

SUPPLEMENT I

Experience of Low Blood Sugar (Hypoglycemia)

Below is a list of symptoms you might experience when you have an episode (incident) of hypoglycemia (low blood sugar). Before answering the questions please read the list of symptoms carefully.

Some symptoms of **low blood sugar** (hypoglycemia) are:

- | | |
|-------------------|--|
| - sweating | - confusion/feeling disoriented |
| - shakiness | - clumsy or jerky movements |
| - dizziness | - sudden moodiness or behavior changes |
| - hunger | - tingling sensations around the mouth |
| - headache | - difficulty concentrating |
| - pale skin color | - blood sugar is ≤ 70 mg/dL |

1. Have you ever felt symptoms of low blood sugar (as described in the box above) in the last 6 months?

- ☐₁ Yes
☐₀ No (If no, go to questionnaire HFS)

If **YES**, please tick the box that best describes how severe and how often the symptoms of low blood sugar have been during the last 6 months.

2a. During the last 6 months, did you experience **MILD** symptoms of low blood sugar defined as *Little or no interruption of your activities, and you didn't feel you needed assistance to manage your episode(s) of low blood sugar or symptoms?*

- ☐₁ Yes
☐₀ No

2b. How often have you experienced **MILD** symptoms of low blood sugar?

- ☐₀ I did not experience MILD symptoms of low blood sugar
☐₁ 1 to 2 times over the last 6 months
☐₂ 3 to 6 times over the last 6 months
☐₃ more than once per month
☐₄ more than once per week
☐₅ everyday

3a. During the last 6 months, did you experience **MODERATE** symptoms of low blood sugar defined as *Some interruption of your activities, but didn't feel you needed assistance to manage your episode(s) of low blood sugar or symptoms?*

- ☐₁ Yes
☐₀ No

3b. How often have you experienced **MODERATE** symptoms of low blood sugar?

- ☐₀ I did not experience MODERATE symptoms
☐₁ 1 to 2 times over the last 6 months
☐₂ 3 to 6 times over the last 6 months
☐₃ more than once per month
☐₄ more than once per week
☐₅ everyday

4a. During the last 6 months, did you experience **SEVERE** symptoms of low blood sugar defined as *Felt that you needed the assistance of others to manage your episode(s) of low blood sugar or symptoms (for example, to bring you food or drink)?*

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- ☐₁ Yes
☐₀ No

4b. How often have you experienced **SEVERE** symptoms of low blood sugar?

- ☐₀ I did not experience SEVERE symptoms
☐₁ 1 to 2 times over the last 6 months
☐₂ 3 to 6 times over the last 6 months
☐₃ more than once per month
☐₄ more than once per week
☐₅ everyday

5a. During the last 6 months, did you experience **VERY SEVERE** symptoms of low blood sugar defined as *Needed medical attention (for example, called an ambulance, visited an emergency room or hospital, or saw a doctor or nurse)*?

- ☐₁ Yes
☐₀ No

5b. How many times have you experienced **VERY SEVERE** symptoms of low blood sugar?

|_|_| times during the last 6 months

6. Overall, how much were you bothered by your symptoms of your low blood sugar during the last 6 months?

- ☐₀ Not concerned (I did not have low blood sugar symptoms during the last 6 months)
☐₁ Not at all
☐₂ A little bit
☐₃ Somewhat
☐₄ Very
☐₅ Extremely