

Supplementary File 4: Patient satisfaction questionnaire (translated from French)

These questions are about your overall thoughts on the program

What are the reasons for participating in this follow-up program?

(Multiple answers allowed)

- ☐ Because I was recently diagnosed
- ☐ Because I was starting a new treatment
- ☐ To be supported in the daily intake of my treatment
- ☐ For help in managing my illness
- ☐ Being able to discuss my illness and treatments with a healthcare professional other than my physician
- ☐ For Fear of treatment side effects
- ☐ To please my pharmacist
- ☐ To advance research
- ☐ Out of curiosity
- ☐ I don't know
- ☐ Other reasons (please specify) :

How often do you think you need the help of a pharmacist for the daily intake of your medications?

(One answer allowed)

- ☐ Always
- ☐ Often
- ☐ Rarely
- ☐ Never
- ☐ I don't know

These questions are about how you feel about the pharmacist interviews

Were the interviews with the pharmacist useful?

(One answer allowed)

- ☐ Very useful
- ☐ Quite useful
- ☐ Rather useless
- ☐ Very useless
- ☐ I don't know

How much did the interviews with the pharmacist help you to...?

(One possible answer per line)

	A lot	Fairly	A bit	Not at all	I don't know
• ... understand your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... integrate the treatment into your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... keep you motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... deal with difficult moments, moments of doubt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... take your medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... manage side effects of your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... react correctly in particular situations (weekends, outings, holidays, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ... talk about how your feelings regarding your treatment, about your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other improvements noted as a result of this program (please specify):.....

.....

During interviews with the pharmacist, how often did you have the opportunity to express any problems encountered in taking your medications?

(One answer allowed)

- ☐ Always
- ☐ Often
- ☐ Rarely
- ☐ Never
- ☐ I don't know

Did you discuss the adherence graph with your pharmacist during interviews?

(One answer allowed)

- ☐ Always
- ☐ Often
- ☐ Rarely
- ☐ Never
- ☐ I don't know

If you discussed the adherence graph during the interviews, was it useful?

(One answer allowed)

- ☐ Very useful
- ☐ Quite useful
- ☐ Rather useless
- ☐ Very useless
- ☐ I don't know

What is the reason for that?

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During the follow-up, how did you feel...?

(One possible answer per line)

	Always	Often	Rarely	Never	I don't know
• ...monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ...encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ...helped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other pleasant or unpleasant feelings (please specify):.....					
.....					

Was the duration of the interviews with the pharmacist...?

(One answer allowed)

- ☐ Too long
- ☐ Adequate
- ☐ Too short
- ☐ I don't know

Was the frequency of the interviews with the pharmacist... ?

(One answer allowed)

- ☐ Too high
- ☐ Adequate
- ☐ Not enough
- ☐ I don't know

These questions are about what you think of the electronic pillbox

Were the pillboxes useful?

(One answer allowed)

- ☐ Very useful
- ☐ Quite useful
- ☐ Rather useless
- ☐ Very useless
- ☐ I don't know

How easy was it to use the pillboxes in your daily life?

(One answer allowed)

- ☐ Very easy
- ☐ Quite easy
- ☐ Rather difficult
- ☐ Very difficult
- ☐ I don't know

Has the display (LCD screen) of the electronic pillbox been a useful reminder in daily life?

(One answer allowed)

- ☐ Very useful
- ☐ Quite useful
- ☐ Rather useless
- ☐ Very useless
- ☐ I don't know

To what extent did you find the electronic pillbox cumbersome?

(One answer allowed)

- ☐ Not at all cumbersome
- ☐ Space-saving
- ☐ Rather cumbersome
- ☐ Very cumbersome
- ☐ I don't know

These questions concern the collaboration between your physician and pharmacist

How do you perceive the collaboration between your pharmacist and your physician?

(One answer allowed)

- ☐ Very present
- ☐ Relatively present
- ☐ Not very present
- ☐ Inexistent
- ☐ I don't know

Do you think the collaboration between your physician and pharmacist has improved your care management? *(One answer allowed)*

- ☐ A lot
- ☐ Fairly
- ☐ A bit
- ☐ Not at all
- ☐ I don't know

Continuation

Would you like to continue this program?

(One answer allowed)

- ☐ Yes, without a doubt
- ☐ Pretty much
- ☐ Not really
- ☐ No, I don't
- ☐ I don't know

Recommendation

Would you recommend the program to another person with diabetes? *(One answer allowed)*

- ☐ Yes, without a doubt
- ☐ Pretty much
- ☐ Not really
- ☐ No, I don't
- ☐ I don't know

What is the reason for that?

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What is the reason for that?

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Improvement

If you were in charge of this program, what would you change to improve it?

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Further information

Do you have any comments (remarks, suggestions, etc.) to make about your diabetes monitoring by the pharmacist?

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