INSTRUCTIONS FOR THE
HYPOGLYCEMIA SYMPTOM RATING QUESTIONNAIRE (HSRQ)

I. General Instructions

The Hypoglycemia Symptom Rating Questionnaire is administered by ARIC field center staff ideally during the Day 14 phone call at the end of the CGM sensor wear period. This questionnaire asks about hypoglycemia symptoms that the participant may have experienced during the prior two weeks.
For each symptom on the questionnaire, the participant is first asked if they have had that symptom in the prior two weeks. If they answer "*Yes*" then they are asked to give a symptom bother rating ("*not at all*", "*a little*", "*moderately*", "*a lot*") to indicate how much the symptom bothers them. If the participant's initial answer is "No", the participant is directly asked about the next symptom on the questionnaire.

The Hypoglycemia Symptom Rating Questionnaire is a proprietary questionnaire used with a license in the ARIC study. Under conditions of the license, this questionnaire should not be made available to third parties other than those connected to the ARIC study.

If the sensor is worn for fewer than 14 days, staff should still attempt to collect data on any participant who has worn the sensor for any amount of time, and the reporting of symptoms should be consistent with the time period of sensor wear (i.e., how the participant felt during the time they wore the sensor). If unable to collect any data, staff should mark the form as permanently missing in the form grid. If there are any problems collecting this questionnaire, please record the problem in a notelog. Only one occurrence of this form per participant is allowed in CDART.

In the case that the CGM device is worn by a participant with cognitive impairment, their proxy may complete this questionnaire for the participant at the discretion of ARIC field center staff. In this case, please use a notelog to indicate that the proxy answered the questionnaire in place of the participant. If field center staff determine that it is too difficult to collect this information, this form may be skipped and marked as permanently missing in the form grid.

II. Detailed Instructions for Each Item

0a. Enter the date the form was completed.

0b. Enter the staff code of the person who completed this form.

1-17. Ask the participant if they have experienced each of the symptoms listed. Use the script phrasing indicated on the form: "*Have you… (symptom)… in the past two weeks?*"

1a-17a. If the participant answers "*No*", record the answer and skip to the next listed symptom. If the participant answers "*I don't know*", record the answer as "*No*" and skip to the next listed symptom. If the participant answers "*Yes*", record the answer and move to part b of the question.

1b-17b. If the participant answers "*Yes*" to the related item 1a-17a, follow up with "*How much has this troubled you?*" and indicate the response (*not at all, a little, moderately, a lot*) on item 1b-18b.

18. Following the same format as questions 1-17, Ask the participant "Have you experienced any hypoglycemic episodes in the past two weeks?

    18a. If the participant answers "*No*", record the answer and skip to question 19. If the participant answers "*I don't know*", record the answer as "*No*" and skip to question 19. If the participant answers "*Yes*", record the answer and move to part b of the question.

    18b. If the participant answers "Yes" to item 18a, follow up with "*How much has this troubled you?*" and indicate the response (*not at all, a little, moderately, a lot*) on item 18b.

    18c. If the participant answers "Yes" to item 18a, follow up with "How many hypoglycemic episodes have you had in the past two weeks?" and indicate the response on item 18c.

19. Indicate whether the participant had any other symptoms in the past two weeks that they believe were due to low blood sugar. Record the response. If the participant responds "No", skip to item 23. If the participant answers "Yes" to item 19 but cannot name at least one additional symptom in items 20-22, mark item 20a as missing and skip to item 23.

20 – 22. For each of items 20 – 22 record the additional symptoms from item 19 that the participant indicates that they believe are due to low blood sugar.

    20a – 22a. Use items 20a- 22a to record each addition symptom stated by the participant. If the participant lists fewer than 3 additional symptoms, leave any unused items blank and skip to item 23.

    20b – 22b. If the participant indicates additional symptoms in items 20a-22a, follow up with "*How much has this troubled you?*" and indicate the response (*not at all, a little, moderately, a lot*) on item 20b-22b.

23. This item will be computed by CDART and records the hypoglycemia symptom frequency score. Save the form and click the arrows [⟳] to calculate each field. Be sure to save the form before and after calculating the field, otherwise the response will not be stored.

24. This item will be computed by CDART and records the hyperglycemia bother ratings score. Save the form and click the arrows [⟳] to calculate each field. Be sure to save the form before and after calculating the field, otherwise the response will not be stored.