**Stage 1 Qualitative themes**

| **#** |  | **Theme** | **Description** |
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| **Physical aspects** | | | |
| 1 |  | Activities of daily living | This theme has five subthemes covering activities of daily living. |
|  | a | General activities | Other activities of daily life, not specifically mentioned. Activities classed as 'normal' or 'usual' by participants. Includes activities that have been adapted. Also includes general commitments/activities not otherwise specified. |
|  | b | Driving | Covering impacts of hypoglycaemia on driving and the ability to drive should the person want to. |
|  | c | Eating and drinking | Captures the relationship between eating/drinking and hypoglycaemia, including eating/drinking outside of the home. Includes eating in response to a hypo, (e.g., when not wanting to or eating in excess in response to a hypo). |
|  | d | Leisure and exercise | Covers the relationship between hypoglycaemia and leisure activities or exercise, including restricting activity and the impact of these activities on blood sugar. |
|  | e | Paid and unpaid work | This theme covers the relationship between hypoglycaemia and paid or unpaid work. This includes study / training. |
| 2 |  | Energy, fatigue, and tiredness | Covering the relationship between hypoglycaemia and acute or lasting instances of reduced energy, physical fatigue and/or tiredness. Also includes motivation. |
| 3 |  | Getting around | This captures any instances where a participant's ability to get around (travel from one place to another) has been impacted by hypoglycaemia. Includes travel to other places (e.g., abroad on holiday). |
| 4 |  | Physical burden | This theme is designed to pick up examples of the physical burden of managing blood sugars and treating hypos, including have to carry a lot of kit. Also encompasses potential financial and resource burden. |
| 5 |  | Physiological symptoms | Covers physiological symptoms or sensations of a hypo. Examples include headaches, shakes, sweating, dizziness. For now, also includes ability to communicate and behaving oddly/strangely. |
| 6 |  | Sexual functioning | Captures the relationship between sexual functioning and hypoglycaemia. |
| 7 |  | Sleep | This theme covers any associations between hypoglycaemia and sleep, including sleep quality and night waking. Includes nightmares as a result of hypos. |
| **Psychological aspects** | | | |

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| 8 |  | Autonomy, independence and control | Covers a person's perceived sense of autonomy, independence, and control and how that is impacted by hypoglycaemia, and what it means to them. Includes being able to do something when you want to do it (i.e., at a particular time). |
| 9 |  | Awareness | Awareness of hypos and the psychological benefit or detriment of this. |
| 10 |  | Cognition | This covers instances of difficulties thinking, concentrating, and any other cognitive functions as an acute or lasting effect of hypos. Includes mental fatigue / brain fog. |
| 11 |  | Cognitive burden, planning and obsessive behaviour | Includes the psychological burden of constant thinking about and planning for blood sugar management, hypervigilance, which may or may not result in obsessive behaviour. Also includes lack of spontaneity as a consequence of needing to plan. |
| 12 |  | Self-management and coping | This is a broad theme covering discussions of hypoglycaemia and its self-management, including perceived control, and how it is linked to day-to-day management and coping. Also includes treating hypos and overcompensating. |
| 13 |  | Self-identity | This theme has three subthemes covering self-identity. |
|  | a | Confidence | Confidence to do things and take part in things despite hypoglycaemia, or the potential for a hypo. |
|  | b | Dignity and respect | Captures whether participants feel like they are treated with dignity and respect by others in spite of hypoglycaemia and blood sugar management. |
|  | c | Self-worth, self-criticism and self-blame | This theme covers people's sense of self-worth, self-esteem, and instances of self-criticism/self-blame due to hypos e.g., not managing blood sugar to standards participants would like. Includes body image. |
| 14 |  | Emotions | This theme has nine subthemes covering emotions. |
|  | a | Worry and anxiety | Covers the spectrum of worry and/or anxiety, both as non-clinical states and a clinical state of 'Anxiety' (i.e., an anxiety disorder) if relevant. |
|  | b | Sadness and depression | Covers the spectrum of sadness and/or depression, both as non-clinical states and a clinical state of 'Depression' if relevant. |
|  | c | Embarrassment | Covers instances of embarrassment, which are differentiated from shame. |
|  | d | Frustration and annoyance | Covers instances of frustration and annoyance, which are currently differentiated from irritability, anger. |
|  | e | Guilt | Covers instances of guilt. |
|  | f | Happiness | This covers instances of happiness, predominantly associated with good blood sugar management and avoiding hypoglycaemia. |
|  | g | Anger and irritability | Covers instances of anger and irritability, which are differentiated from frustration and annoyance. |
|  | h | Stress and distress | Covers instances of stress and or distress. |
|  | i | Fear, scared | Covers instances of fear or being scared, differentiated from worry. |
| 15 |  | Vulnerability or safety | Captures concerns around vulnerability / safety. |
| **Social aspects** | | | |
| 16 |  | Social activities | This theme includes content on activities that have a social element (e.g., going out to meet friends) and their relationship with hypoglycaemia. |
| 17 |  | Relationships | This theme has six subthemes covering relationships. |
|  | a | Clinicians | This theme is designed to capture a participants' relationship with their healthcare team / clinicians and how this is impacted by them having hypos. |
|  | b | Friendships | Covers friendships and its relationship with hypos/blood sugar management. |
|  | c | Partner | Covers partner and its relationship with hypos/blood sugar management. |
|  | d | Relationship with others | This theme is designed to capture the relationship of hypoglycaemia to relations with others not otherwise specified, such as strangers, or co-workers. |
|  | e | Children | Covering the impact and relationship of hypos on own children (including grandchildren), which was raised in many interviews. |
|  | f | Wider family | Covering the impact and relationship on hypos on others in one's family, such as grandparents, aunties, uncles etc. |
| 18 |  | Stigma and discrimination | Captures any instances of stigma and/or discrimination described by participants in relationship to blood sugar management, including perceived/feared stigma/discrimination. |
| 19 |  | Impact on others | This theme captures a perceived burden on others as a consequence of blood sugar management and hypoglycaemia. |