Supplementary Appendix 1. Instrument to Measure the Lifestyle of People Living with Diabetes (*IMEVID*)

This is a questionnaire designed to understand the lifestyle of people with type 2 diabetes. Please read the following questions carefully and answer what you consider best reflects your lifestyle in the last **3** months.

Choose a single	option b	v marking	an X in	the box	containing	the chosen	answer.

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We kindly ask you to answer all questions.

Name:			
mailie.			

Sex: F / M

Age: _____ years

1	How often do you eat vegetables?	Every day	Some days	Hardly ever
2	How often do you eat fruit?	Every day	Some days	Hardly ever
3	How many pieces of bread do you eat per day?	0 to 1	2	3 or more
4	How many tortillas do you eat per day?	0 to 3	4 to 6	7 or more
5	Do you add sugar to your food or drinks?	Hardly ever	Sometimes	Frequently
6	Do you add salt to your food?	Hardly ever	Sometimes	Frequently
7	Do you eat between meals?	Hardly ever	Sometimes	Frequently
9	When you finish eating the amount initially served, do you ask for more?	Hardly ever	Sometimes	Frequently
10	How often do you get at least 15 minutes of exercise (e.g., walk fast, run or something else)?	3 or more times a week	1 to 2 times a week	Hardly ever
11	Do you stay busy outside of your usual work activities?	Hardly ever	Sometimes	Frequently
12	What do you do most often in your free time?	Go out of the house	Work at home	Watch television
13	Do you smoke?	No	Sometimes	Daily
14	How many cigarettes do you smoke per day?	None	1 to 5	6 or more
15	Do you drink alcohol?	Never	Rarely	Once a week
16	How many alcoholic drinks do you drink on each occasion?	None	1 to 2	3 or more

17	How many talks for people living with diabetes have you attended?	4 or more	1 to 3	None
18	Do you try to find information about diabetes?	Almost always	Sometimes	Hardly ever
19	Do you get angry easily?	Hardly ever	Sometimes	Almost always
20	Do you feel sad?	Hardly ever	Sometimes	Almost always
21	Do you have pessimistic thoughts about your future?	Hardly ever	Sometimes	Almost always
22	Do you do your best to keep your diabetes under control?	Almost always	Sometimes	Hardly ever
23	Do you follow a diabetes diet?	Almost always	Sometimes	Hardly ever
24	Do you forget to take your diabetes medications or your insulin?	Hardly ever	Sometimes	Almost always
25	Do you follow the medical instructions indicated for your care?	Almost always	Sometimes	Hardly ever

Source: López-Carmona et al., 2004

Supplementary Appendix 2. Behavioral Outcomes, performance objectives, personal-external determinants and change objective matrices for each self-care topic developed

1) Correct nutrition

Behavioral Outcome 1: the person living with diabetes eats a correct diet on a regular basis.

Performance					Change ob	jectives (CO)				
Parformance				Personal det	erminants				External d	eterminants
objectives (POs)	Knowledge	Observational learning	Behavioral capacity	Perceived susceptibility	Perceived severity	Perceived barriers	Perceived benefits (expectations)	Self-efficacy	Reinforcement (motivation)	Cues to action
PO1.1 Organizes menus according to his/her nutritional requirements.	CO1.1A Describes food groups. CO1.1B. Identifies servings for each food group. CO1.1C Recognizes his/her nutritional requirements. OC.1.1D Identifies local and seasonal foods.		CO1.1E Chooses local and seasonal foods, in addition to establishing portions according to his/her requirements.				CO1.1F Realizes that by choosing local and seasonal foods he/she will be able to eat healthily without harming his/her finances. CO1.1G Realizes that by developing menus according to his/her requirements he/she will better control his/her blood glucose and, therefore, have better health.	CO1.1H Feels able to identify local foods and establish portions appropriate to his/her requirements.	CO1.11 The MAG reinforces and motivates individual and group achievements.	CO1.1J Facilitators teach the basics of nutrition and eating to develop healthy and low-cost menus.
PO1.2 Establishes preparation and consumption times.	CO1.2A Identifies strategies to reduce preparation and		CO1.2B Analyzes his/her activities and chooses viable schedules to			CO1.2E Perceives that within his/her activities he/she will be able to				CO1.2F Facilitators promote reflection to cope with situations

	consumption times.	consume his/her food. CO1.2C Analyzes the barriers that make it likely that he/she will not comply with his/her eating plan properly and in a timely manner, such as being at a party, a meeting, a restaurant or a store. CO1.2E Establishes actions to overcome			find time to acquire, prepare and consume his/her food, and will be able to overcome the difficulties in doing so.				difficult to comply with eating plans properly and in a timely manner.
PO1.3 Eats his/her food properly and in a timely manner every day.	CO1.3A Recognizes that healthy eating is part of a successful treatment to control blood glucose and prevent complications in the short, medium and long term.	barriers.	CO1.3B Feels susceptible to having episodes of hyper or hypoglycemia by not consuming food properly and in a timely manner. CO1.3C. Feels susceptible to developing medium- and long-term complications by not adhering to a healthy eating plan.	CO1.3D Perceives that the complications of diabetes in the short, medium and long terms are serious and should be avoided at all costs.		CO1.3E Realizes that by adhering to an eating plan he/she will better control his/her blood glucose and, therefore, be healthier.	CO1.3F Feels able to consume his/her food properly and in a timely manner, avoiding skipping meal times, as well as eating less or overeating.	CO1.3G MAG members share their difficulties and achievements as well as new solutions for eating healthy.	

Supplementary Appendix 2. Continuation...

2) Exercise

Behavioral Outcome 2: the person living with diabetes does exercise regularly.

					Change	objectives (CO)				
				Personal det	erminants	•			External o	leterminants
Performance Objectives (POs)	Knowledge	Observational learning	Behavioral capacity	Perceived susceptibility	Perceived severity	Perceived barriers	Perceived benefits (expectations)	Self-efficacy	Reinforcement (motivation)	Cues to action
PO2.1 Organizes an exercise program according to his/her requirements.	CO2.1A Remembers the characteristics and types of physical activity. CO2.1B Identifies physical activities of interest. CO2.1C Can explain what the best physical activity is for him/herself.		CO2.1D Determines which physical activity to do, as well as the time and frequency with which he/she will do it.			CO2.1E Perceives that he/she will be able to overcome the difficulties encountered in carrying out the chosen physical activity.	CO2.1F Perceives that, by developing an exercise program according to his/her requirements, he/she will better control his/her blood glucose and therefore be healthier.		CO2.1G The MAG reinforces and motivates individual and group achievements.	CO2.1H Facilitators teach the basics of physical activity to develop an appropriate and low-cost exercise program.
PO2.2 Allocates time and space for doing exercise.	CO2.2A Identifies strategies to implement an exercise program.		CO2.2B Analyzes his/her activities and chooses viable schedules to comply with, as well as appropriate spaces to implement, an exercise program.			CO2.2D Perceives that, within his/her activities, he/she will be able to find time and space to comply with his/her exercise program, and will be able to overcome the difficulties			CO2.2E MAG members share their difficulties and achievements as well as new solutions for doing exercise.	CO2.2F Facilitators promote reflection to cope with situations that make it difficult to comply with the participants' exercise programs properly and

CO2.2C	encountered in		in a timely
Analyzes	complying		manner.
dispositional	with the		
factors in the	program.		
environment			
that make it			
likely that			
he/she will fail			
to comply			
with his/her			
exercise			
program			
properly and			
in a timely			
manner (e.g.,			
watching TV			
and family or			
work			
activities).			
Establishes			
actions to cope			
with these			
situations.			

Supplementary Appendix 2. Continuation...

3) Medications

Behavioral Outcome 3: the person living with diabetes takes his/her medications or has them administered properly and in a timely manner.

					Change	objectives (CO)				
				Personal d	eterminants				External of	leterminants
Performance objectives (POs)	Knowledge	Observational learning	Behavioral capacity	Perceived susceptibility	Perceived severity	Perceived barriers	Perceived benefits (expectations)	Self-efficacy	Reinforcement (motivation)	Cues to action
PO3.1 Establishes a medication program according to his/her medical prescription.	CO3.1A Can describe his/her medications as well as the proper way of taking them or having them administered. CO3.1B Can explain the basic usefulness (functions) of his/her medications.		CO3.1C Develops a calendar with dates, times and doses for his/her medications.				CO3.1D Perceives that by having a medication program he/she will be able to comply with his/her pharmacological treatment properly and in a timely manner.		CO3.1E The MAG reinforces and motivates individual and group achievements.	CO3.1F Facilitators teach the physiological bases of the most common diabetes medications.

Supplementary Appendix 2. Continuation...

4) Self-monitoring of capillary blood glucose

Behavioral Outcome 4: the person living with diabetes records his/her blood glucose levels regularly.

					Change ob	jectives (CO)				
				Personal de	terminants				External d	eterminants
Performance objectives (POs)	Knowledge	Observational learning	Behavioral capacity	Perceived susceptibility	Perceived severity	Perceived barriers	Perceived benefits (expectations)	Self-efficacy	Reinforcement (motivation	Cues to action
PO4.1 Has the instruments available to measure his/her glucose.	CO4.1A Recognizes the usefulness of measuring his/her capillary glycemia. CO4.1B. Identifies instruments and methods for taking glycemia.		CO4.1C Obtains the necessary inputs for taking capillary glycemia.			CO4.1D Perceives that the difficulties in obtaining the necessary inputs for taking capillary glycemia can be overcome.	CO4.1E Perceives that having the necessary inputs for taking capillary glycemia permits carrying out his/her glycemic control.		CO4.1F The MAG proposes strategies to ensure that the necessary supplies are available for measuring capillary blood glucose.	CO4.1G Facilitators teach the usefulness and utilization of capillary blood glucose meters.
PO4.2 When needed, he/she asks for help to measure his/her glucose.	CO4.2A Identifies places and people that can help him/her monitor his/her glucose.		CO4.2B Sets places and times to measure his/her glucose.				CO4.2C Feels that by asking for help, he/she will be able to measure his/her glucose.	CO4.2D Feels able to ask for help measuring his/her glucose.	CO4.2E The MAG proposes places and people to ask for help when measuring glucose.	CO4.2F Facilitators motivate people to ask for help measuring glucose.
PO4.3 Measures his/her glucose as prescribed together with his/her health provider.	CO4.3A Recognizes that frequent glucose measurement is part of a successful treatment for controlling his/her blood sugar levels	CO4.3B Observes others measure their glucose.	CO4.3C Applies the skills acquired to measure his/her glucose.		CO4.3D Is aware that if he/she does not monitor his/her glucose, episodes of hyper or hypoglycemia may occur without his/her		CO4.3E Perceives that by monitoring his/her glucose he/she will make better decisions to control him/herself.	CO4.3F Feels capable of measuring his/her glucose.	CO4.3G MAG members share their difficulties and achievements as well as new solutions for measuring their glucose.	

and preventing	knowing, and		
complications.	this can lead to		
	serious		
	complications.		

Supplementary Appendix 3. Structure of the workshops of the Healthy Living Educational Strategy for people living with diabetes type 2

Activity (Duration)	Session 1	Session 2	Session 3	Session 4
	Intr	oduction to the ses	sions	
		(5 min)		
Video/flipchart (10 min)	Nutrition	Exercise	Medication	Glucose self- monitoring
Со	mmunication betw	een facilitators and	attendees (30-40 min)
Workbook (15-20 min)	-Schedules for mealtimes -Eating plans	-Times for working out -Types of exercise	Recommendations	Record blood glucose concentrations
Practical work (30-50 min)	Learning how to make a one- day menu	Learning how to make an exercise plan	Learning how to make a pill organizer	Learning how to make a daily blood glucose registration