

Treatment Related Impact Measure – Hypoglycemic Events (TRIM-HYPO)

This survey is about low blood sugar events (also called minor hypoglycemia) which may happen during the daytime/evening or at night while you are sleeping. Minor hypoglycemia is when you have low blood sugar and you DO NOT require help from anyone else to manage the event. With minor hypoglycemia you may have:

- Had typical hypoglycemia symptoms (such as shaking, sweating, palpitations) which may or may not have been confirmed by monitoring your blood sugar, or
- Not had any of the hypoglycemia symptoms but monitoring your blood sugar showed that it was too low (<70 mg/dl).

When answering these questions, please think about:

- **Low blood sugar events (minor hypoglycemia) only** and not about your diabetes in general or any other health conditions you might have, and
- Your **entire experience** from realizing you were having/had a low blood sugar to when you felt like you were functioning again at your usual or normal level.

If you have had more than one low blood sugar event in the past 30 days, please think about **all** of the events you had and the **OVERALL** impact that these events had on your functioning and wellbeing over the PAST 30 DAYS.

How many minor low blood sugar events have you had in the Past 30 days? [_____]

If zero, thank you. You have completed the questionnaire. You do not need to answer any further questions.

Patient Information

Last Name _____ First Name _____ M.I. _____
MRN _____

Visit Information

	<i>Baseline Visit</i>	<i>1st Follow-Up Visit</i>	<i>2nd Follow-Up Visit</i>
Date	___/___/___	___/___/___	___/___/___

Please read each question carefully and circle only one number for each question. Remember there are no right or wrong answers to these questions. **Please think about your experiences in the PAST 30 DAYS when answering the following questions.**

		<i>Not at all interfered</i>	<i>A little interfered</i>	<i>Somewhat interfered</i>	<i>Very interfered</i>	<i>Extremely interfered</i>
1. How much did your low blood sugar events interfere/not interfere with your daily life because you needed to (not including time at work):						
a. Put off or delay plans and/or activities	1	2	3	4	5	
b. Restrict or delay your driving	1	2	3	4	5	
<input type="checkbox"/> I don't drive						
c. Adjust your household routine	1	2	3	4	5	
d. Limit what you were able to do	1	2	3	4	5	

2. When you had low blood sugar events, how difficult/not difficult was it to (not including time at work):	<i>Not at all difficult</i>	<i>A little difficult</i>	<i>Somewhat difficult</i>	<i>Very difficult</i>	<i>Extremely difficult</i>
a. Concentrate	1	2	3	4	5
b. Accomplish your tasks on time	1	2	3	4	5
c. Participate in exercise and/or sports	1	2	3	4	5
3. When you had low blood sugar events, did you feel:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a. Irritable	1	2	3	4	5
b. Frightened	1	2	3	4	5
c. Frustrated	1	2	3	4	5
d. Anxious and/or nervous	1	2	3	4	5
e. Disoriented	1	2	3	4	5
f. Angry	1	2	3	4	5
g. Out of control about what is happening to you	1	2	3	4	5
4. Because of having these low blood sugar events, how difficult/not difficult is it to:	<i>Not at all difficult</i>	<i>A little difficult</i>	<i>Somewhat difficult</i>	<i>Very difficult</i>	<i>Extremely difficult</i>
a. Maintain a stable blood sugar level	1	2	3	4	5
b. Adjust how much insulin you take	1	2	3	4	5
c. Exercise and/or be active	1	2	3	4	5
d. Eat properly	1	2	3	4	5
e. Manage your diabetes	1	2	3	4	5

5. This next section is about night-time low blood sugar events (ones that happen at night while you are sleeping). Have you had a night-time low blood sugar event in the past 30 days?

- No, please go to question 8.
- Yes, please answer the following questions about your experiences in the past 30 days.

6. How much did your nighttime low blood sugar events interfere/not interfere with:	<i>Not at all interfered</i>	<i>A little interfered</i>	<i>Somewhat interfered</i>	<i>Very interfered</i>	<i>Extremely interfered</i>
a. Falling asleep	1	2	3	4	5
b. Staying asleep through the night.....	1	2	3	4	5
c. Getting back to sleep when you wake up during the night.....	1	2	3	4	5

d. How soundly you sleep 1 2 3 4 5

7. When you had night-time low blood sugar events, how much did you:

Not at all A little Somewhat Very Extremely

a. Feel tired the next day because of disrupted sleep 1 2 3 4 5

8. Have you worked for pay in the past 30 days?

- No. Thank you. You have completed the questionnaire.
- Yes. When answering the following questions please think about all of your low blood sugar events in the **PAST 30 DAYS**. Think BOTH of events that happened outside of work and events that happened at work. For example you may have had a low blood sugar the night before and then had trouble concentrating at work the next day and/or you may have had a low blood sugar at work and then had to miss a meeting.

9. Because of having these low blood sugar events, how difficult/not difficult was it to:

Not at all difficult A little difficult Somewhat difficult Very difficult Extremely difficult

a. Work without making mistakes 1 2 3 4 5

b. Concentrate at work 1 2 3 4 5

10. How much did your low blood sugar events interfere/not interfere with your work because you needed to:

Not at all interfered A little interfered Somewhat interfered Very interfered Extremely interfered

a. Postpone your work tasks..... 1 2 3 4 5

b. Rest or take more breaks at work..... 1 2 3 4 5

c. Miss or leave a meeting and/or appointment..... 1 2 3 4 5

d. Have extra time to accomplish your work tasks 1 2 3 4 5

e. Go late to work..... 1 2 3 4 5

f. Leave work early..... 1 2 3 4 5

g. Miss a full day of work 1 2 3 4 5

Thank you.