

Supplemental digital content 1

COMPASS 31 questionnaire and method of calculating total and individual domain scores

COMPASS 31- Questionnaire

1. In the past year, have you ever felt faint, dizzy, “goofy”, or had difficulty thinking soon after standing up from a sitting or lying position?

1- Yes

2- No (if you marked No, please skip to question 5)

2. When standing up, how frequently do you get these feelings or symptoms?

1- Rarely

2- Occasionally

3- Frequently

4- Almost Always

3. How would you rate the severity of these feelings or symptoms?

1- Mild

2- Moderate

3- Severe

4. In the past year, have these feelings or symptoms that you have experienced:

1- Gotten much worse

2- Gotten somewhat worse

3- Stayed about the same

4- Gotten somewhat better

5- Gotten much better

6- Completely gone

5. In the past year, have you ever noticed colour changes in your skin, such as red, white, or purple?

1- Yes

2- No (if you marked No, please skip to question 8)

6. What parts of your body are affected by these colour changes? (Check all that apply)

1-Hands

2-Feet

7. Are these changes in your skin colour:

1- Getting much worse

2- Getting somewhat worse

3- Staying about the same

4- Getting somewhat better

5- Getting much better

6- Completely gone

8. In the past 5 years, what changes, if any, have occurred in your general body sweating?

1- I sweat much more than I used to

2- I sweat somewhat more than I used to

3- I haven't noticed any changes in my sweating

4- I sweat somewhat less than I used to

5- I sweat much less than I used to

9. Do your eyes feel excessively dry?

1- Yes

2- No

10. Does your mouth feel excessively dry?

1- Yes

2- No

11. For the symptom of dry eyes or dry mouth that you have had for the longest period of time, is this symptom:

1- I have not had any of these symptoms

2- Getting much worse

3- Getting somewhat worse

4- Staying about the same

5- Getting somewhat better

6- Getting much better

7- Completely gone

12. In the past year, have you noticed any changes in how quickly you get full when eating a meal?

1- I get full a lot more quickly now than I used to

2- I get full more quickly now than I used to

3- I haven't noticed any change

4- I get full less quickly now than I used to

5- I get full a lot less quickly now than I used to

13. In the past year, have you felt excessively full or persistently full (bloated feeling) after a meal?

1- Never

2- Sometimes

3- A lot of the time

14. In the past year, have you vomited after a meal?

1- Never

2- Sometimes

3- A lot of the time

15. In the past year, have you had a cramping or colicky abdominal pain?

1- Never

2- Sometimes

3- A lot of the time

16. In the past year, have you had any bouts of diarrhoea?

1- Yes

2- No (if you marked No, please skip to question 20)

17. How frequently does this occur?

1- Rarely

2- Occasionally

3- Frequently _____ times per month

4- Constantly

18. How severe are these bouts of diarrhoea?

1- Mild

2- Moderate

3- Severe

19. Are your bouts of diarrhoea getting:

1- Much worse

2- Somewhat worse

3- Staying the same

4- Somewhat better

5- Much better

6- Completely gone

20. In the past year, have you been constipated?

1- Yes

2- No (if you marked No, please skip to question 24)

21. How frequently are you constipated?

1- Rarely

2- Occasionally

3- Frequently _____ times per month

4- Constantly

22. How severe are these episodes of constipation?

1- Mild

2- Moderate

3- Severe

23. Is your constipation getting:

1- Much worse

2- Somewhat worse

3- Staying the same

4- Somewhat better

5- Much better

6- Completely gone

24. In the past year, have you ever lost control of your bladder function?

1- Never

2- Occasionally

3- Frequently _____ times per month

4- Constantly

25. In the past year, have you had difficulty passing urine?

1- Never

2- Occasionally

3- Frequently _____ times per month

4- Constantly

26. In the past year, have you had trouble completely emptying your bladder?

1- Never

2- Occasionally

3- Frequently _____ times per month

4- Constantly

27. In the past year, without sunglasses or tinted glasses, has bright light bothered your eyes?

1- Never (if you marked Never, please skip to question 29)

2- Occasionally

3- Frequently

4- Constantly

28. How severe is this sensitivity to bright light?

1- Mild

2- Moderate

3- Severe

29. In the past year, have you had trouble focusing your eyes?

1- Never (if you marked Never, please skip to question 31)

2- Occasionally

3- Frequently

4- Constantly

30. How severe is this focusing problem?

1- Mild

2- Moderate

3- Severe

31. Is the most troublesome symptom with your eyes (i.e. sensitivity to bright light or trouble focusing) getting:

1- I have not had any of these symptoms

2- Much worse

3- Somewhat worse

4- Staying about the same

5- Somewhat better

6- Much better

7- Completely gone

Calculation of the COMPASS-31 score

Raw domain scores are derived by adding the points for the questions comprising each domain. Where an answer to a question is not assigned a point, the score for that answer is zero. The final domain scores are generated by multiplying the raw score with a weighted index. The total score is the sum of all domain scores

Domain	Item	Answer	Points	Weighting Factor
Orthostatic intolerance				
	1	1	1	4.0
	2	2	1	
		3	2	
		4	3	
	3	1	1	
		2	2	
		3	3	
	4	1	3	
		2	2	
		3	1	
Vasomotor				
	5	1	1	0.83333333
	6	1	1	
		2	1	
	7	1	3	
		2	2	
		3	1	
Secretomotor				
	8	1	1	2.1428571
		4	1	
		5	2	
	9	1	1	
	10	1	1	
	11	2	3	
		3	2	
		4	1	
Gastrointestinal				
	12	1	2	0.8928571
		2	1	
	13	2	1	
		3	2	
	14	2	1	
		3	2	
	15	2	1	

		3	2		
	16	1	1		
	17	2	1		
		3	2		
	18	1	1		
		2	2		
		3	3		
	19	1	3		
		2	2		
		3	1		
	20	1	1		
	21	2	1		
		3	2		
		4	3		
	22	1	1		
		2	2		
		3	3		
	23	1	3		
		2	2		
		3	1		
Bladder					
	24	2	1		1.111111
		3	2		
		4	3		
	25	2	1		
		3	2		
		4	3		
	26	2	1		
		3	2		
		4	3		
Pupillomotor					
	27	2	1	0.333333	
		3	2		
		4	3		
	28	1	1		
		2	2		
		3	3		
	29	2	1		
		3	2		
		4	3		
	30	1	1		
		2	2		
		3	3		
	31	2	3		
		3	2		
		4	1		