Article:
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Table 1. Characteristics of participants with a previous history of DFD (n=80).

Sex (n, %)	
Female / Male	31 (38.8%) / 49 (61.3%)
Age (years)	
Mean (SD) / Range	65.1 (13.0) / 24-88
Indigenous Status (n, %)	
Aboriginal	15 (18.8%)
Torres Strait Islander	3 (3.8%)
Aboriginal and Torres Strait Islander	2 (2.5%)
Non-Indigenous	60 (75.0%)
Rurality of Residence (MMM)	
Metropolitan	4 (5.0%)
Regional	60 (75.0%)
Rural	12 (15.0%)
Remote	4 (5.0%)
Social Advantage and Disadvantage (IRSAD)	
Mean (SD) / Range	967 (39) / 876-1081
Duration with Diabetes (years)	
Mean (SD) / Range	18.0 (11.5) / 0-49
Smoking Status (n, %)	
Never-smoker	30 (37.5%)
Current smoker	15 (18.8%)
Ex-smoker	35 (43.8%)
Cigarettes per day (mean, SD)	18 (12)
Years smoked (mean, SD)	24 (14)
Previous DFD complications (n, %)*	
Foot ulcer	57 (71.3%)
Foot infection	38 (47.5%)
Gangrene	10 (12.5%)
Peripheral artery disease	14 (17.5%)
Lower-limb amputation	29 (36.3%)
Times Hospitalised for DFD (n, %)	
None	26 (32.5%)
Once	14 (17.5%)
Twice	13 (16.3%)
Three times	8 (10.0%)
More than three times	19 (23.8%)
Perceived interference of DFD with life (n, %)	
Not at all (1)	18 (22.5%)
A little (2)	5 (6.3%)
Somewhat (3)	24 (30.0%)
A bit (4)	4 (5.0%)
A lot (5)	29 (36.3%)

* Participants could select multiple responses to indicate complications experienced, so percentages do not add up to 100%. DFD = Diabetes-Related Foot Disease; IRSAD = Index of Relative Advantage and Disadvantage; MMM = Modified Monash Model

Table 2. Perceived concern for experiencing the complications of diabetes-related foot disease (n=79).

Perceived concern for complications of diabetes-related foot disease	Least concerning	Not very concerning	Somewhat concerning	Quite concerning	Most concerning
Foot ulcer	8 (10.1%)	2 (2.5%)	6 (7.6%)	9 (11.4%)	54 (68.4%)
Hospital admission	12 (15.2%)	2 (2.5%)	11 (13.9%)	10 (12.7%)	44 (55.7%)
Foot infection	5 (6.3%)	2 (2.5%)	3 (3.8%)	9 (11.4%)	60 (75.9%)
Foot gangrene	10 (12.7%)	2 (2.5%)	4 (5.1%)	4 (5.1%)	59 (74.7%)
Toe amputation	9 (11.4%)	2 (2.5%)	1 (1.3%)	5 (6.3%)	62 (78.5%)
Leg amputation	9 (11.4%)	1 (1.3%)	2 (2.5%)	2 (2.5%)	65 (82.3%)

Data are presented as number (percentage). One participant omitted to answer these questions.

Table 3. Perceived importance of measures aimed at preventing diabetes-related foot disease (n=79).

Perceived importance of measures to prevent diabetes-related foot disease	Not at all important	Not very important	Somewhat important	Quite important	Very important
Regularly wearing shoes specifically designed to protect the feet	2 (2.5%)	4 (5.1%)	8 (10.1%)	7 (8.9%)	58 (73.4%)
Regularly taking prescribed medications	2 (2.5%)	1 (1.3%)	6 (7.6%)	6 (7.6%)	64 (81.0%)
Wearing any footwear to protect the feet	8 (10.1%)	2 (2.5%)	13 (16.5%)	12 (15.2%)	44 (55.7%)
Seeing a health professional for foot checks	1 (1.3%)	0	6 (7.6%)	8 (10.1%)	64 (81.0%)
Checking the feet regularly	3 (3.8%)	1 (1.3%)	10 (12.7%)	5 (6.3%)	60 (75.9%)
Someone else checking the feet regularly	8 (10.1%)	11 (13.9%)	9 (11.4%)	7 (8.9%)	44 (55.7%)
Minimising activity on the feet	14 (17.7%)	9 (11.4%)	25 (31.6%)	13 (16.5%)	18 (22.8%)
Receiving information from health professionals on how to protect the feet	3 (3.8%)	5 (6.3%)	10 (12.7%)	10 (12.7%)	51 (64.6%)

Data are presented as number (percentage). One participant omitted to answer these questions.

Table 4. Questions about the use of specially designed footwear and methods to improve use of footwear (n=78).

	Never	A little	Some of the time	Usually	All of the time
How often do you wear specially designed footwear to protect the feet?	18 (23.1%)	2 (2.6%)	19 (24.4%)	12 (15.4%)	27 (34.6%)
What would make wearing specially designed footwear more likely for you?	**Strongly disagree**	**Disagree**	**Somewhat agree**	**Agree**	**Strongly agree**
Information about the benefit of wearing the footwear	9 (11.5%)	6 (7.7%)	18 (23.1%)	16 (20.5%)	29 (37.2%)
Availability of free or low-cost footwear	5 (6.4%)	3 (3.8%)	5 (6.4%)	9 (11.5%)	56 (71.8%)
Ability to determine the appearance of the footwear	6 (7.7%)	9 (11.5%)	10 (12.8%)	16 (20.5%)	37 (47.4%)
Ability to be fitted with footwear close to home	7 (9.0%)	8 (10.3%)	8 (10.3%)	13 (16.7%)	42 (53.8%)
A program to assist in regularly wearing protective footwear	14 (17.9%)	7 (9.0%)	14 (17.9%)	16 (20.5%)	27 (34.6%)

Data are presented as number (percentage). Two participants omitted to answer these questions.

Table 5. Perceptions of technology for foot care and access to technology (n=78).

	Not acceptable at all	**A little acceptable**	**Somewhat acceptable**	**Acceptable**	**Very acceptable**
How acceptable is it if your health provider interacted with you using technology to help manage foot care and protect your feet?	10 (12.8%)	4 (5.1%)	22 (28.2%)	6 (7.7%)	36 (46.2%)
	Not confident at all	**A little confident**	**Somewhat confident**	**Confident**	**Very confident**
How confident are you with using technology such as a smart phone/computer?	23 (29.5%)	7 (9.0%)	16 (20.5%)	6 (7.7%)	26 (33.3%)

Data are presented as number (percentage). Two participants omitted to answer these questions.

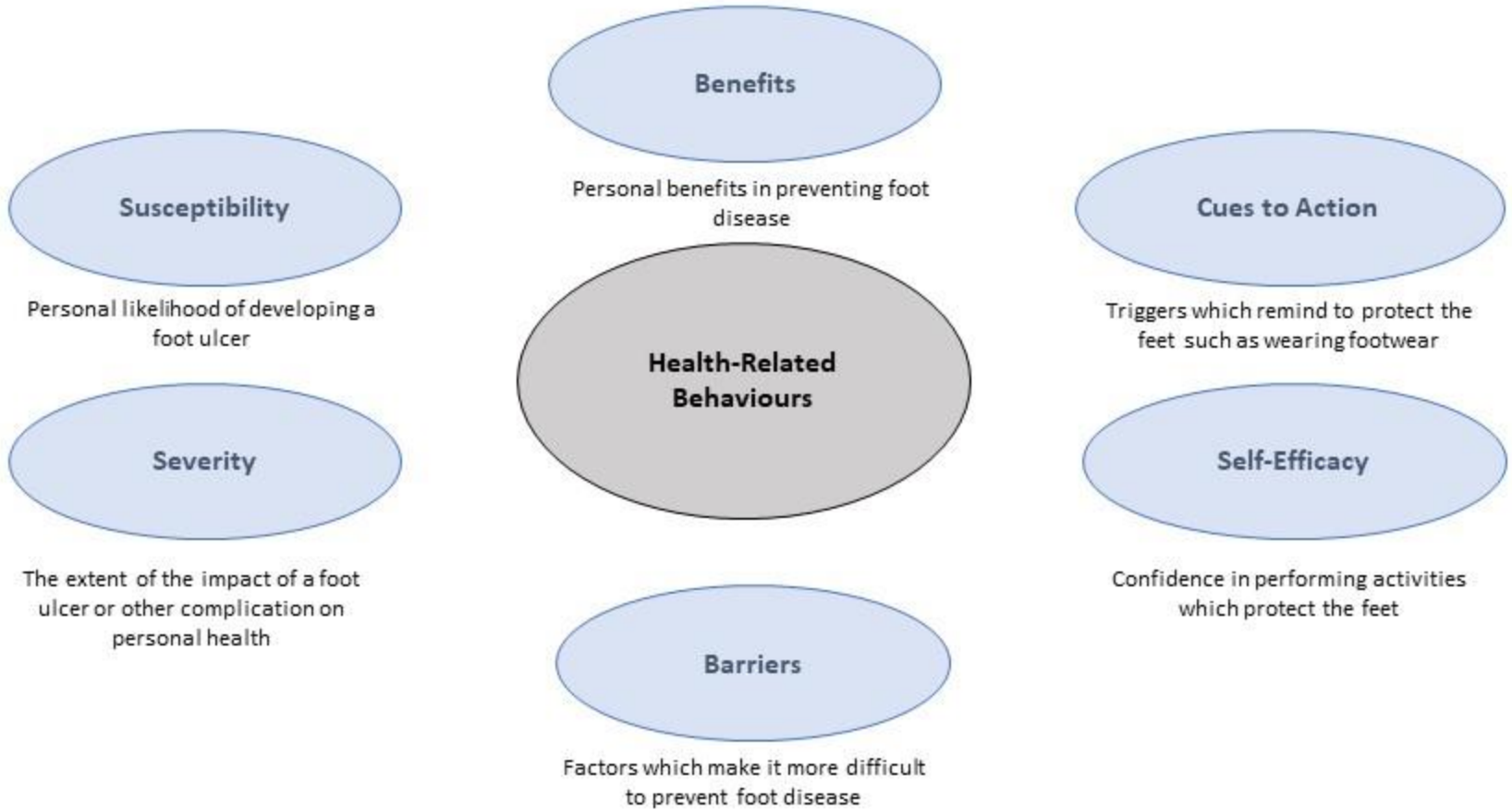

Figure 1. The six key elements of the Health Belief Model, the perceptions of which contribute to health-related behaviours, including an example of each element relevant to diabetes-related foot disease.