snacks. Count insulin for each snack separately, even if you ate them at the same time. For example, if you had two cupcakes at the same time and had insulin once for both cupcakes, enter the number 2 in the second column to show that you took insulin for both of those snacks. If you had two cupcakes but on separate occasions and only used insulin one of these times, you would enter the number 1 in the second column.

Enter the number of sugary snacks/drinks you had **OVER THE LAST TWO WEEKS** and how many of those snacks/drinks you used insulin for

|  |  |  |
| --- | --- | --- |
|  | Number of snacks/drinks | Times you used insulin with this snack/drink |
| Energy Drinks |  |  |
| Soft Drinks |  |  |
| Fruit drinks/ juices |  |  |
| Jams/ marmalade/ honey |  |  |
| Syrups (e.g. caramel or maple) |  |  |
| Biscuits/ cookies |  |  |
| Cakes |  |  |
| Chocolate/ Bars |  |  |
| Dessert custards |  |  |
| Doughnuts |  |  |
| Ice cream/ frozen yoghurt/ sorbet |  |  |
| Iced buns |  |  |
| Muesli Bars |  |  |
| Puddings |  |  |
| Cordials/ sugary waters |  |  |
| Slices |  |  |
| Confectionary (Lollies) |  |  |
| Sweet muffins |  |  |
| Sweet pastries |  |  |
| Sweet pies and crumbles |  |  |
| Pikelets/ pancakes |  |  |
| Sweet popcorn |  |  |
| Flavoured milk |  |  |
| Flavoured yoghurt |  |  |
| Other sugary snacks or drinks |  |  |

Robot-Diabetes: Motivational Thought Frequency (MTF)

Thinking about cutting down or stopping sugary snacks and drinks that are not needed for your diabetes management, please select a number on each row to answer these questions.  

Scoring: 0 (Never) to 100 (Constantly)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Over the last week, how often did you…*** | | | | | | | | | | | |
| ... feel you wanted to cut down to stop high sugar/fat snacks? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … feel you needed to do it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … have a strong urge to do it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ***Over the last week, how often did you…*** | | | | | | | | | | | |
| … imagine yourself doing it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … imagine how you would do it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … imagine how good it would be to do it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … imagine how much better you’d feel if you did it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … imagine how much worse you’d feel if you didn’t do it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … imagine succeeding at it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … picture times you did something like this in the past? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Over the last week., how often…** | | | | | | | | | | | |
| …did thoughts about it come to mind? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …did other things remind you about it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …did thoughts about it grab your attention? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Robot-Diabetes: Confidence to Control – Days

**Thinking about cutting down or stopping sugary snacks and drinks**, please select a number on each row to answer these questions.    
     
**Over the next week, how confident are you that you could avoid having any sugary snacks or drinks that** are not needed for your diabetes management…

Scoring: 0 (Not at all confident) to 100 (Extremely confident)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ... for 1 day? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 2 days | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 3 days? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 4 days? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 5 days? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 6 days? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... the whole week? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 2 weeks? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 3 weeks? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... for 4 weeks? | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Robot-Diabetes: Confidence to Control - Type

**Thinking about cutting down or stopping sugary snacks and drinks**, please select a number on each row to answer these questions.

**Over the next week, how confident are you that you could avoid having any sugary snacks or drinks that** are not needed for your diabetes management…

Scoring: 0 (Not at all confident) to 100 (Extremely confident)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| …If you were angry | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| …If you were sad | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| …If you were tired | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| …If you were bored | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| … if you were stressed | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ...if you were worried | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| …If someone offered you one | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... if your friends were having one | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ... if you had a strong craving for one | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| ...if you felt you really deserved one | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Robot-Diabetes: Robot Inventory (RI)

**The following questions are about social robots.**

Social robots are robots that are designed to interact with people or other things.

The following pictures are some examples of social robots.

**Please select an answer on each row.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| I like social robots |  |  |  |  |  |  |  |  |  |  |  |
| I think social robots are helpful |  |  |  |  |  |  |  |  |  |  |  |
| I would feel comfortable talking to a social robot |  |  |  |  |  |  |  |  |  |  |  |
| I could trust a social robot with my problems |  |  |  |  |  |  |  |  |  |  |  |
| A social robot could help me change my behaviour |  |  |  |  |  |  |  |  |  |  |  |

Robot-Diabetes: Treatment Expectancy Questionnaire (TEQ)

**Please read each question carefully and select the number that best reflects your thoughts.**

Scoring: 0 = Not useful at all, 100 = Extremely useful

**How useful will this treatment be in helping young people with Type 1 diabetes to cut down sugary snacks and drinks?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

**How effective will this treatment be for you?**

Scoring: 0 = Not at all effective, 100 = Extremely effective

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

**Imagine that are friend or family member with Type 1 diabetes asked you about this treatment. How likely is it, that you would suggest they try it?**

Scoring: 0 = Not likely at all, 100 = Extremely likely

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

**If 100 people like you had this treatment, how many (%)…**

1. … would cut down or stop sugary snacks or drinks for at least 3 months?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

1. … would keep in control of their sugary snacks or drinks for at least the next 12 months?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

1. … would stop having sugary snacks and drinks, aside from those for diabetes management, for good?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |