Supplementary material

Kłak A, Mańczak M, Owoc J, Olszewski R. Impact of continuous glucose monitoring on improving emotional well-being among adults with type 1 diabetes mellitus: a systematic review and meta-analysis. Pol Arch Intern Med. 2021; 131: 808-818.

Figure S1. Forest plot for Hypoglycemia Fear Survey - II total. Cohen's d analysis

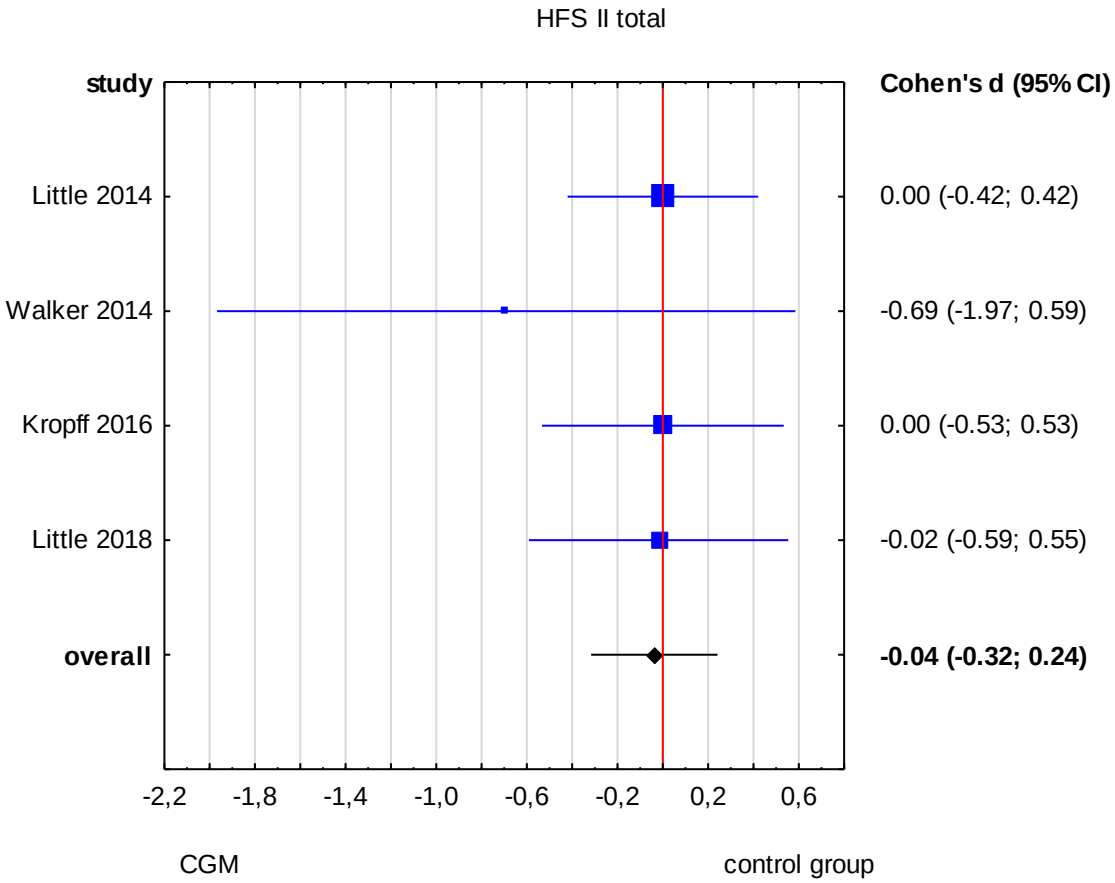

Figure S2. Forest plot for Hypoglycemia Fear Survey worry. Cohen's d analysis

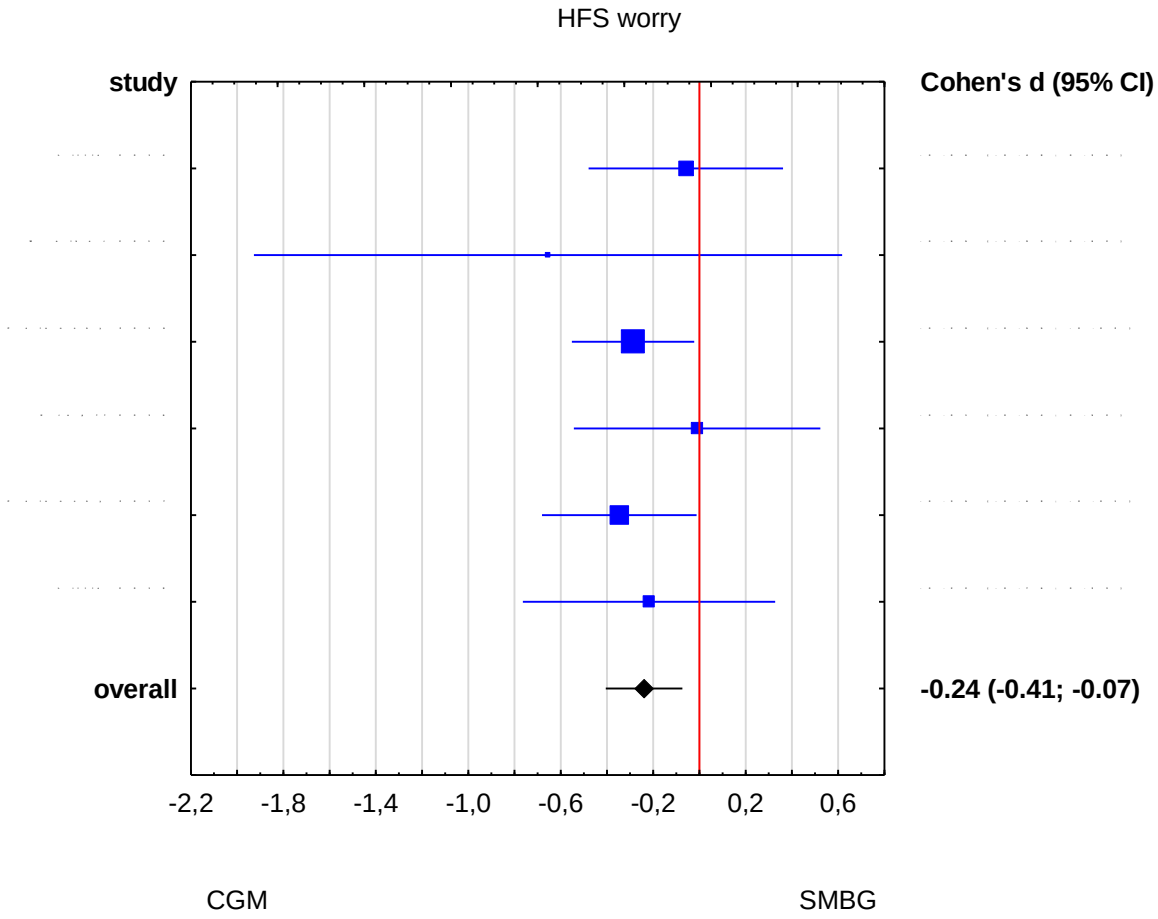

Figure S3. Forest plot for Hypoglycemia Fear Survey behavior. Cohen's d analysis

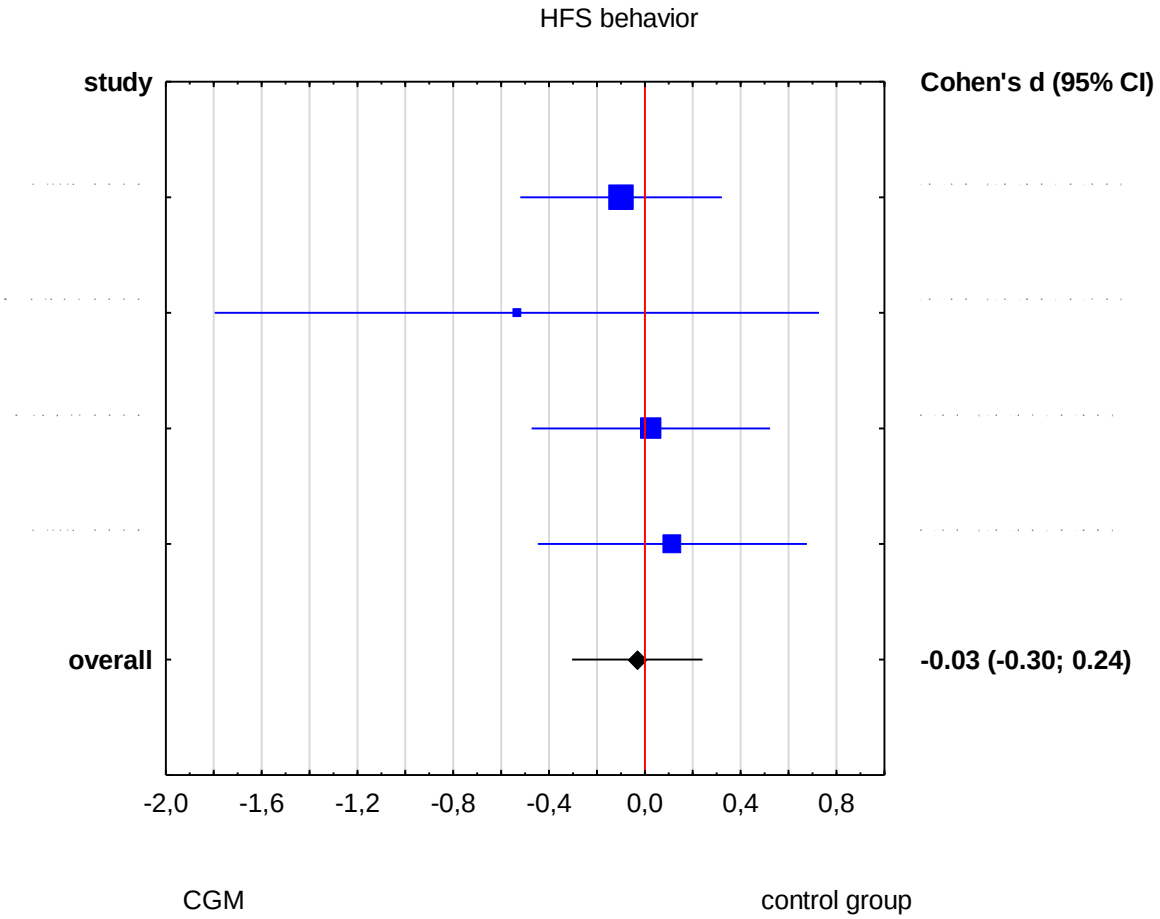

Figure S4. Forest plot for Diabetes Treatment Satisfaction Questionnaire. Cohen's d analysis

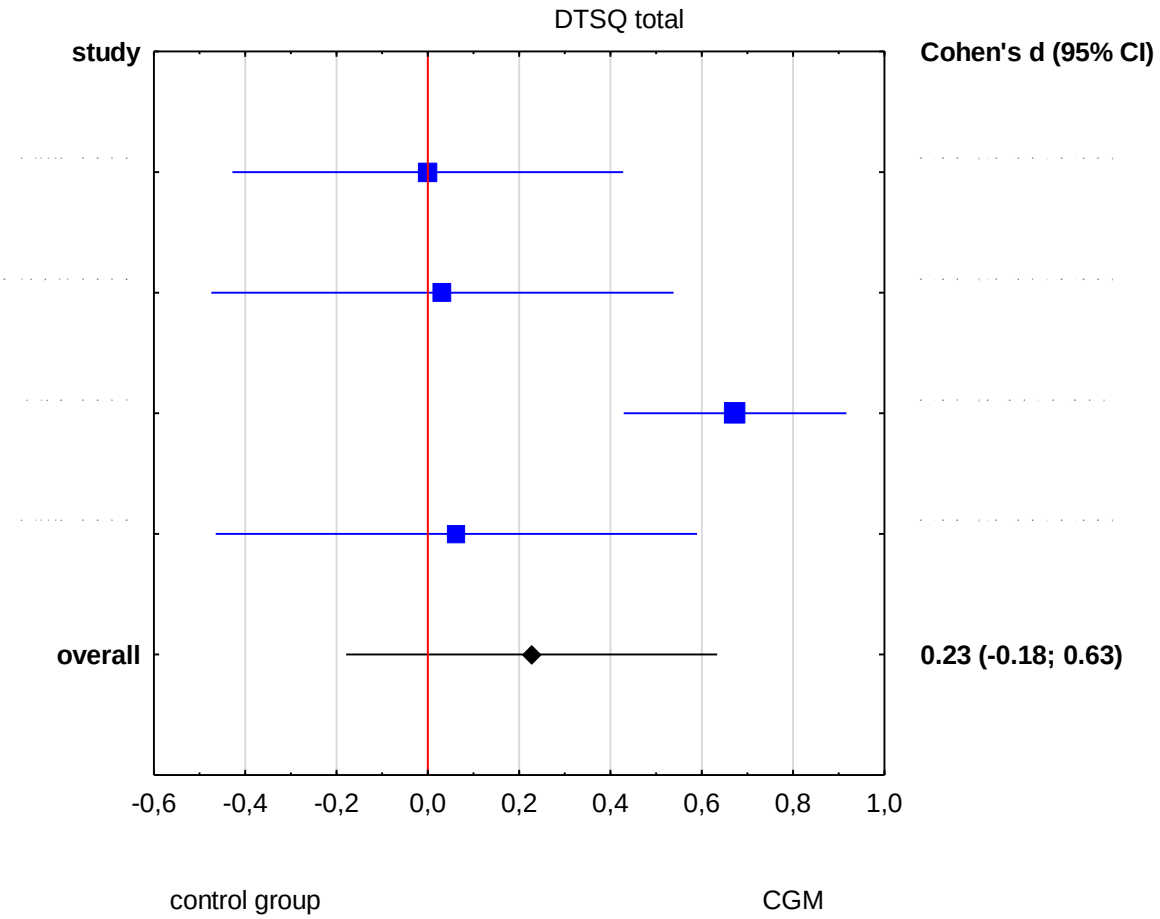

Figure S5. Forest plot for glycated hemoglobin A1c (HbA1c). Cohen's d analysis

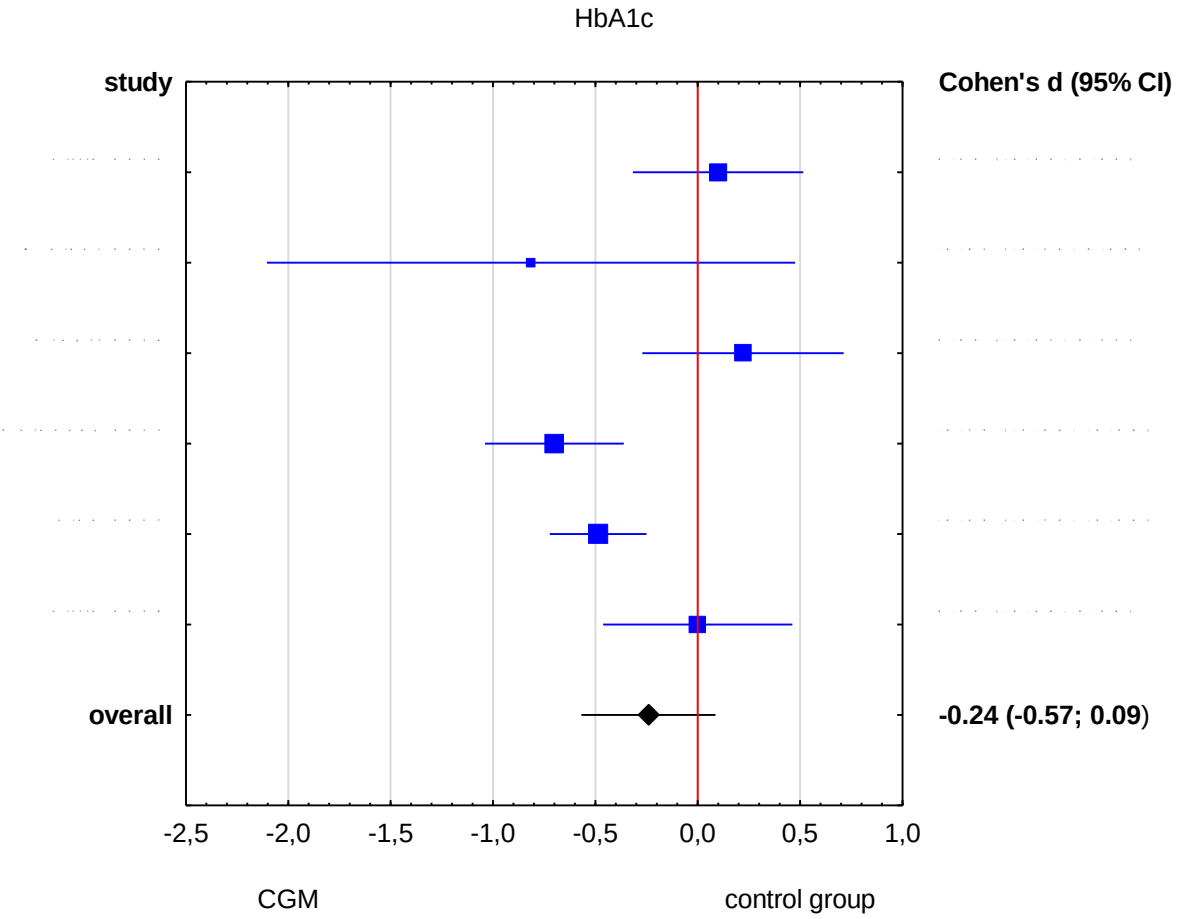

Figure S6. Publication bias for Hypoglycemia Fear Survey – II total. Cohen's d analysis

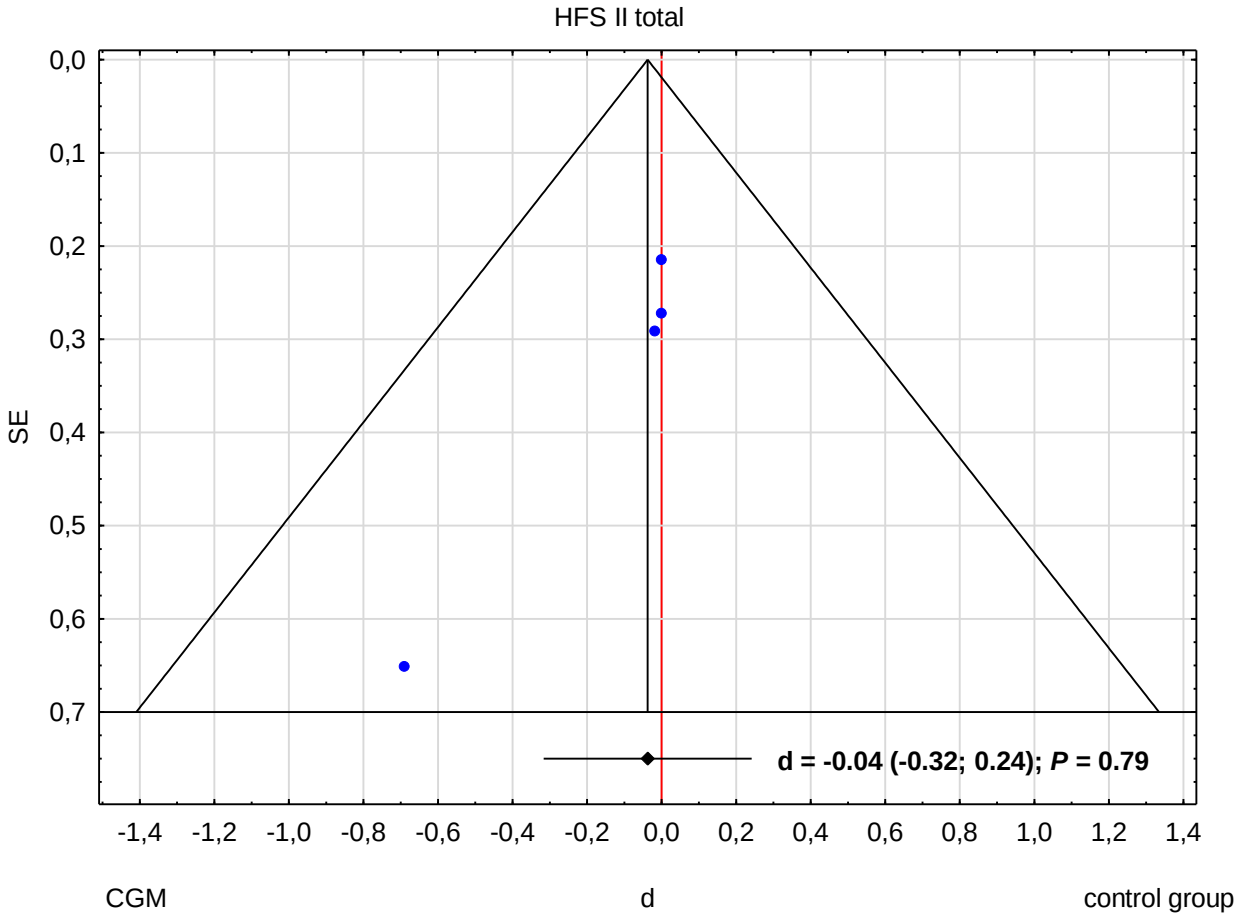

Figure S7. Publication bias for Hypoglycemia Fear Survey worry. Cohen's d analysis

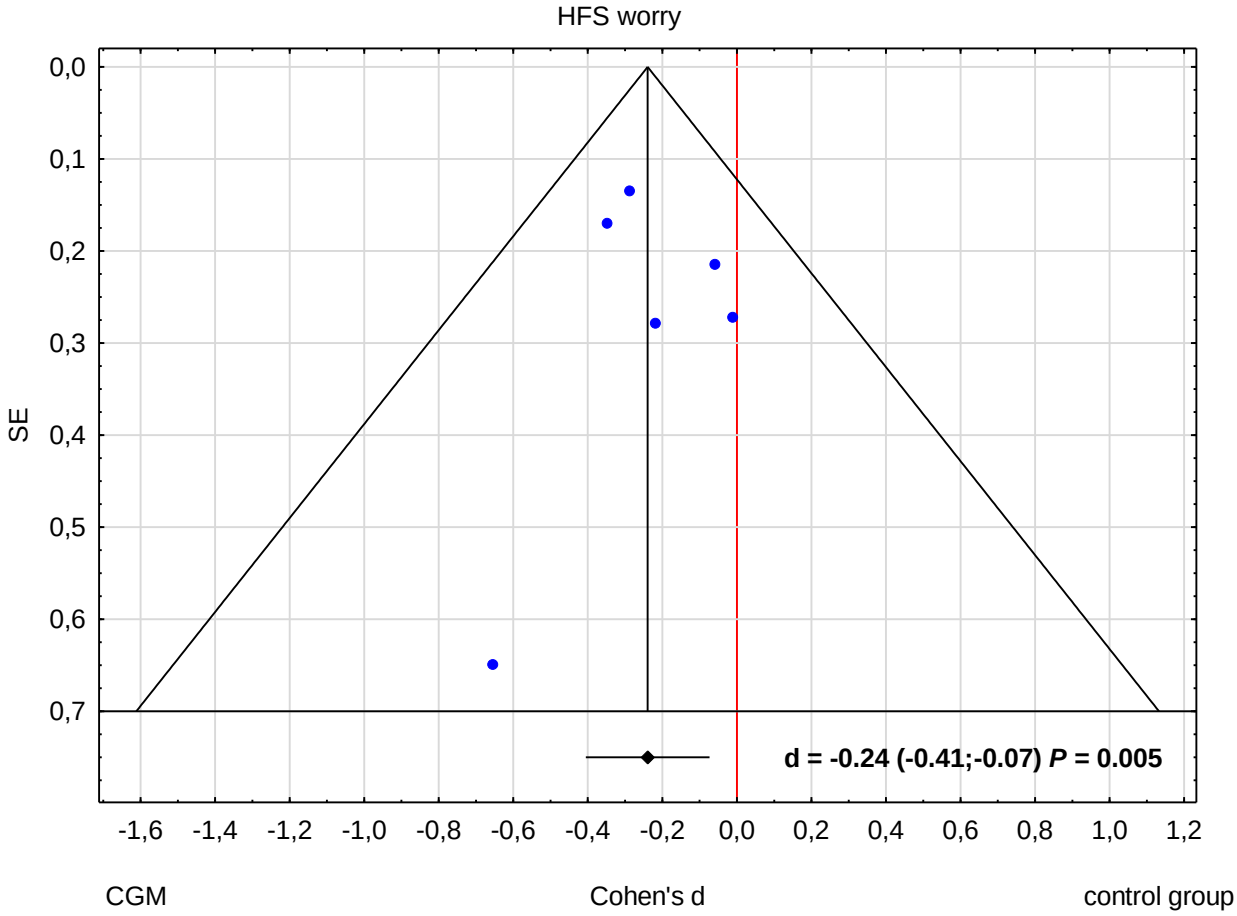

Figure S8. Publication bias for Hypoglycemia Fear Survey behavior. Cohen's d analysis

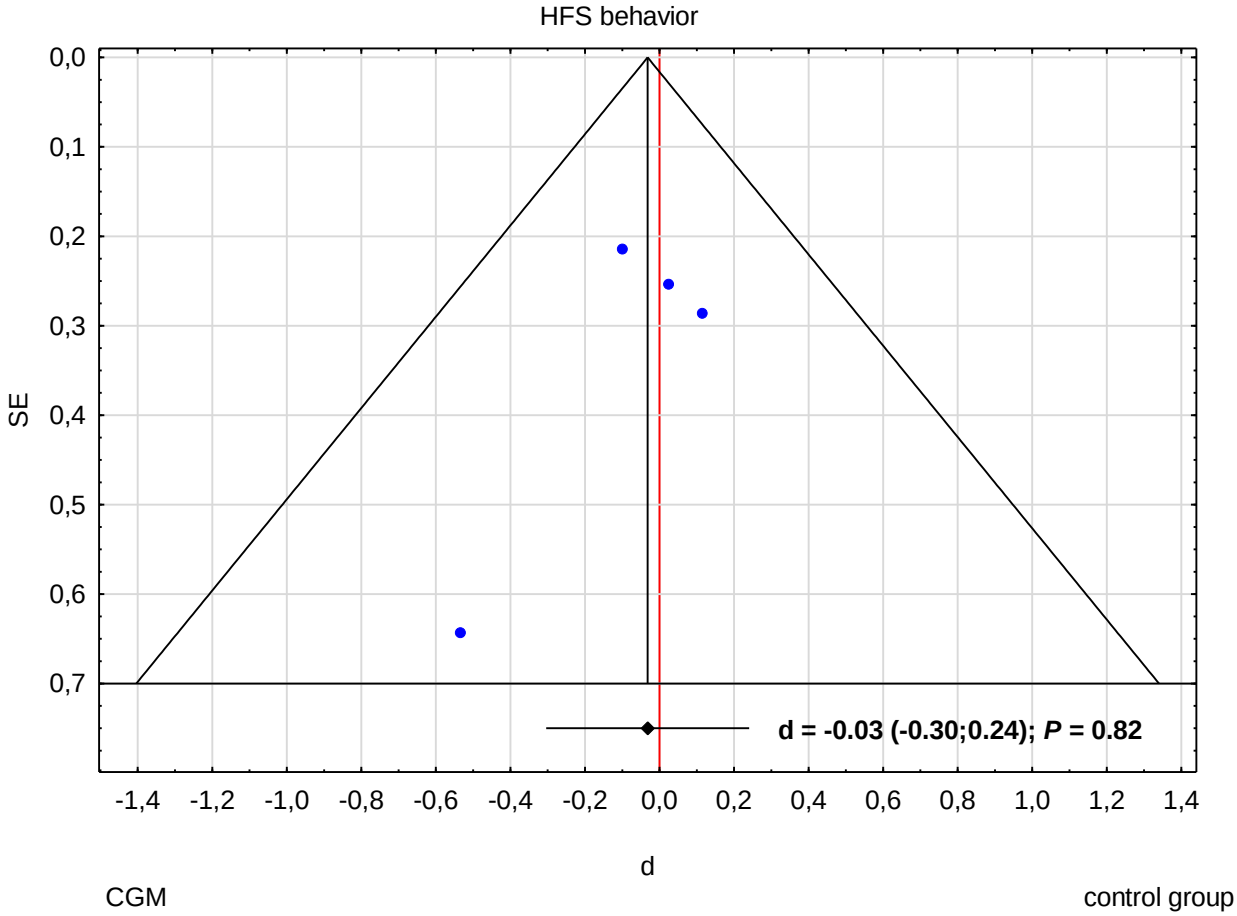

Figure S9. Publication bias for Diabetes Treatment Satisfaction Questionnaire. Cohen's d analysis

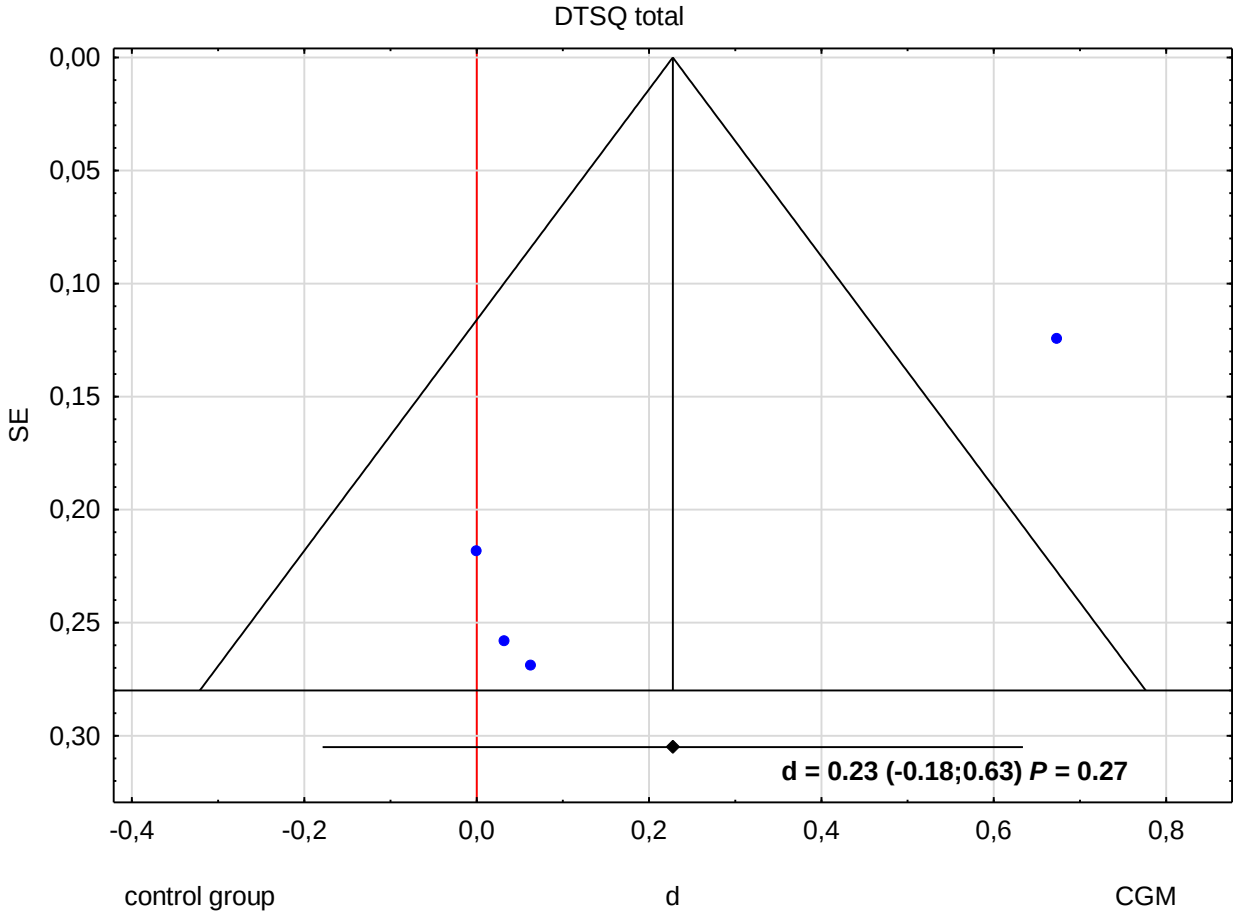

Figure S10. Publication bias for glycated hemoglobin A1c (HbA1c). Cohen's d analysis

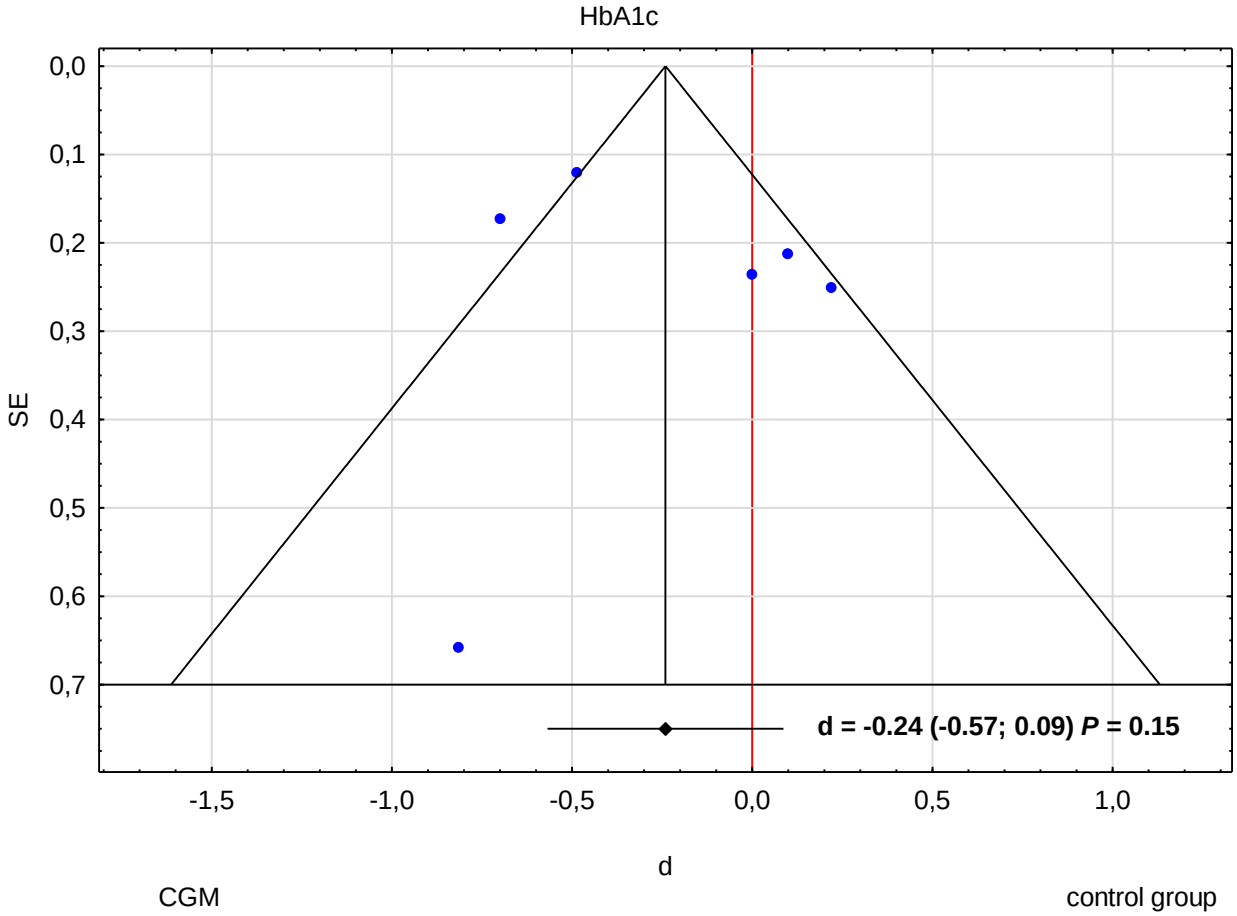

Table S1. Characteristics of excluded studies

Study	Population	Year	Country	Study design	Sample	Type of CGM	Reason for exclusion
Charleer S, et al., 2018 [31]	adults	2014-2016	Belgium	Prospective, observational, multicenter, cohort study	515	Medtronic MiniMed® Enlite® Sensor, Dexcom G4® PLATINUM (Dexcom, Inc, San Diego, CA), FreeStyle Navigator® II (Abbott Diabetes Care), Alameda, CA)	No control group
Hommel E, et al., 2014 [32]	6 - 70 years	2008-2010	Europe	randomized, controlled, crossover study	153 (81 adults)	Guardian REAL-Time Clinical; Medtronic, Tolochenaz, Switzerland	No control group
Nørgaard K, et al., 2013 [33]	1–69 years	ND	15 countries (Europe and Israel)	prospective observational study	263	Medtronic MiniMed, Inc.	No control group

ND, no data.

Table S2. Checklist for Reporting Results of Internet E-Surveys (CHERRIES) for Polonsky WH, et al. 2016 study

Checklist item	**Explanation**	**YES/ NO**
Design		
Describe survey design	Describe target population, sample frame and the sample is a convenience sample	NO
	Describe only two of those three points	YES
	Describe population only	NO
	Describe sample frame only	NO
	Describe sample as convenience only	NO
	Describe none of the above	NO
IRB (Institutional Review Board) approval and informed consent process		
IRB approval	Mention that the study has been approved by an IRB	NO
	Not mentioned	YES
Informed consent	Describe the informed consent process in details (telling the participants how long will the survey take, which data will be stored and where and for how long, who the investigators are, and what the purpose of the study is)	NO
	Describe the informed consent process with some of the above details	NO
	Just mentioning taking the informed consent	NO
	Not mentioning taking the informed consent	YES
Data protection	If authors collected or stored any personal information, they gave the mechanisms used to protect unauthorized access.	NO
	Mechanisms used are not given	YES
Development and pre-testing		
Development and testing	State how the survey was developed with testing the usability and technical functionality of the electronic questionnaire.	NO
	State how the survey was developed without testing the usability and technical functionality of the electronic questionnaire.	NO
	Not mentioning the development process	YES
Recruitment process and description of the sample having access to the questionnaire		
Open survey versus closed survey	An “open survey” which is a survey open for each visitor of a site.	NO
	A closed survey that is only open to a sample that the investigator knows (password-protected survey).	YES
	Not clear or not explicitly stating the type of survey	YES
Contact mode	The initial contact with the potential participants was through the Internet or e-mail.	NO
	The initial contact with the potential participants was through mail while allowing web based data entry	YES
	Contact mode was not clear	NO
Advertising the survey	Through online mailing lists	YES
	Through offline media (newspapers)	NO
	Through social media	NO
	Through banner ads	NO
	Mixed	YES

	Not mentioned	NO
Wording of the advertisement	Given	NO
	Not given	YES
Survey administration		
Web/E-mail	Survey posted both website and e-mail	NO
	Survey posted on website	NO
	Survey sent through e-mail	YES
	Not clear	NO
Data entry in	Manually	NO
e-mail sent surveys	Automatic	NO
	Not clear	YES
Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results.	NO
	Described in partial details	NO
	No information about the website was given or just mentioning its name.	YES
Mandatory/	It was a mandatory survey to be filled in by every visitor who wanted to enter the Web site.	NO
Voluntary	It was voluntary	YES
	Not clear or not mentioned	NO
Incentives	Monetary incentives or prizes were offered.	YES
	Non-monetary incentives such as an offer to provide the survey results were offered	NO
	Not mentioned or they mentioned not giving any incentives	NO
Time/Date	Authors gave the timeframe in which data were collected	YES
	Not given	NO
Randomization of items of questionnaires	To prevent biases, items can be randomized or alternated	NO
	Not randomized or not mentioned	YES
Adaptive questioning	Use adaptive questioning to reduce number and complexity of the questions. (Displaying certain items based on responses to other items)	NO
	Not used or not mentioned	YES
Number of Items	The number of questionnaire items per page was given	NO
	Not given or not mentioned	YES
Number of screens (pages)	The number of screens (pages) in the questionnaire was given.	NO
	Not given or not mentioned	YES
Completeness check	Consistency or completeness checks was done before the questionnaire is submitted	NO
	Consistency or completeness checks was done after the questionnaire is submitted.	NO
	Not mentioned	YES
A non-response option	A non-response option such as “not applicable” or “rather not say” was given and enforced.	NO
	Not given	YES

Review step	Respondents were able to review and change their answers (e.g. through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).	NO
	Not provided	YES
Response rates		
Unique site visitor	The number of unique site visitors was given.	NO
	Not given	YES
View rate	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!).	
	Not given.	
Participation rate (Recruitment rate)	Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present).	YES
	Not given	NO
Completion rate	The number of people submitting the last questionnaire page divided by the number of people who agreed to participate (or submitted the first survey page).	YES
	Not given	NO
Preventing multiple entries from the same individual		
Cookies used	Yes	NO
	No/not mentioned	YES
How cookies work	preventing users from accessing the survey twice	NO
	duplicates got eliminated before analysis and 1st entry got used	NO
	duplicates got eliminated before analysis and the last entry got used	NO
	Not mentioned	YES
IP check	IP check used and the period of time for which no two entries from the same IP address were allowed	NO
	IP check used without giving the period of time for which no two entries from the same IP address were allowed	NO
	not used or mentioned	YES
How IP check was used	preventing users from accessing the survey twice	NO
	duplicates got eliminated before analysis and 1st entry got used	NO
	duplicates got eliminated before analysis and the last entry got used	NO
	Not mentioned	YES
Log file analysis	Other techniques to analyze the log file for identification of multiple entries were used.	NO
	None used	YES
Registration	Describe methods of closing the survey (For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated)	NO
	Not described	YES
Analysis		
Handling of incomplete questionnaires	Only completed questionnaires analyzed	YES
	Both complete and partial questionnaires analyzed	NO
	Not mentioned	NO

Questionnaires submitted with an atypical timestamp	The timeframe that was used as a cut-off point was given and described why	NO
	The time frame was given but without the reason	NO
	Not mentioned	YES
Statistical correction	Methods to adjust for the non-representative sample (such as weighting of items or propensity scores) was given and described	NO
	Methods to adjust for the non-representative sample was given but not described	YES
	not given or mentioned	NO

Table S3. Risk of bias

Source	Study design	Type of assessment	Risk of bias
Polonsky WH, et al., 2017	prospective randomized trial	Individually-randomized parallel-group trial	low
Walker TC, et al., 2014	quasi-experimental comparative design pilot study	Individually-randomized parallel-group trial	low
Olafsdottir AF, et al., 2018	open-label multicenter crossover randomized clinical trial	Individually randomized cross-over trial	some concerns
Kropff J, et al. 2016	multicenter, randomized crossover trial	Individually randomized cross-over trial	low
Little SA, et al., 2018	multicenter, randomized, 2 x 2 factorial study	Individually randomized cross-over trial	low
Little SA, et al., 2014	multicenter, randomized, 2 x 2 factorial study	Individually randomized cross-over trial	low
Lind M, et al., 2017	randomized in a cross-over, open-label, controlled	Individually randomized cross-over trial	high
Ehrmann D, et al., 2019	multicentre, randomised controlled trial	Individually-randomized parallel-group trial	low
vab Beers CAJ, et al., 2017	randomized, open-label crossover trial	Individually randomized cross-over trial	low
Reddy M, et al., 2018	prospective randomized nonmasked parallel group study	Individually-randomized parallel-group trial	low

Table S4. Risk of bias studies with intention to treat

Individually randomized cross-over trial			
Unique ID	6	**Study ID**	van Beers 2017
Ref or Label	6	**Aim**	assignment to intervention (the 'intention-to-treat' effect)
Experimental	CGM	**Comparator**	SMBG
Outcome	feao of hypoglicemia	**Results**	32.5

Domain	Signalling question	Response
Bias arising from the randomization process	1.1 Was the allocation sequence random?	PY
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?	PY
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?	PN
	Risk of bias judgement	**Low**
Bias due to deviations from intended interventions	2.1.Were participants aware of their assigned intervention during the trial?	PN
	2.2.Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?	PN
	2.3. If Y/PY/NI to 2.1 or 2.2: Were there deviations from the intended intervention that arose because of the experimental context?	NA
	2.4 If Y/PY to 2.3: Were these deviations likely to have affected the outcome?	NA
	2.5. If Y/PY/NI to 2.4: Were these deviations from intended intervention balanced between groups?	PN
	2.6 Was an appropriate analysis used to estimate the effect of assignment to intervention?	NA
	2.7 If N/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the failure to analyse participants in the group to which they were randomized?	PN
	Risk of bias judgement	**Low**
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?	PY
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?	NA
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?	NA
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?	NA
	Risk of bias judgement	**Low**
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?	PN
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?	PN
	4.3 Were outcome assessors aware of the intervention received by study participants?	PN
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?	NA
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?	NA
	Risk of bias judgement	**Low**
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?	PY
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?	PN

	5.3 ... multiple eligible analyses of the data?		PN
	Risk of bias judgement		**Low**
Overall bias	**Risk of bias judgement**		**Low**
Individually-randomized parallel-group trial			
Unique ID	4	**29.maj**	Reddy 2018
Ref or Label	I HART CGM Study	**Aim**	assignment to intervention (the 'intention-to-treat' effect)
Experimental	CGM	**Comparator**	flash glucose monitoring
Outcome	fear of hypoglicemia	**Results**	29.5

Domain	**Signalling question**	**Response**
Bias arising from the randomization process	1.1 Was the allocation sequence random?	PY
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?	PY
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?	PN
	Risk of bias judgement	**Low**
Bias due to deviations from intended interventions	2.1.Were participants aware of their assigned intervention during the trial?	PN
	2.2.Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?	PN
	2.3. If Y/PY/NI to 2.1 or 2.2: Were there deviations from the intended intervention that arose because of the experimental context?	NA
	2.4 If Y/PY to 2.3: Were these deviations likely to have affected the outcome?	NA
	2.5. If Y/PY/NI to 2.4: Were these deviations from intended intervention balanced between groups?	NA
	2.6 Was an appropriate analysis used to estimate the effect of assignment to intervention?	PY
	2.7 If N/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the failure to analyse participants in the group to which they were randomized?	NA
	Risk of bias judgement	**Low**
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?	PN
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?	PN
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?	PN
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?	NA
	Risk of bias judgement	**Low**
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?	PN
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?	PN
	4.3 Were outcome assessors aware of the intervention received by study participants?	PN
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?	NA
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?	NA
	Risk of bias judgement	**Low**
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?	PY

	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?	PN
	5.3 ... multiple eligible analyses of the data?	PN
	Risk of bias judgement	**Low**
Overall bias	**Risk of bias judgement**	**Low**

Table S5. The outcomes of the qualitative synthesis

	Change in HbA1c		DTSQ, sv		HCQ		HFS-II total score		HFS, Worry		HFS,B/A		DDS		PAIDS		WHO-5 Well-Being Index	
Source	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**	**CGM**	**control group**
Ehrmann D, et al., 2019 [b] [12]	7.4% (0.8)%, 57.0 (9.1) mmol/mol	7.3% (0.9)%, 55.8 (9.6) mmol/mol	NA	NA	NA	NA	39.10 (2.10) baseline, +26% follow up	44.94 (2.24) baseline, +14.1% follow up	22.84 (1.48) baseline, +29.3% follow up	26.49 (1.58) baselinne, +17.4% follow up	16.27 (0.89) baseline, +20.8% follow up	18.44 (0.95) baseline, +8.9% follow up	2.14 (0.06) baseline, +14.7% follow up	2.25 (0.07) baseline, +9.8% follow up	NA	NA	NA	NA
vab Beers CAJ, et al., 2017 [a] [29]	data not shown		NA	NA	NA	NA	NA	NA	32.5	38.9	NA	NA	NA	NA	data not shown		data not shown	
Olafsdottir AF, et al., 2018 [10]	data not shown		NA	NA	3.40 (3.32–3.47)	3.27 (3.18–3.35)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reddy M, et al., 2018 [c] [30]	51.5 (47.0 to 58.0)mmol/mol	52.0 (49.5 to 60.5) mmol/mol	NA	NA	NA	NA	47.0 (29.5 to 73.2)	38.0 (27.5 to 50.5)	29.5 (18.2 to 40.5)	21.5 (14.0 to 36.5)	18.5 (10.2 to 24.7)	15.5 (11.2 to 22.7)	NA	NA	32.5 (12.5 to 38.7)	21.2 (17.8 to 38.4)	NA	NA

[a] data are mean (95% CI); [b] data are baseline-adjusted; [c] data are median and interquartile range. DDS, Diabetes distress (total); DTSQ sv, Diabetes Treatment Satisfaction Questionnaire status version; HCQ, HbA1c, glycated haemoglobin; Hypoglycemic Confidence Questionnaire; HFS, Hypoglycemia Fear Survey; HFS,B/A, Hypoglycemic Fear Scale Behavior/Avoidance; NA, not applicable; PAIDS, Problem Areas in Diabetes – Short Form.

Supplementary material 1. Search strategies, in original (polish) language

I. Combinations of key terms: continuous glucose monitoring, adults, quality of life

1. CINAHL

#	Zapytanie (ang. question/ enquiry)	Ograniczenia/rozszerzenia (ang. restrictions / extensions)	Ostatni przebieg poprzez (ang. Last pass through)	Wyniki (ang. results)
S4	quality of life AND continuous glucose monitoring AND adults	Ograniczenia - Data publikacji: 20130101-20191031; Język angielski; Recenzowane naukowo; Artykuł dotyczący badań; Wyklucz rekordy MEDLINE; Randomizowane próby kontrolowane; Grupy wiekowe: All Adult Rozszerzenia - Stosowanie równoważnych tematów; Zastosuj powiązane słowa; Przeszukuj również pełny tekst artykułów Tryby wyszukiwania - Znajdź wszystkie moje szukane terminy	Interfejs - EBSCOhost Research Databases Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	15
S3	quality of life AND continuous glucose monitoring	Ograniczenia - Data publikacji: 20130101-20191031; Język angielski; Recenzowane naukowo; Artykuł dotyczący badań; Wyklucz rekordy MEDLINE; Randomizowane próby kontrolowane; Grupy wiekowe: All Adult Rozszerzenia - Stosowanie równoważnych tematów; Zastosuj powiązane słowa; Przeszukuj również pełny tekst artykułów Tryby wyszukiwania - Znajdź wszystkie moje szukane terminy	Interfejs - EBSCOhost Research Databases Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	15
S2	quality of life AND continuous glucose monitoring AND adults	Ograniczenia - Data publikacji: 20130101-20191031; Język angielski; Recenzowane naukowo;	Interfejs - EBSCOhost Research Databases	15

		Artykuł dotyczący badań; Wyklucz rekordy MEDLINE; Randomizowane próby	Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	
S1	quality of life AND continuous glucose monitoring AND adults	Rozszerzenia - Stosowanie równoważnych tematów Tryby wyszukiwania - Wartość logiczna/fraza	Interfejs - EBSCOhost Research Databases Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	44

2. ProQuest

Set#	**Searched for**	**Databases**	**Results**
S1	(quality of life AND continuous glucose monitoring) AND (stype.exact("Scholarly Journals") AND PEER(yes))	ProQuest Central, ProQuest Dissertations & Theses A&I	16619
S2	(quality of life AND continuous glucose monitoring AND adut) AND (stype.exact("Scholarly Journals") AND PEER(yes))	ProQuest Central, ProQuest Dissertations & Theses A&I	2
S3	(quality of life AND continuous glucose monitoring AND adults) AND (stype.exact("Scholarly Journals") AND PEER(yes))	ProQuest Central, ProQuest Dissertations & Theses A&I	11424
S4	(quality of life AND continuous glucose monitoring AND adults) AND (stype.exact("Scholarly Journals") AND pd(20130101-20191004) AND PEER(yes))	ProQuest Central, ProQuest Dissertations & Theses A&I	6384
S5	(quality of life AND continuous glucose monitoring AND adults) AND (at.exact(("Article" OR	ProQuest Central, ProQuest Dissertations & Theses A&I	116

	"Evidence Based Healthcare" OR "Report" OR "Editorial") NOT ("Feature" OR "General Information" OR "Review" OR "Literature Review" OR "Undefined" OR "News" OR "Conference Proceeding" OR "Conference" OR "Commentary" OR "Case Study" OR "Working Paper/Pre-Print" OR "Correspondence" OR "Back Matter")) AND stype.exact("Scholarly Journals") AND pd(20130101-20191004) AND PEER(yes))		
S6	(quality of life AND continuous glucose monitoring) AND (at.exact(("Article" OR "Evidence Based Healthcare" OR "Report" OR "Editorial") NOT ("Feature" OR "General Information" OR "Review" OR "Literature Review" OR "Undefined" OR "News" OR "Conference Proceeding" OR "Conference" OR "Commentary" OR "Case Study" OR "Working Paper/Pre-Print" OR "Correspondence" OR "Back Matter")) AND stype.exact("Scholarly Journals") AND pd(20130101-20191004) AND PEER(yes))	ProQuest Central, ProQuest Dissertations & Theses A&I	166
S7	(quality of life AND continuous glucose monitoring AND adults) AND (at.exact(("Article" OR "Evidence Based Healthcare" OR "Report" OR "Editorial") NOT ("Feature" OR "General Information" OR "Review" OR "Literature Review" OR "Undefined" OR "News" OR "Conference Proceeding" OR "Conference" OR "Commentary" OR "Case Study" OR "Working Paper/Pre-Print" OR "Correspondence" OR "Back	ProQuest Central, ProQuest Dissertations & Theses A&I	116

	Matter")) AND stype.exact("Scholarly Journals") AND pd(20130101-20191004) AND PEER(yes))		

3. PubMed

Recent queries in pubmed

Search,Query,Items found,Time

#24,"Search continuous glucose monitoring AND adults quality of life AND work Filters: Publication date from 2013/01/01",5,07:13:39

#23,"Search continuous glucose monitoring AND adults quality of life AND work absenteeism Filters: Publication date from 2013/01/01",1,07:12:59

#22,"Search continuous glucose monitoring AND adults quality of life AND Filters: Publication date from 2013/01/01",84,07:11:51

#21,"Search quality of life AND continuous glucose monitoring AND adults Filters: Publication date from 2013/01/01",84,07:11:10

#20,"Search quality of life AND CGM AND adults Filters: Publication date from 2013/01/01",54,07:09:39

#15,"Search QoL AND CGM Filters: Publication date from 2013/01/01",11,07:00:14

#14,"Search quality of life AND CGM Filters: Publication date from 2013/01/01",103,06:59:41

#13,"Search quality of life AND continuous glucose monitoring Filters: Publication date from 2013/01/01",170,06:58:25

#12,"Search QoL Filters: Publication date from 2013/01/01",19321,06:56:54

#11,"Search quality of life Filters: Publication date from 2013/01/01",180724,06:56:00

#10,"Search CGM AND adults Filters: Publication date from 2013/01/01",692,06:55:27

#9,"Search continuous glucose monitoring AND adults Filters: Publication date from 2013/01/01",1333,06:54:40

#8,"Search adults Filters: Publication date from 2013/01/01",1912330,06:53:46

#7,"Search CGM Filters: Publication date from 2013/01/01",1464,06:52:52

#6,"Search continuous glucose monitoring Filters: Publication date from 2013/01/01",2900,06:51:50

#3,"Search continuous glucose monitoring",5375,06:51:39

#5,"Search continuous glucose monitoring Filters: Publication date from 2012/01/01",3189,06:51:30

#4,"Search continuous glucose monitoring Filters: published in the last 5 years",2332,06:50:53

#2,"Search continuous glucose monitoring AND adults AND quality of life",133,06:48:42

#1,"Search Safety, efficacy and quality of life associated with continuous glucose monitoring in people with diabetes",7,06:29:44

4. Scopus

TITLE-ABS-KEY (quality AND of AND life AND continuous AND glucose AND monitoring AND adults) AND (LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013)) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "er")) AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (SRCTYPE , "j")) 106 document results

5. The Cochrane Library – Embase

Comment:

ID	Search	Hits
#1	continuous glucose monitoring	2377
#2	quality of life	107617
#3	adults	92943
#4	continuous glucose monitoring AND adults	566
#5	quality of life AND continuous glucose monitoring with Publication Year from 2013 to present, with Cochrane Library publication date from Jan 2013 to present, in Trials	119
#6	quality of life AND continuous glucose monitoring AND adults with Publication Year from 2013 to present, with Cochrane Library publication date from Jan 2013 to present, in Trials	37

6. Web of Science

143 **TOPIC:** (quality of life AND continuous glucose monitoring)

4

Refined by: DOCUMENT TYPES: (ARTICLE OR ABSTRACT OR CLINICAL TRIAL) AND **TOPIC:** (quality of life AND continuous glucose monitoring AND adult)

Databases= WOS, BCI, CCC, DRCI, DIIDW, KJD, MEDLINE, RSCI, SCIELO, ZOOREC
Timespan=2013-2019

Search language=Auto

268 #2 AND #1

3

Databases= WOS, BCI, CCC, DRCI, DIIDW, KJD, MEDLINE, RSCI, SCIELO, ZOOREC
Timespan=2013-2019

Search language=English

268 **TOPIC:** (quality of life AND continuous glucose monitoring)
2

Refined by: DOCUMENT TYPES: (ARTICLE OR ABSTRACT OR CLINICAL TRIAL)

Databases= WOS, BCI, CCC, DRCI, DIIDW, KJD, MEDLINE, RSCI, SCIELO, ZOOREC
Timespan=2013-2019

Search language=Auto

291 **TOPIC:** (quality of life AND continuous glucose monitoring)
1

Databases= WOS, BCI, CCC, DRCI, DIIDW, KJD, MEDLINE, RSCI, SCIELO, ZOOREC
Timespan=2013-2019

Search language=English

II. Combinations of key terms: continuous glucose monitoring, adults, hypoglycemia fear survey

1. CINAHL

#	Zapytanie (ang. question/ enquiry)	Ograniczenia/rozszerzenia (ang. restrictions / extensions)	Ostatni przebieg poprzez (ang. Last pass through)	Wyniki (ang. results)
S2	Hypoglycemia Fear Survey	Ograniczenia - Data publikacji: 20130101-; Język angielski; Recenzowane naukowo; Wyklucz rekordy MEDLINE; Język: English; Grupy wiekowe: All Adult Rozszerzenia - Stosowanie równoważnych tematów Tryby wyszukiwania - Wartość logiczna/fraza	Interfejs - EBSCOhost Research Databases Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	6
S1	Hypoglycemia Fear Survey	Rozszerzenia - Stosowanie równoważnych tematów Tryby wyszukiwania - Wartość logiczna/fraza	Interfejs - EBSCOhost Research Databases Ekran wyszukiwania - Wyszukiwanie zaawansowane Baza danych - CINAHL Complete	46

2. **ProQuest**

No results.

3. **PubMed**

Recent queries in pubmed
Search,Query,Items found,Time
#4,"Search hypoglycemia fear survey Filters: Clinical Trial
#3,"Search hypoglycemia fear survey Filters: Clinical
Trial",18,08:51:49
#1,"Search hypoglycemia fear survey",205,08:51:44
#2,"Search hypoglycemia fear survey Filters: Review",10,08:51:34

4. **Scopus**

Scopus refine results values

Your query : (TITLE-ABS-KEY(Hypoglycemia Fear Survey AND continuous glucose monitoring) AND DOCTYPE(ar) AND PUBYEAR > 2012 AND (LIMIT-TO (LANGUAGE,"English")))

Number of results : 17

5. **The Cochrane Library – Embase**

ID Search Hits

#1 (Hypoglycemia Fear Survey):ti,ab,kw with Cochrane Library publication date from Jan null to present, in Cochrane Protocols, Trials (Word variations have been searched) 43

6. **Web of Science**

# 2	61	(TS=(Hypoglycemia Fear Survey)) *AND* **LANGUAGE:** (English) *AND* **DOCUMENT TYPES:** (Article) Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=2013-2019
# 1	111	**TOPIC:** (Hypoglycemia Fear Survey) Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
# 3	37	(TS=(Hypoglycemia Fear* AND Continuous glucose monitoring)) *AND* **LANGUAGE:** (English) *AND* **DOCUMENT TYPES:** (Article) Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=2013-2019

Supplementary material 2. PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	3-4
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	5-7
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	7
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	10
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	7-9
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	8
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	8
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	9
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	9-10
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	10-11

Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	10
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	11
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	11

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	10
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	11
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	12
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	12
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	16-18
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	13-18
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	14-15
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	16-18
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	18
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	18-21
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	19-20

Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	21-22
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	22

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097