

Title: Life Beyond Blood Sugar: Biopsychosocial and Economic Perspectives on Living with Diabetes Type 2; A call for Rethinking Diabetic Care in Tanzania

Introduction

The interviewer should introduce themselves, explain the purpose of the study, and outline the possible benefits and risks for the participant. Emphasize confidentiality, voluntary participation, and the right to withdraw at any time. Request permission to audio-record the interview (if required). Inform the participant that there are no right or wrong answers.

Participant: Provide verbal consent, sign the consent form, and grant permission for audio-recording.

Section 1: Participant Background Information

No.	Question	Response / Space to Fill
1	Participant ID	_____
2	Age	_____ years
3	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
5	Education Level	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College/University
6	Occupation	_____
7	Residence	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
10	Monthly Household Income (optional)	<input type="checkbox"/> <100,000 TZS <input type="checkbox"/> 100,000–300,000 TZS <input type="checkbox"/> >300,000 TZS <input type="checkbox"/> Prefer not to say
11	Do you attend diabetes clinic regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Family history of diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Alcohol use	<input type="checkbox"/> None <input type="checkbox"/> Occasionally (1–2/week) <input type="checkbox"/> Frequently (≥ 3 /week)
15	Smoking status	<input type="checkbox"/> Never <input type="checkbox"/> Former smoker <input type="checkbox"/> Current smoker
16	Duration since diagnosis of diabetes	_____ <input type="checkbox"/> <1 year <input type="checkbox"/> 1–5 years <input type="checkbox"/> 6–10 years <input type="checkbox"/> >10 years
17	Current diabetes treatment (specify)	<input type="checkbox"/> OHA <input type="checkbox"/> Insulin <input type="checkbox"/> OHA + Insulin <input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Other: _____
18	Other chronic conditions	<input type="checkbox"/> None <input type="checkbox"/> Obesity <input type="checkbox"/> Hypertension/Heart disease <input type="checkbox"/> Kidney disease (CKD) <input type="checkbox"/> Mental health (e.g., stress) <input type="checkbox"/> Chronic respiratory disease <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer <input type="checkbox"/> Other: _____
19	Physical measurements	Weight: ____ kg; Height: ____ cm; Waist: ____ cm; Hip: ____ cm; BMI: ____; WHR: ____

Section Two: Interview Guide : Lived Experiences

1A. Basic Information

Main Question:

1. *When did you first learn that you had diabetes? How did you find out?*

Probes:

- How did you feel the first time you were told that you have diabetes?
- What thoughts came to your mind at that moment?

1B. Physical Effects

Main Questions:

2. *How has living with diabetes affected your physical health?*
3. *What physical changes have you noticed since you were diagnosed?*

Probes:

- a) Have you noticed any changes in appetite, weight, or vision?
- b) Have you ever experienced complications such as foot ulcers, infections, fatigue, or numbness?
- c) How do you manage your treatment, medication, or insulin injections?
- d) What challenges do you face in following your treatment plan?
- e) How does diabetes affect your ability to perform daily activities or work?
- f) Are there things you used to do easily in the past that are now difficult?

1C. Emotional and Psychological Effects

Main Questions:

4. *In what ways has diabetes affected your psychological well-being overall?*
5. *Have you ever felt stressed, anxious, or sad about your condition?*

Probes:

- a) Do you worry about your future health?
- b) Do you ever feel discouraged or frustrated because of the illness?
- c) How do you cope with stress related to your condition?
- d) Do you notice any relationship between your stress levels and your blood sugar levels?
- e) Have you ever felt stigmatized or judged because of having diabetes? In what situations?

1D. Social and Family Effects

Main Questions:

6. *How has diabetes affected your relationships with family or friends?*
7. *How do people around you (spouse, children, or colleagues) perceive your condition?*
8. *Has diabetes changed how you participate in social activities?*

Probes:

- a) Are there foods or activities you avoid during social gatherings?
- b) Have you ever felt excluded or misunderstood because of your medication or diet schedule?
- c) How do you communicate your needs to those close to you?
- d) Is it easy or difficult for you to talk about your condition?

1E. Economic and Lifestyle Effects

Main Questions:

9. *How has diabetes affected your work and income?*
10. *What financial challenges do you experience in managing this condition?*

Probes:

- a) Costs related to medicine, clinics, healthy food, or transport
- b) Missing work due to illness or clinic visits
- c) Have you had to change your lifestyle because of diabetes? (e.g., diet, exercise, routines—how?)

1F. Coping Strategies and Support Systems

Main Questions:

- a) *What helps you continue living well with diabetes?*

- b) *Who or what provides you with the most support? (family, health workers, religion, friends, etc.)*
- c) *Have you joined any support groups or community programs for people with diabetes?*
- d) *What kind of support do you wish existed for people living with diabetes?*

2. Family Contribution to Managing Diabetes

Main Questions:

- 11. *How does your family support you in making dietary changes?*
- 12. *What family or social support do you receive in changing your diet and lifestyle?*

Probes:

- a) Can you describe the role your family plays in helping you manage your diet? (Do they help with choosing or preparing food?)
- b) Do your family members understand your dietary restrictions? How supportive have they been?
- c) What changes has your family made to accommodate your dietary needs?
- d) Do you feel supported by your family in following this diet? Why?
- e) Do you eat meals together with your family? How do you manage this without compromising the recommended diet for people with diabetes?
- f) How do you manage food intake during social events (such as celebrations)? What challenges do you face?

Close: Thank you very much for taking the time to share your experiences with us. Your insights are extremely valuable and will help us better understand how people living with diabetes manage their daily lives, especially in relation to diet and physical activity. Everything you have shared will remain confidential and will be used only for research purposes. If you have any questions or concerns after this interview, please feel free to contact the research team. Once again, thank you for your time, openness, and contribution to this study.