

## Blood-Sugar Symptom Questionnaire

Indicate each symptom according to the following:

0 = Never

1 = Mild and/or rare

2 = Moderate and/or up to twice a week

3 = Severe and/or more than twice a week

	0	1	2	3
hungry between meals				
eat candy, cake, soda				
drink alcohol				
drink more than three cups coffee/cola				
cravings for sweets or coffee				
irritable before meals				
shakiness inside, especially if hungry				
faint if food is delayed				
tired all of the time				
depressed				
can't fall asleep easily				
wake up during the night				
fearful				
difficulty making decisions				
difficulty with concentrating				
poor memory				
worried a lot				
feel insecure				
emotional				
moody				
feel like crying				
outbursts of anger				
make mountains out of molehills				
feelings of hopelessness				
bored				
bad dreams				

antisocial behavior				
phobias				
can't work under pressure				
headaches				
sleepy during the day				
sleepy after food				
slow starting in the morning				
poor motivation				
eat when nervous				
fatigue relieved by food				
excessive thirst				
nervous stomach/cramps				
allergies or sinus problems				
can feel heart beat				
gastritis, gastroesophageal reflux				
disorder, ulcers				
abdominal bloating				
cold hands and feet				
shaking of the hands				
blurring vision				
lightheaded/dizzy				
lack of coordination				
excessive sweating				
frequent urination				

Total each column, then multiply by the number at the top of that column.

Add all together (remember, all in the 0 column = 0).

If your score is more than 50, you test positive for blood-sugar stress.



