Table S1. Clinical characteristics of patients in the diabetic retinopathy (DR) group and non-DR group. Number (*n*) and percentage (%) of answers.

	All Participants		DR Group		Non-DR Group		Test Result	
Tested Parameter	N =	300	N	= 57	N =	243	n	
	n	%	n	%	n	%	P	
The occurrence of hypoglycemia symptoms, such as	sweating,	fatigue, tr	remor, an	ixiety, hung	ger or head	lache	0.006	
during last month								
0	52	17.3	6	11.5	46	88.5		
1–3 times	148	49.3	21	14.2	127	85.8		
4–6 times	83	27.7	23	27.7	60	72.3		
7–12 times	13	4.3	6	46.2	7	53.8		
More than 12 times	4	1.3	1	25.0	3	75.0		
The occurrence of severe incidents caused by hypog	lycemia su	ich as loss	of consci	ousness or	immediat	e help	< 0.001	
need during the period of last 12 months	107		10	0.5	104	00 5		
	137	45.7	13	9.5	124	90.5		
1–3 times	108	36.0	25	23.1	83	/6.9		
4–6 times	42	14.0	16	38.1	26	61.9		
7–12 times	9	3.0	3	33.3	6	66.7 100.0		
The accurrence of hypercluseric symptome, such a	4 a thirst dr	1.3	u vin or mo	0.0	4	100.0		
the occurrence of hypergrycenna symptoms, such as	s unrst, ar	yness of si	cm or mo	oun, decrea	ised appel	ine, nau-	< 0.001	
	60	22.0	0	11.6	61	99.1		
1 3 days	150	23.0	0 24	11.0	126	84.0		
1-5 days	55	18.3	2 4 10	24.5	26	65.5		
7 12 days	16	5.2	19	62	15	02.9		
7-12 days More than 12 days	10	2.3	1	50.0	5	93.8 50.0		
Frequency of occurrence of too high somum glucose l		d by illnor	5 or info	stion durin	g the porio	ad of last		
12 months	ever cause	tu by nines	s of fille	cuon dunn	g the perio	Ju of last	0.001	
1_Never	64	21.3	5	78	59	92.2		
2_Rarely	66	21.5	9	13.6	57	92.2 86.4		
3_Sometimes	1/3	47.7	31	21.7	112	78.3		
4 - Ouite often	145	57	8	47 1	9	52.9		
5-Often	10	33	4	40.0	6	60.0		
M + SD	2 5	5+10	2	9+10	24	+10	<0.001	
$M = [01 \cdot 03]$	2.0	[2·3]	2.	1.0 1 [2· 2]	2.4	2.31	\$0.001	
Min–Max		[_ , 0] 1_5	0	1-5				
Frequency of occurrence of too high serum glucose l	evel cause	ed by nerve	ousness (n anger				
during the pe	riod of las	t 12 month	ns	or unger			0.476	
1–Never	34	11.3	3	8.8	31	91.2		
2-Rarely	58	19.3	10	17.2	48	82.8		
3–Sometimes	123	41.0	25	20.3	98	79.7		
4–Ouite often	40	13.3	10	25.0	30	75.0		
5–Often	45	15.0	9	20.0	36	80.0		
M ± SD	3.0	$) \pm 1.2$	3.	2 ± 1.1	3.0	±1.2	0.148	
Me [O1; O3]	3	[2; 4]	3	3 [3; 4]	3 [2; 4]		
Min–Max		1–5		1–5	1	l-5		
Frequency of occurrence of too high serum glucose l	evel cause	ed by the a	dministra	ation of the	wrong do	ose of	-0.001	
medicine during the period of last 12 months		5			0		<0.001	
1–Never	167	55.7	17	10.2	150	89.8		
2–Rarely	37	12.3	8	21.6	29	78.4		
3–Sometimes	62	20.7	18	29.0	44	71.0		
4—Quite often	22	7.3	8	36.4	14	63.6		
5–Often	12	4.0	6	50.0	6	50.0		
M ± SD	1.9	± 1.2	2.	.6 ± 1.3	1.8	± 1.1	< 0.001	
Me [Q1; Q3]	1	[1; 3]	3	3 [1; 3]	1[[1; 3]		
Min–Max	-	1–5		1–5	1	1–5		

Frequency of occurrence of too high serum glucose level caused by the administration of the wrong type of food during the period of last 12 months											
1 Novor	34	11.2	2	88	21	91 2					
2 Develo	54	11.5	10	0.0	31	91.2					
2 Sometimes		10.7	10	17.9	40 100	02.1 82.4					
5-Sometimes	140	49.5	20 15	17.0	20	02.4 57.1					
4-Quite often	35	11.7	15	42.9	20	57.1					
5-Onen	27	9.0	3	11.1	24	00.9	0.050				
M±SD	2.9	2 ± 1.1	3.	1 ± 0.9	2.8	± 1.1	0.050				
Me [Q1; Q3]	3	[2; 3]	3	[3; 4]	3 [2; 3]					
Min-Max	1	1-5	1	1-5	1 (5					
Frequency of occurrence of too high serum glucose le	vel cause	ed by the a	dministra	ation of too	much foo	d during	0.134				
1 Nerror	20	10.7	2	7.0	25	02 1					
2 Develo	30 4E	12.7	3	7.9 1E.C	20	92.1					
2 - Karely	45	15.0	27	10.0	38 117	84.4 81.2					
3-Sometimes	144	48.0	27	18.8	117	81.3					
4-Quite often	48	16.0	14	29.2	34 10	70.8					
5–Often	25	8.3	6	24.0	19	76.0	0.014				
M±SD	2.9	± 1.1	3.	2 ± 1.0	2.9	±1.1	0.014				
Me [Q1; Q3]	3	[2; 3]	3	[3; 4]	3 [2;3]					
Min–Max		1-5		1-5	1	.–5					
Frequency of occurrence of too high serum glucose le during the period of last 12 months	vel cause	ed by less p	ohysical a	activity			<0.001				
1–Never	46	15.3	4	8.7	42	91.3					
2—Rarely	50	16.7	4	8.0	46	92.0					
3–Sometimes	145	48.3	24	16.6	121	83.4					
4–Quite often	33	11.0	12	36.4	21	63.6					
5–Often	26	8.7	13	50.0	13	50.0					
M ± SD	2.8	5±1.1	3.	5±1.1	2.7	± 1.0	< 0.001				
Me [O1; O3]	3	[2; 3]	3 [3; 4]		3 [2; 3]						
Min–Max	-	1-5	-	1-5	- 1	_, -, 5					
$\frac{1}{1} \frac{1}{2} \frac{1}{1} \frac{1}{2} \frac{1}{1} \frac{1}{2}$ Frequency of occurrence of too high serum glucose level caused by stress during the period of last 12 months											
1-Never	31	10.3	2	6.5	29	93.5					
2-Rarely	42	14.0	11	26.2	31	73.8					
3—Sometimes	128	42.7	21	16.4	107	83.6					
4—Quite often	44	14.7	7	15.9	37	84.1					
5–Often	55	18.3	16	29.1	39	70.9					
M + SD	32	+ 1 2	3	4+12	31	+12	0.130				
M 100 Me [01: 03]	3	[3.4]	3 [3: 5]		3 [3: 4]		0.100				
Min-Max		[5, ±] 1_5	5 [5, 5] 1–5		1-5						
Frequency of occurrence of too low serum glucose lev	el cause	d by illnes	s or infect	tion during	the perio	d of last					
12 months	er euusev	a by miles	or mice	uon aanng	the perio	a of fast	< 0.001				
1–Never	102	34.0	10	9.8	92	90.2					
2-Rarely	72	24.0	11	15.3	61	84.7					
3–Sometimes	89	29.7	21	23.6	68	76.4					
4-Ouite often	28	9.3	10	35.7	18	64.3					
5—Often	9	3.0	5	55.6	4	44 4					
M + SD	22-	+11	28	+12	21-	+10	<0.001				
$M = [01 \cdot 03]$	2.2 - 2 [1	± 1.1	2.0	1.2 7· 41	2.1 - 2 [1	· 31	\$0.001				
Min_May	∠ [1, 3] 1_5			-,	د] <u>-</u> _1	-5					
Certa construction of the low commendation level access have a second access and the second access ac											
lact 12 months											
$1 = N_{\text{ever}}$	74	247	8	10.8	66	89 2					
$\frac{1}{2} = \frac{1}{2} + \frac{1}$	/± 60	∠ 1 ./ 21.0	11	175	50	82 E					
2 Sometimes	03 104	∠1.U 24 7	11 19	17.3	92 84	02.0 82.7					
4 Quite often	104 25	04./ 11 7	10 12	17.3 27.1	20	02.7 6 2 0					
4-Quite orien	33	11./	15	37.1	17	02.9 70.9					
M SD	24	0.0	/	<u></u>	1/	/0.0	0.002				
$W_{1} \pm 5U$	2.6	± 1.2	3.0 :	± 1.2	2.5	± 1.2	0.003				
IVIE [Q1; Q3]	3 [2	<u>(; 3]</u>	3 [2	∠; 4]	3 [1	;3]					

Min–Max	1	-5	1	.–5	1.	-5		
Frequency of occurrence of too low serum glucose	level cause	d by the ad	lministra	tion of the	wrong do	se of med-	0.010	
icine during the period of last 12 months							0.010	
1-Never	135	45.0	14	10.4	121	89.6		
2—Rarely	48	16.0	11	22.9	37	77.1		
3–Sometimes	77	25.7	22	28.6	55	71.4		
4–Quite often	20	6.7	4	20.0	16	80.0		
5–Often	20	6.7	6	30.0	14	70.0		
M ± SD	2.1	± 1.2	2.6	±1.2	2.0 :	± 1.2	0.001	
Me [Q1; Q3]	2 [2	1; 3]	3 [2; 3]	2 [1	1; 3]		
Min–Max	1	-5	1	-5	1.	-5		
Frequency of occurrence of too low serum glucose	m glucose level caused by the administration of the wrong type of food							
during the period of last 12 months		2			0.11		0.015	
1–Never	75	25.0	7	9.3	68	90.7		
2–Rarely	57	19.0	13	22.8	44	77.2		
3–Sometimes	123	41.0	28	22.8	95	77.2		
4–Quite often	26	8.7	2	7.7	24	92.3		
5–Often	19	6.3	7	36.8	12	63.2		
M ± SD	2.5	± 1.1	2.8	± 1.1	2.5	± 1.1	0.063	
Me [Q1; Q3]	3 [2	2; 3]	3 [2; 3]	3 [1	1;3]		
Min–Max	- 1-	-5	1	-5	1.	-5		
Frequency of occurrence of too low serum glucose	level cause	d by the ac	lministra	tion of too	much foo	d during	0.140	
the period of last 12 months								
1–Never	64	21.3	7	10.9	57	89 1		
2-Rarely	61	20.3	9	14.8	52	85.2		
3—Sometimes	118	39.3	26	22.0	92	78.0		
$4 - \Omega$ uite often	33	11.0	10	30.3	23	697		
5—Often	24	8.0	5	20.8	19	79.2		
M + SD	24	+12	29	+11	26	+12	0.017	
$M_{2} [O_{1} O_{2}]$	2.0	± 1.2 2. 21	2.9	⊥ 1.1 2• 41	3 [2:3]		0.017	
Min_Max	1_{5} 1_{5} 1_{5}				J [2 1.	_, J] _5		
Frequency of occurrence of too low serum glucose	level cause	d by less n	hysical a	ctivity duri	ng the ne	riod of last		
12 months	ie ver eause	u by iess p	ity sicul a	cuvity dull	ng the per		0.225	
1_Never	85	28.3	10	11.8	75	88.2		
2_Rarely	49	16.3	10	20.4	39	79.6		
3_Sometimes	111	37.0	22	19.9	89	80.2		
$4 - \Omega$ uite often	38	12.7	11	28.9	27	71.1		
5_Often	17	57	11	20.7	13	76.5		
M + SD	2 5	5+12		8 + 1 2	24	+12	0.033	
$M = 5D$ $M_{2} [O1, O2]$	2.0) ⊥ 1.∠ [1. 2]	2.8 ± 1.2		2.4	1.2	0.055	
Min Max	5	[1, 5] 1 5		1 5	5	[1, 5] 1 5		
Frequency of occurrence of too low serum glucese	lovol cauco	d by skipp	ing the n	1-5	the perio	d of last		
12 months	ievel cause	а ву экірр	nig ute fi	icai uuring	the perio	u 01 1851	0.674	
1 - Never	67	20.7	8	12.0	54	87 1		
2_Rarely	54	20.7 18 0	11	12.9 20.4	/2	79.6		
2 - Nately 3-Sometimes	105	10.0	25	20.4 20.0	43 100	80.0		
4 Quite often	120	+1./ 10.0	25 0	20.0	200	75 7		
Quite Orien 5Often	57 27	12.3	7 1	24.3 18 0	20 19	20.7 81.8		
M + SD		7.3 7±10	4	10.Z	10	+ 1 2	0.262	
$M_{0} [O1, O2]$	2.7	' ± 1.∠ [0. 2]	2.	± 1.4	0.262			
Min Max	3	[∠; ɔ] 1 ⊑	đ	י[∠; כ] 1 ⊑	3	[∠, 3] I E		
		1-0 d has at	J	1-0 h a m 1 1	<u>(1) 10</u>	1–0 	0.027	
rrequency of occurrence of too low serum glucose	ievel cause	a by stress	auring t	ne period o	n last 12 n	iontns	0.036	
1—INever	66	22.0	5	7.6	61	92.4		
2—Karely	49	16.3	9	18.4	40	81.6		
3-Sometimes	111	37.0	27	24.3	84	75.7		
4–Quite often	44	14.7	7	15.9	37	84.1		
5–Otten	30	10.0	9	30.0	21	70.0		

M ± SD	2.7	± 1.2	3.	3.1 ± 1.1		± 1.2	0.019			
Me [Q1; Q3]	3	3 [2; 3]		3 [3; 4]		3 [1; 3]				
Min–Max		1–5		1–5		-5				
The pain of lower extremities during physica			< 0.001							
Yes	141	47.0	41	29.1	100	70.9				
No	159	53.0	16	10.1	143	89.9				
Circulatory system problems, such as retrosternal pain, dyspnoea, palpitations										
Yes	129	43.0	35	27.1	94	72.9				
No	171	57.0	22	12.9	149	87.1				
Dizziness							0.009			
Yes	172	57.3	42	24.4	130	75.6				
No	128	42.7	15	11.7	113	88.3				
Microvascular disturbances							< 0.001			
Yes	95	31.7	38	40.0	57	60.0				
No	205	68.3	19	9.3	186	90.7				
Taste and smell impairment							< 0.001			
Yes	72	24.0	33	45.8	39	54.2				
No	228	76.0	24	10.5	204	89.5				
Problems with correct recognition of stimuli	acting on the skin	L					< 0.001			
Yes	65	21.7	33	50.8	32	49.2				
No	235	78.3	24	10.2	211	89.8				
Recurrent urinary tract infections							< 0.001			
Yes	102	34.0	32	31.4	70	68.6				
No	198	66.0	25	12.6	173	87.4				
Use of diuretics, ACEI or ARB							< 0.001			
Yes	93	31.0	39	41.9	54	58.1				
No	207	69.0	18	8.7	189	91.3				
Presence of hyperlipidemia							< 0.001			
Yes	50	16.7	31	62.0	19	38.0				
No	250	83.3	26	10.4	224	89.6				

M-mean, Me-median, SD-standard deviation, Q1-quartile 1, Q3-quartile 3.

Table S2. Preventive care of patients in the diabetic retinopathy (DR) group and non-DR group. Number (*n*) and percentage (%) of answers.

Guinner Quinettierre	All Part	All Participants N = 300		DR Group N = 57		OR Group	Test Result		
Survey Questions	N =					= 243	р		
Have you undergone a physical thyroid examina	tion during y	our last d	iabetic co	onsultatior	ı?		0.014		
Yes	155	51.7	39	25.2	116	74.8			
No	136	45.3	16	11.8	120	88.2			
Never been on diabetic consultation	9	3.0	2	22.2	7	77.8			
Have you undergone a foot examination during your last diabetic consultation?									
Yes	144	48.0	40	27.8	104	72.2			
No	147	49.0	15	10.2	132	89.8			
Never been on diabetic consultation	9	3.0	2	22.2	7	77.8			
Have your medical doctor asked you about alcohol consumption during your last consultation?									
Yes	183	61.0	45	24.6	138	75.4			
No	117	39.0	12	10.3	105	89.7			
Has it happened to you to drink more than 4 stan	dard portion	s of alcoh	ol in one	day (1 star	ndard porti	on of alcohol	0.002		
is 12.5ml of pure ethyl alcohol) in the last 12 mon	ths?						0.002		
Yes	146	48.7	39	26.7	107	73.3			
No	154	51.3	18	11.7	136	88.3			
How often do you smoke cigarettes?									
Everyday	85	28.3	18	21.2	67	78.8			
From time to time	116	38.7	29	25.0	87	75.0			
Never	99	33.0	10	10.1	89	89.9			

Do you have a control neurological consultation at least once a year?										
Yes	153	51.0	48	31.4	105	68.6				
No	147	49.0	9	6.1	138	93.9				
Have you undergone densitometry testing in the p	eriod of th	ne last 5 ye	ars?				0.007			
Yes	32	27.6	12	37.5	20	62.5				
No	84	72.4	11	13.1	73	86.9				
Have you got an influenza vaccination in the last y	ear?						< 0.001			
Yes	85	28.3	34	40.0	51	60.0				
No	215	71.7	23	10.7	192	89.3				
Have you got a pneumococcal vaccination in the last year?										
Yes	77	25.7	36	46.8	41	53.2				
No	223	74.3	21	9.4	202	90.6				
Have you undergone ankle-brachial index measurement in the period of the last 5 years?										
Yes	76	25.3	34	44.7	42	55.3				
No	224	74.7	23	10.3	201	89.7				
How often do you undergo resting electrocardiogr	am (ECG)	?					0.003			
Every half-year	46	15.3	17	37.0	29	63.0				
Every year	113	37.7	22	19.5	91	80.5				
Only when presenting symptoms	107	35.7	15	14.0	92	86.0				
Never	34	11.3	3	8.8	31	91.2				
Have you undergone non-invasive testing for ische	emic heart	diseases, s	such as ca	ardiac stres	s test, stres	s echocardio-				
gram test (ECHO), magnetic resonance imaging of	the heart,	or myocar	dial perf	usion scinti	igraphy du	ring the last	< 0.001			
5 years?										
Yes	136	45.3	41	30.1	95	69.9				
No	164	54.7	16	9.8	148	90.2				
Have you undergone a Doppler ultrasound test of	carotid or	femoral bl	ood flow	during the	e last 5 year	s?	< 0.001			
Yes	93	31.0	37	39.8	56	60.2				
No	207	69.0	20	9.7	187	90.3				
Have you ever undergone a capillaroscopy?							< 0.001			
Yes	63	21.0	30	47.6	33	52.4				
No	237	79.0	27	11.4	210	88.6				
Do you examine your feet during a bath every day	?						0.014			
Yes	164	54.7	40	24.4	124	75.6				
No	136	45.3	17	12.5	119	87.5				
Do your medical doctor or nurse ever recommend	foot self-c	are behavi	or?				< 0.001			
Yes	159	53.0	44	27.7	115	72.3				
No	141	47.0	13	9.2	128	90.8				
Has your doctor or nurse ever told you to follow a	special di	et?					0.034			
Yes	225	75.0	49	21.8	176	78.2				
No	75	25.0	8	10.7	67	89.3				

Table S3. Attitude *to* telemedical solutions and sources utilized to learn about the disease in the diabetic retinopathy (DR) group and non-DR group. Number (*n*) and percentage (%) of answers.

Survey Questions	All Partic N = 3	All Participants N = 300		Group = 57	Non-DR N = 2	Test Result			
	n	%	n	%	п	%	p		
Do you currently use any mobile application to monitor your state of health?									
Yes	52	17.3	13	25.0	39	75.0			
No	248	82.7	44	17.7	204	82.3			
What would have a positive effect on	deciding to u	ise a free r	nobile aj	pplication t	o monitor you	r state of			
health? (0 – definitely not, and 10– de	efinitely yes)								
1. The application would be free	of charge and	easily ava	ailable						
M ± SD	8.0 ± 2	2.4	7.3 =	± 2.4	8.1 ± 2	2.4	0.006		
Me [Q1; Q3]	9 [7; 1	10]	7 [5]	; 10]	9 [7; 1	10]			
Min–Max	0-1	0	2–10		0-1	0			
2. The application would be reco	mmended by	the Nation	nal Heal	th Fund or	Health Insura	nce Company			
$M \pm SD$	7.5 ± 2	2.6	7.2 =	± 2.7	7.6 ± 2.6		0.293		

Me [Q1; Q3]		8 [6; 10]	8 [5; 10]	8 [5; 10] 8 [6; 10]				
Min–Max		0 - 10	1 - 10		0 - 10			
The application wou	ld be recommende	ed as a part of p	rivate medical o	care packa	ges			
$M \pm SD$		7.0 ± 2.7	6.8 ± 2.6		7.0 ± 2.7			0.418
Me [Q1; Q3]	7 [5; 9]] 7 [5; 9]		8 [5; 9]			
Min–Max		0–10	0–10		0–10			
The application wou	ld be recommende	ed by your pers	onal physician					
$M \pm SD$		7.5 ± 2.4	7.4 ± 2.3		7.5 ± 2.4			0.631
Me [Q1; Q3]		8 [6; 10]	8 [5; 10]		8 [6; 10]			
Min–Max								
The application wou	ld guarantee a dis	count in the ins	urance compan	y on the pi	urchase of a	life or		
health insurance policy								
$M \pm SD$		7.2 ± 2.8	7.0 ± 2.5		7.3 ± 2.9			0.291
Me [Q1; Q3]		8 [5; 10]	7 [5; 10]		8 [5; 10]			
Min–Max		0–10	0–10		0-10			
If there was a free of charge	e mobile applicatio	on which could,	in an intelligen	t way, con	duct monite	oring of		
your state of health and, ba	sed on medical kn	owledge, recon	nmend you pro	per procee	ding, would	d you use		0.024
it?								
M ± SD		7.9 ± 2.6	7.4 ± 2	2.5	8.0	± 2.6		
Me [Q1; Q3]		9 [7; 10]	7 [5; 1	0]	9 [7	; 10]		
Min–Max		0-10	0-10)	0-	-10		
Why would you not use su	ch an application?	п	%	п	%	п	%	
1. Lack of trust in mode	ern technologies	15	5.0%	3	20.0	12	80.0	1.000
2. lack of trust in the st	orage of sensitive	40	13.3	12	30.0	28	70.0	0.091
data		40	15.5	12	50.0	20	70.0	0.071
3. Inability to use appli	cation	15	5.0	6	40.0	9	60.0	0.033
4. Lack of a smartphon	e or computer	2	0.7	0	0.0	2	100.0	1.000
5. Other cause		1	0.3	0	0.0	1	100.0	1.000
6. Habit		4	1.3	0	0.0	4	100.0	1.000
7. have familiar physic	ian	11	3.7	2	18.2	9	81.8	1.000
8. have familiar laborat	tory	1	0.3	0	0.0	1	100.0	1.000
9. have a medical packa	age that enables	0	27	2	25.0	6	75.0	0.650
free service provision		0	2.7	2	23.0	0	75.0	0.050
10. Free service provisio	n by the National	17	5.7	4	23.5	13	76.5	0.540
Sources utilized to learn ab	out the disease (1)	rofors to dofin	italy not and 5	rofors to	dofinitoly			
1 Disbotic training	out the disease (1	leleis to-delli	intery not, and 5	Telefs to-	uerninery y	(65)		0.004
M + SD		21 ± 12	3.6	5 + 1 2		30 ± 12		0.004
M = 5D		5.1 ± 1.2	3.0	$J \pm 1.2$		3.0 ± 1.2		
Mie [Q1; Q5]		5 [2; 4]	4	[3; 5] 0 E		3 [2; 4] 0 5		
Will-Max	-1-	0-3		0-3		0-5		0.027
2. Websites and Facebo	ЮК	21.12	2.0	0 · 1 0		20 1 1		0.037
$M \pm 5D$,	3.1 ± 1.2 3.3 ± 1		5 ± 1.2	$.2 3.0 \pm 1.1$			
Me [Q1; Q3] Min May		3 [2; 4]	4	[3; 4] 0 5		3 [2; 4]		
2 Comingr or J or Com	n 200	0-5 0-5						<0.001
5. Seminar and confere	nces	26 ± 12	2.0	0 + 1 0		25 1 2		\U.UU1
$WI \pm 5U$		2.0 ± 1.2	3.2	∠±1.3		2.3 ± 1.2		
Me [Q1; Q3]		S[∠; S]	3	[∠; 4] 0 5		∠ [∠; 3]		
IVIIn–IVIax		0-0		0-0		0-5		

M-mean, Me-median, SD-standard deviation, Q1-quartile 1, Q3-quartile 3.