Supplemental Material 1. Questions regarding various aspects of diabetes screening adherence in the study participants

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| Category | Question | Options | Details |
| Family history | How many persons with diabetes are there in your family? | Numbers |  |
|  | Which family members have diabetes? | Parents/siblings/etc. |  |
| Lifestyle | Lifestyle and behavioral patterns (smoking, weekly physical activity, daily consumption levels of fruit and vegetables, weekly fast food consumption, and weekly sugar-containing beverage consumption). | Yes/No or number | Participants who had engaged in at least 150 minutes of moderate physical activity in the past week were considered physically active. |
| HbA1c test | Have you been tested for HbA1c within the last year? | Yes/No |  |
| Hypertension | Do you have hypertension? | Yes/No |  |
| GDM | Have you had gestational diabetes in pregnancy or a history of delivering a baby weighing above 4000 grams? | Yes/No |  |
| Perceived severity | Is diabetes a serious disease? | Yes/No |  |
| Perceived susceptibility | Since you have a family member with diabetes, how much are you at risk of disease? | Likert scale score\* |  |
|  | What is the probability of you getting diabetes in the next 5 years? | Likert scale score\* |  |
| Knowledge of symptoms and adverse effects of diabetes | What are the symptoms of diabetes? | Open-ended question | Knowledge of symptoms was defined according to the main symptoms of diabetes, polyuria, and polydipsia. |
|  | What are the complications of diabetes? | Open-ended question | Knowledge of complications included disabling conditions such as renal failure, amputation, and blindness. |
| Knowledge of risk factors for diabetes | What are the effects of the following risk factors for getting diabetes? | a: high, b: low, c: no effect, d: I don’t know. | The selected risk factors were a high-sugar diet, consumption of fast food, a history of hypertension, dyslipidemia, a sedentary lifestyle, coronary artery disease, renal disease, and obesity. |
| Perception of a barrier to screening | Perceptions of barriers to screening were assessed by asking participants to choose from the listed barriers for screening. | “Fasting blood glucose tests are time consuming,”  “I don’t have time to get to the doctor and laboratory,”  “The doctor and the laboratory are far away,”  “The test is painful,”  “Needles scare me,”  “I do not know what to do if I have diabetes,” and  “I do not know where to go if I have diabetes”. |  |
| Knowledge about methods of screening | What is the best way to diagnose diabetes? | Open-ended question |  |
| Knowledge of participants about the DPCP | Did you know about diabetes screening programs at health care facilities? | Yes/No |  |
|  | Do you know the cost of screening at health care facilities? | Yes/No |  |
| Social impact | Whose recommendation would have the most effect on your decision to receive the screening? | Physicians, family members, friends and coworkers |  |
| Physician advice | Have you ever been advised by a physician or health care provider to have a fasting blood glucose test because of a family history of diabetes? | Yes/No |  |
| Source of health information | Which is the source of your information about diabetes? | Family, friends, physicians and health care providers, multimedia |  |
| Intention to do the FBS test | Do you plan to have a fasting blood glucose test in the next 6 months? | Yes/No |  |

DPCP, Diabetes Prevention and Control Program; HbA1c, hemoglobin A1c; GDM, gestational diabetes mellitus

\*Scale: 5=very much, 1=not at all.