

Patient name:

Date:

Questions:

Have you experienced any of the following symptoms of low blood sugar (hypoglycemia)?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Irritability | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Trembling | <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Mood change | <input type="checkbox"/> Pounding heart |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Other: |

How often do you experience these symptoms? (Please circle)

Once a week Once a month Once a year Other:

Are you aware of anything that could potentially be causing these symptoms?

Possible reasons could include: exercising more or longer than usual, drinking alcohol without eating, medication errors, having a chronic illness of the kidney or liver, etc.

.....

How do you typically manage these symptoms when they occur?

.....

Have you ever done anything differently because you were worried about experiencing any of these symptoms again? (Please circle)

Yes No

It's always helpful to prepare ahead of an appointment with your healthcare professional. Note down any questions you might have around low blood sugar (hypoglycemia) and discuss these at your next appointment:

.....
.....
.....
.....
.....