

**HYPOGLYCEMIA QUESTIONNAIRE**

PLEASE MARK AS INDICATED

NEVER = 0 MILD = 1 MODERATE = 2 SEVERE = 3

CRAVE SWEETS 0 1 2 3

IRRITABLE IF A MEAL IS MISSED 0 1 2 3

FEEL TIRED OR WEAK IF A MEAL IS MISSED 0 1 2 3

DIZZINESS WHEN STANDING SUDDENLY 0 1 2 3

FREQUENT HEADACHES 0 1 2 3

POOR MEMORY (FORGETFUL) OR CONCENTRATION 0 1 2 3

FEEL TIRED AN HOUR OR SO AFTER EATING 0 1 2 3

HEART PALPITATIONS 0 1 2 3

FEEL SHAKY AT TIMES 0 1 2 3

AFTERNOON FATIGUE 0 1 2 3

VISION BLURS ON OCCASION 0 1 2 3

DEPRESSION OR MOOD SWINGS 0 1 2 3

OVERWEIGHT 0 1 2 3

FREQUENTLY ANXIOUS OR NERVOUS 0 1 2 3

**TOTAL**\_\_\_\_\_

SCORING:

Please print or email to Dr Jurica for your next appointment