



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Hypoglycemia Assessment Form

Do you experience any of the following symptoms when you miss a meal or after you eat?

- Migraine or other types of headaches
- Body pain
- fatigue/ tiredness
- Sleepiness
- Light headedness or dizziness
- Fainting
- Difficulty focusing, thinking
- Difficulty speaking
- Brain fog
- Confusion
- Difficulty learning and retaining information
- Being bothered by light, noise, people and/or other stimuli
- Experience slower movements/slower reaction time
- Physical Weakness
- Become accident prone or have poor coordination
- Trembling and/or hand tremors (shaky hands)
- Seizures
- Tingling in the mouth
- Pale face
- Sadness and/or weepiness, crying
- Irritability, Anxiety
- Anger
- Mood swings
- Panic or anxiety attacks
- Inability to sleep
- Restless legs at nights
- Chills
- Heart palpitations or Irregular heart rate
- Sweating
- Cold sweats
- Increased appetite
- Lack of appetite
- Preoccupation and compulsion to eat sweets/carbohydrates
- Increased cravings and/or Preoccupation with food