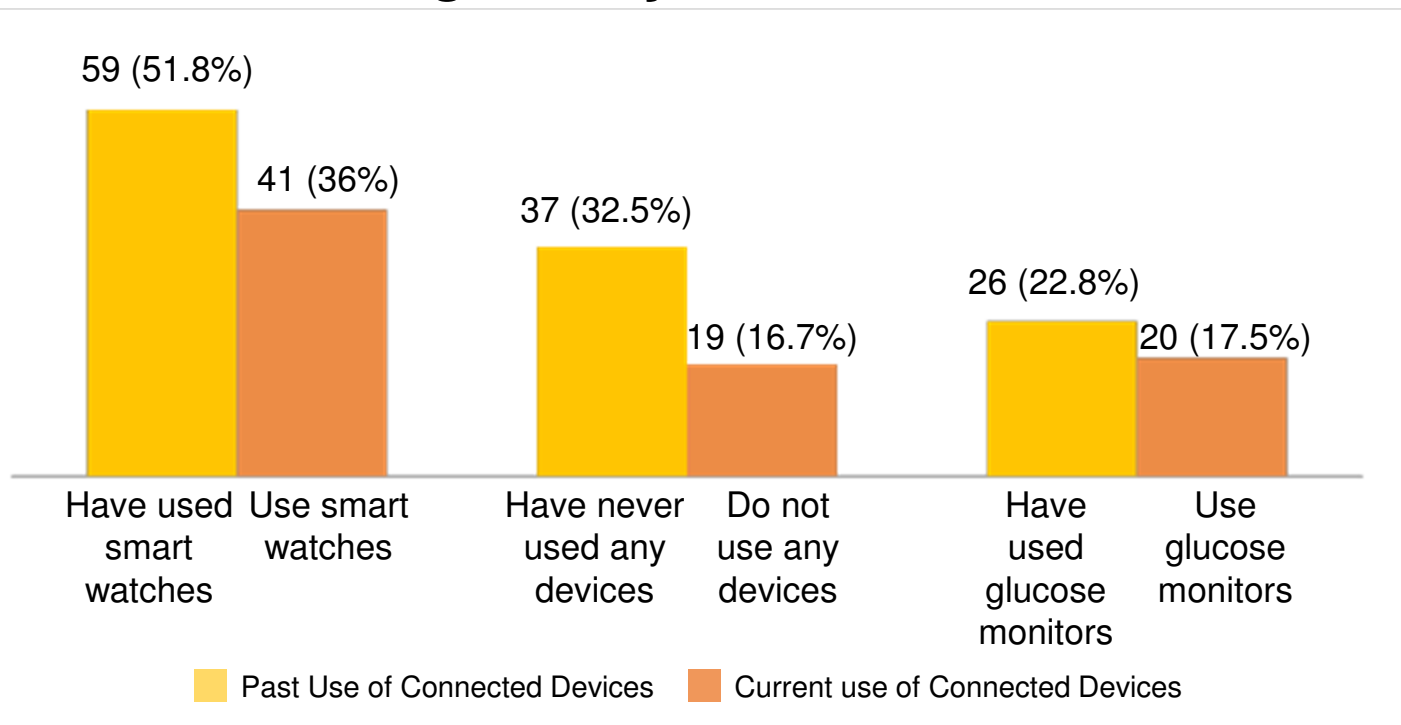
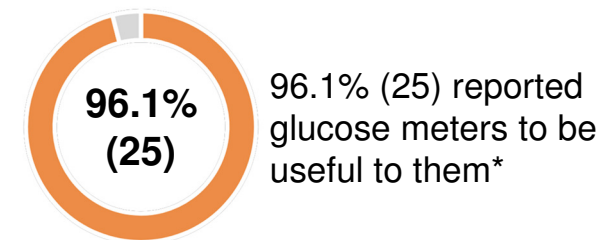
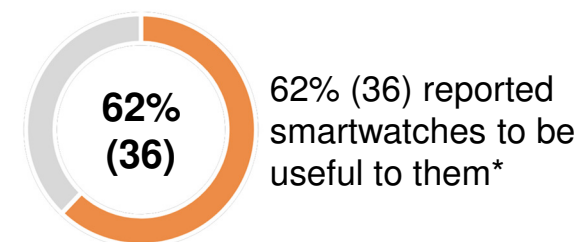


## Figure S1. US Participants reported common use of connected devices and high utility for their use

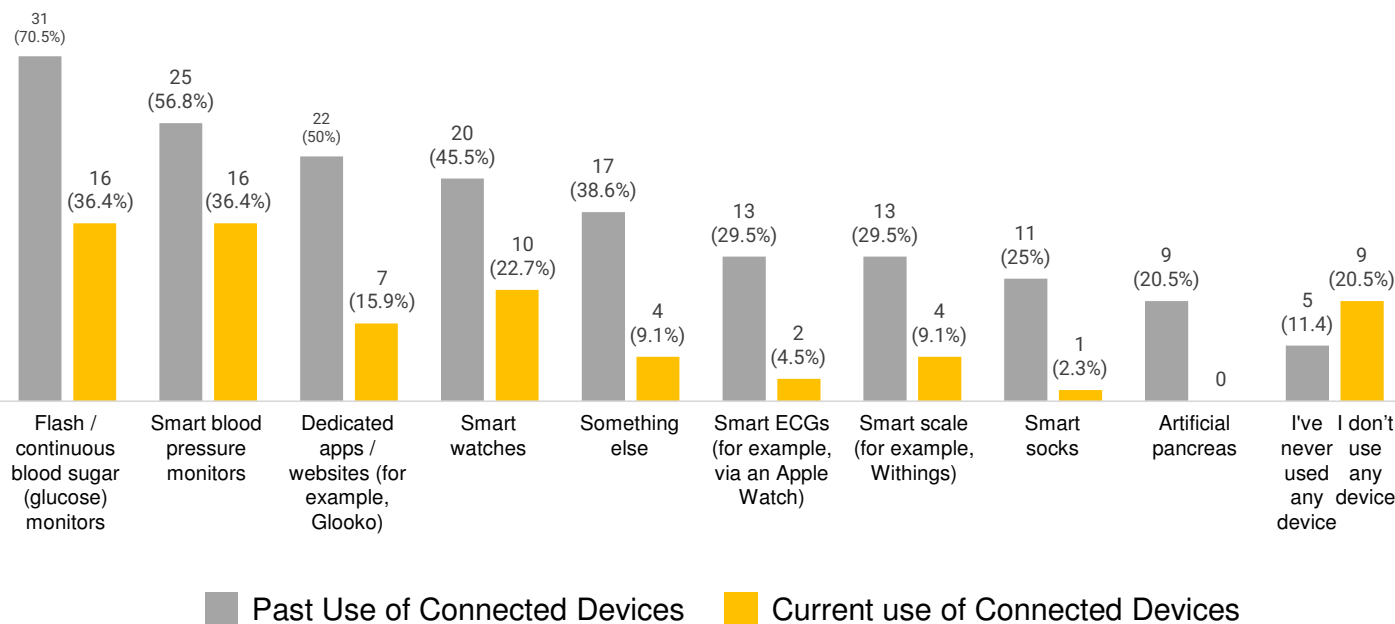


### Participant experience with Connected Devices

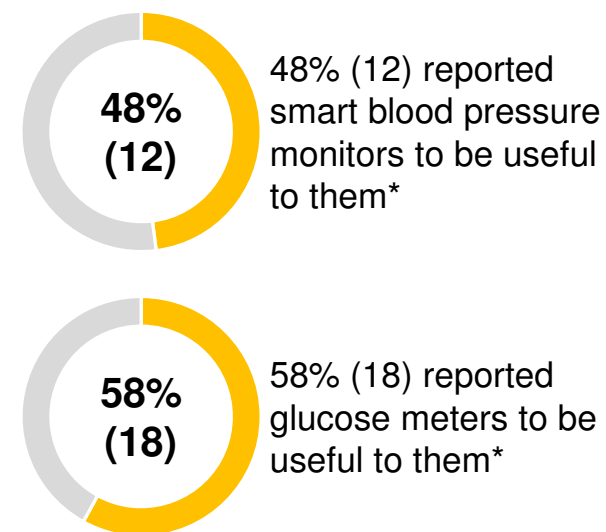


\* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

## Figure S2. Compared with the U.S., German participants reported more use of glucose monitors and connected apps, but less utility from these devices

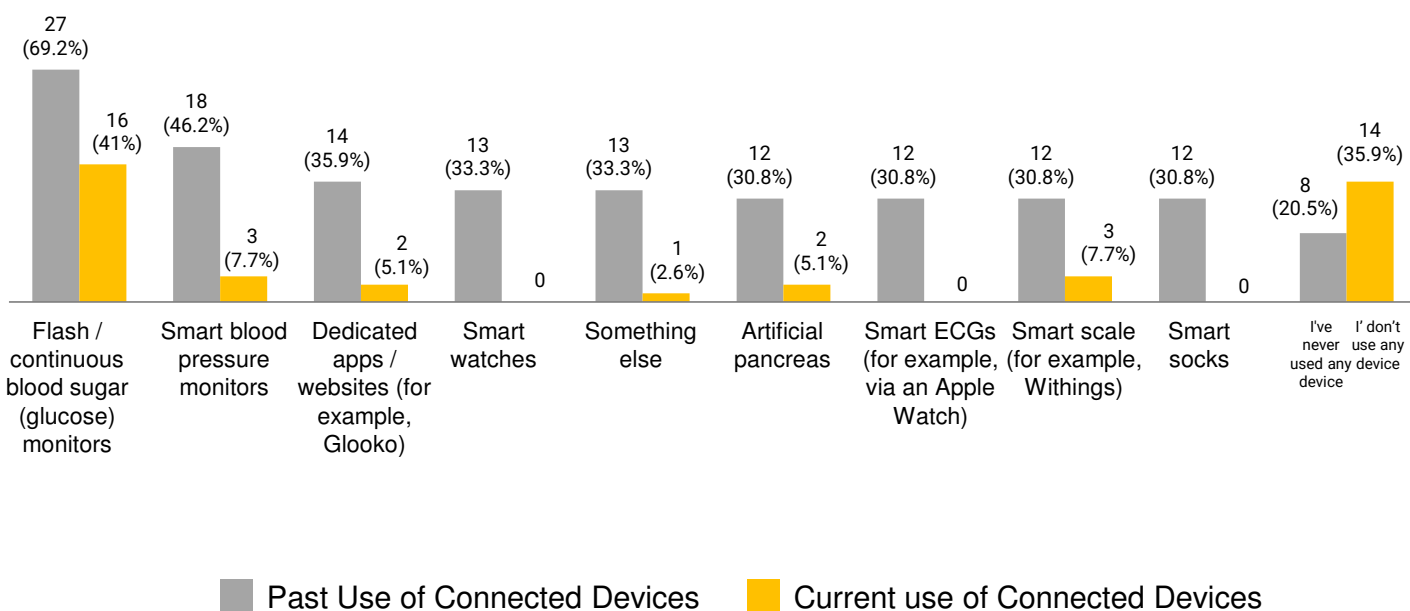


### Participant experience with Connected Devices

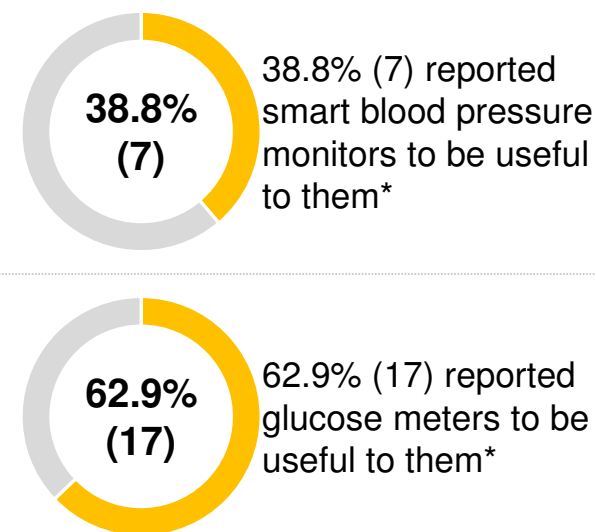


\* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

## Figure S3. French participants reported frequent use of glucose meters and connected apps, but less utility from them

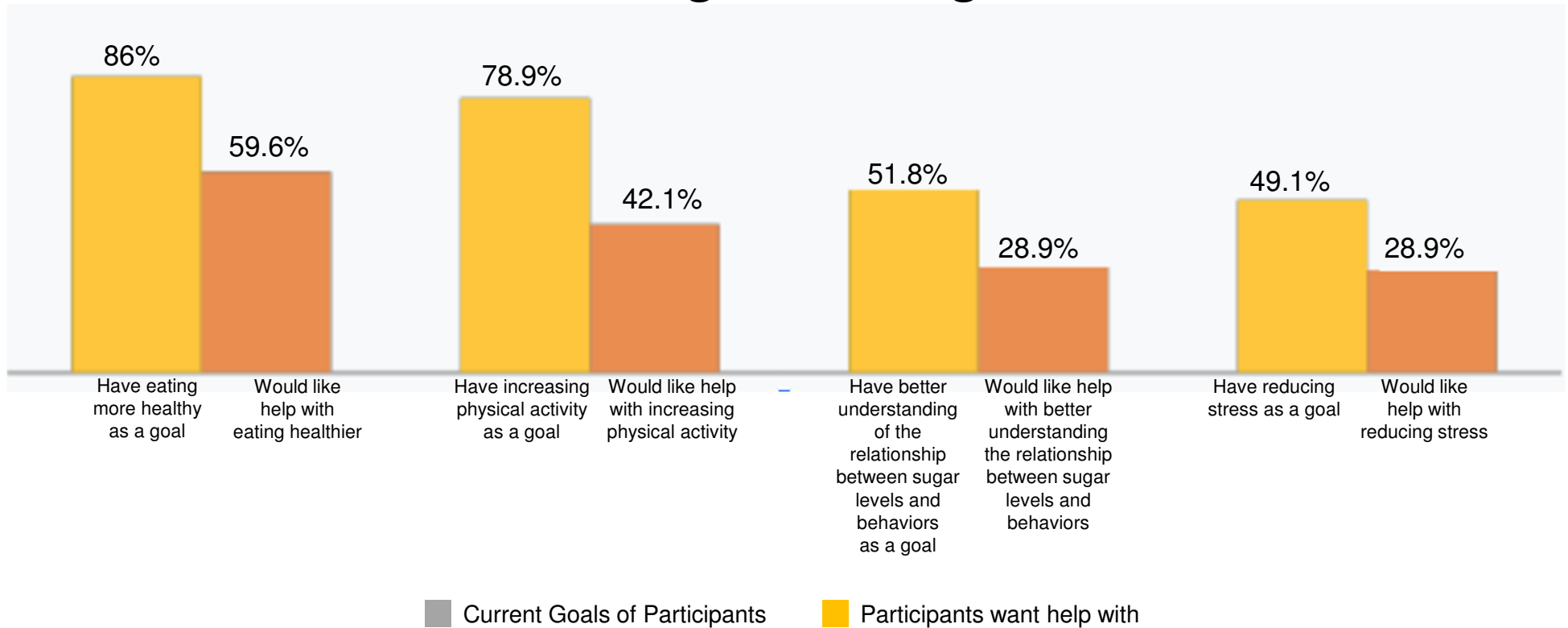


### Participant experience with Connected Devices

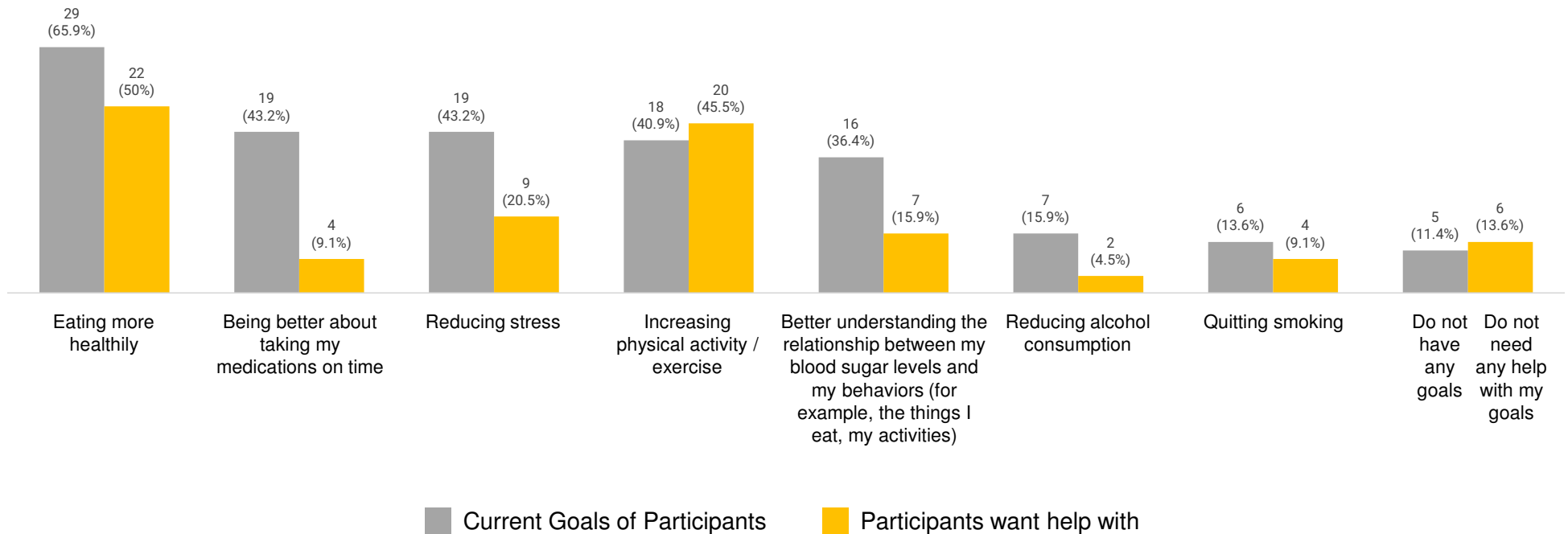


\* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

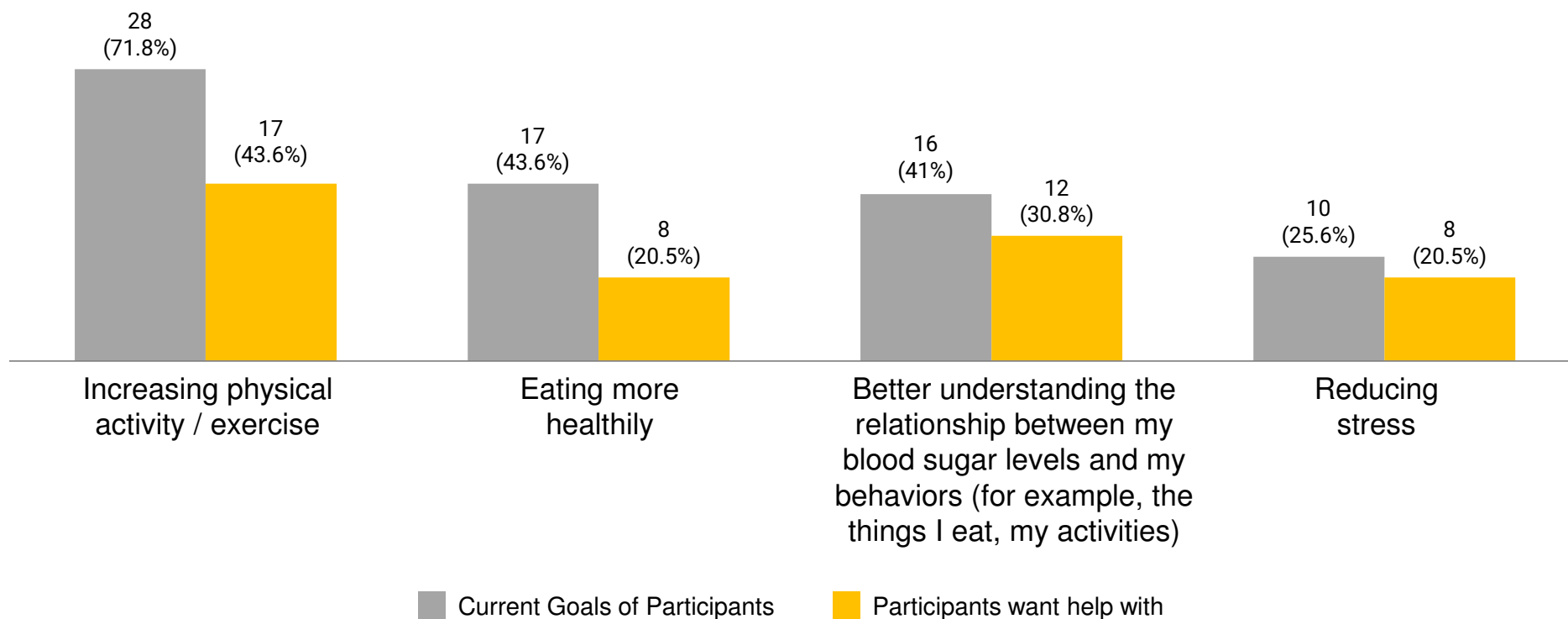
# Figure S4. US participants expressed interest in healthy behaviors and better tracking of blood glucose



## Figure S5. Like the U.S., German participants wanted help with healthy behaviors, medication compliance, and reducing stress



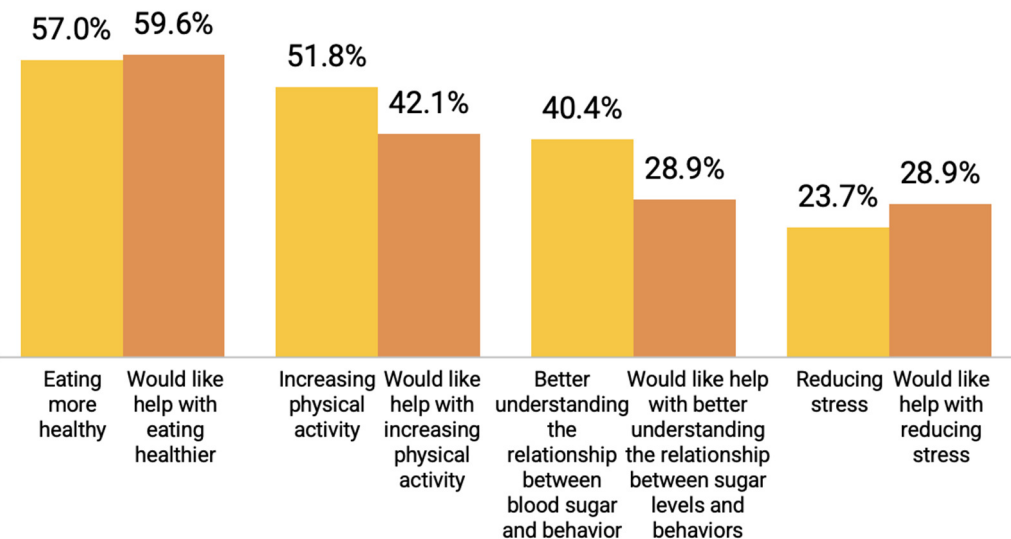
## Figure S6. French participants reported similar health goals to US participants



# Figure S7. US participants wanted a CES program that features personalized tracking of behaviors, medications, and T2DM outcomes

## Program Goals Expectations

Participants reported the CES program could help them achieve



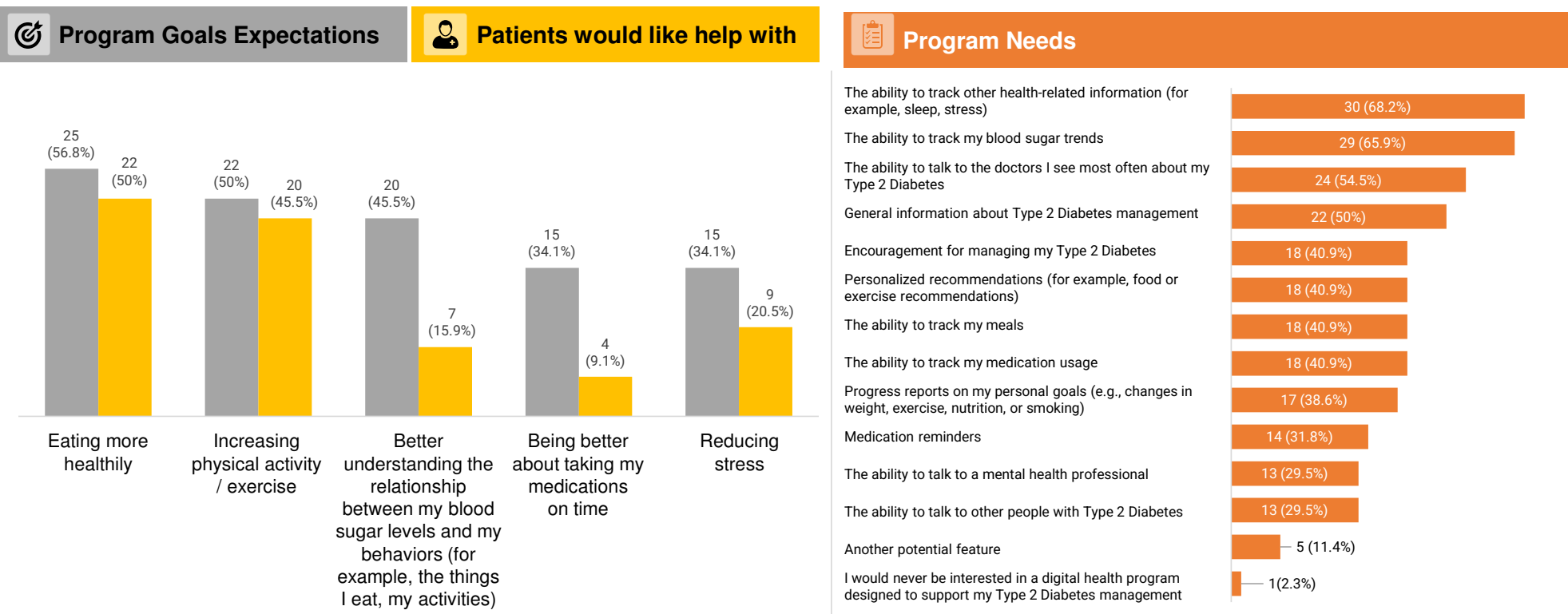
## Patients would like help with

## Program Needs

Participants reported they wanted the following features the most in a digital program to manage T2D (see table)



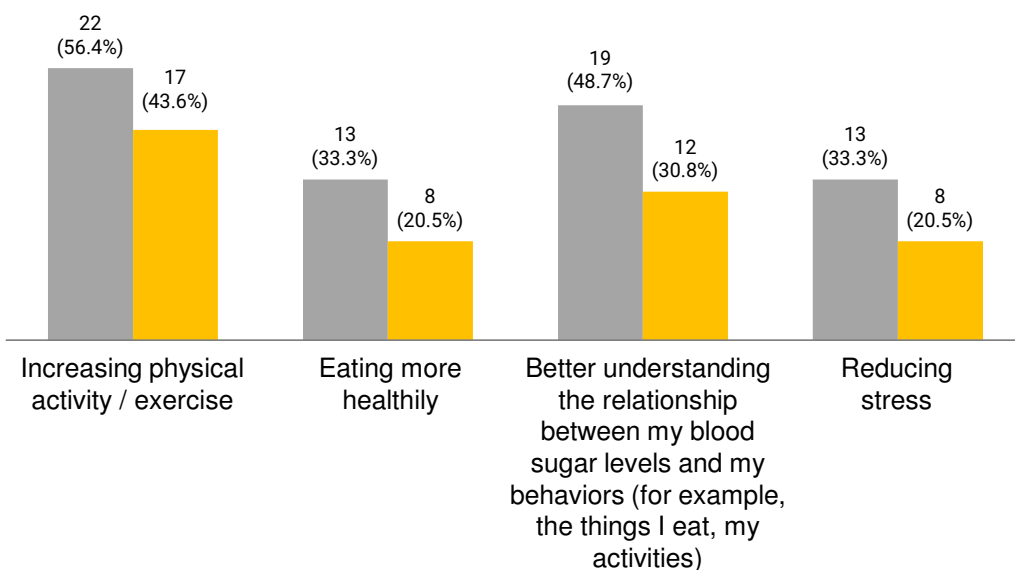
# Figure S8. Similar to the US, German participants wanted a CES program that offers tracking of behaviors, medications and blood glucose





# Figure S9. French participants wanted a CES that provides information and encourages communication with physicians in addition to tracking

## Program Goals Expectations



## Patients would like help with

## Program Needs

Participants reported they wanted the following features the most in a digital program to manage T2DM (see table)



## Figure S10. Factors affecting whether to participate in a CES program: U.S.

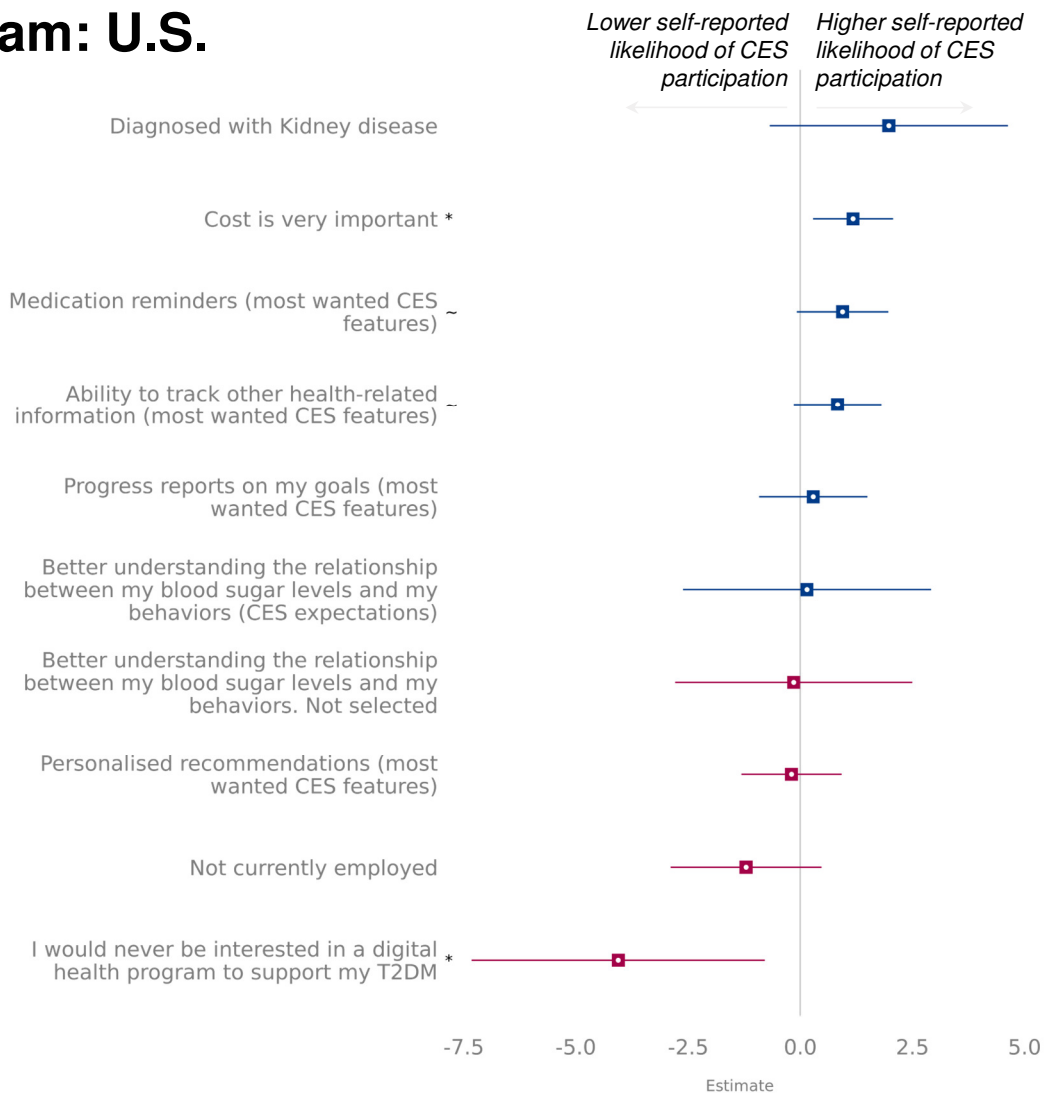
Cost,\* Medication reminders,† and tracking of health related info† were the largest factors influencing **willingness to participate in a US CES program**

US participants who responded they would never be interested in a digital health program for T2DM\* were more than 4 times less likely to participate in a CES program

\* at 0.05 stat. sig. level without multiplicity correction

† at 0.1 stat. sig. level without multiplicity correction

(n = 114)



## Figure S11. Factors affecting whether to participate in a CES program: Germany

The **likelihood of CES participation in Germany** tended to increase with:

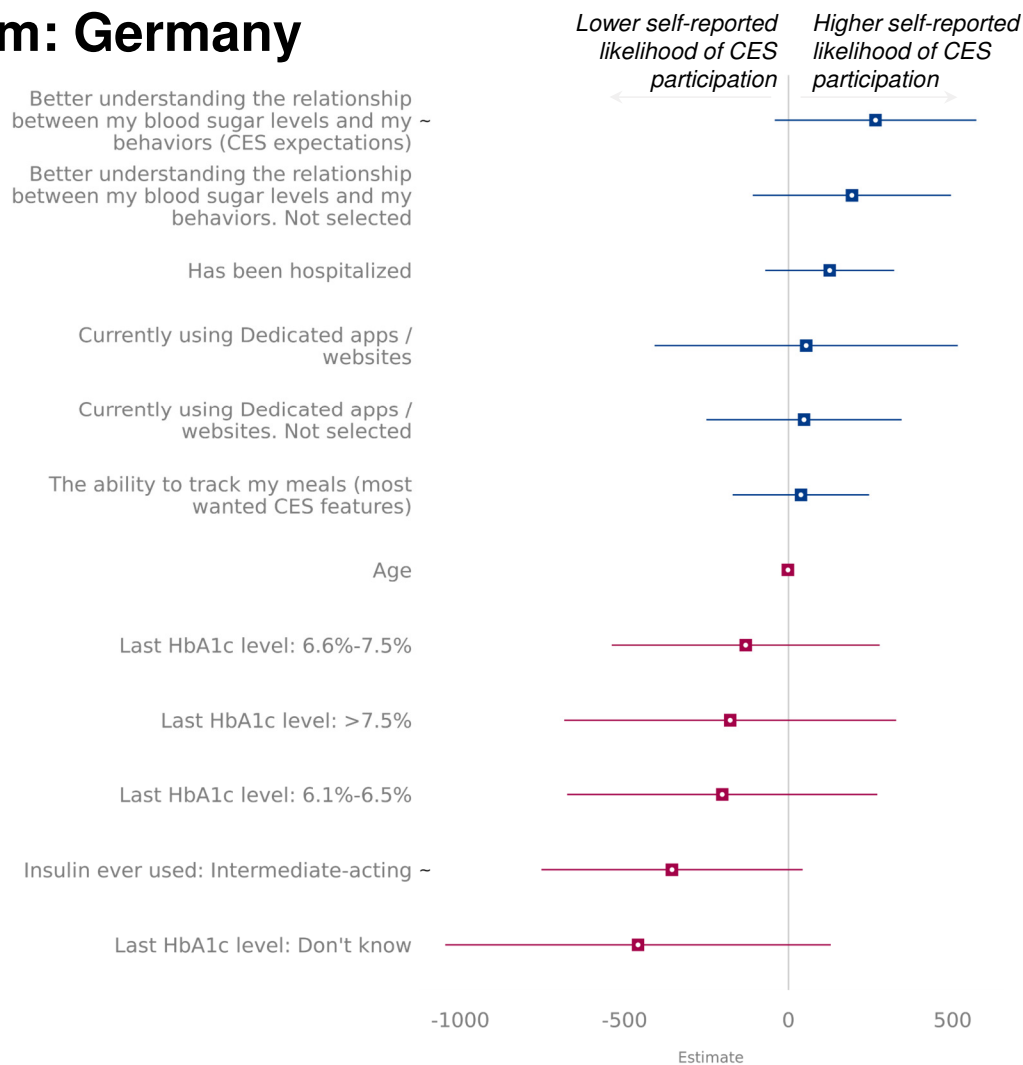
- Wanting the CES to help with their **understanding of the relationship between blood sugar levels and behaviors\***

and decreased along with:

- Use of **intermediate acting insulin\***

\* at 0.1 stat. sig. level without multiplicity correction

(n = 44) Small sample sizes limited the predictive power of the model among German participants.



## Figure S12. Factors affecting whether to participate in a CES program: France

The likelihood of CES participation among French participants tended to decrease with:

- Measuring blood sugar levels once per week\*

\* at 0.1 stat. sig. level without multiplicity correction

(n = 39) Small sample sizes limited the predictive power of the model among French participants

