

BLOOD SUGAR INSTABILITY QUESTIONNAIRE

Name: _____

DO ANY OF THE FOLLOWING APPLY TO YOU?

Yes	No	
		Family history of diabetes, hypoglycemia or alcoholism
		Calmer after meals
		Frequent thirst
		Night sweats (not menopausal)
		Crave salty foods
		Dark circles under eyes or eyes sensitive to bright light
		More awake at night
		Food cravings
		Headaches
		Irritability
		Mood swings
		Easily fatigued
		Anxiety
		Difficulty sleeping
		Mental sluggishness
		Eat when nervous
		Excessive appetite for carbohydrates or sweets
		Hungry between meals
		Irritable before meals
		"Shaky" if hungry
		Lightheaded if skip meals
		Low energy in afternoon
		Afternoon headaches
		Crave sweets or coffee in afternoon
		Intestinal gas
		"Love" specific foods
		Eat when upset, eat to relax
		Constipation or diarrhea of no known cause
		Unexplained skin problems/rashes
		Difficulty gaining weight