



NUTRITIONAL THERAPISTS OF IRELAND
Blood Sugar Questionnaire

Questions... Do you?	Yes	No
1. Do you crave a sweet treat as part of your daily routine?		
2. Feel dizzy, weak, or headachy, especially if meals are delayed?		
3. Need a coffee to get going in the morning?		
4. Drink more than 3 cups of coffee or cola a day		
5. Do you need to end a meal with something sweet?		
6. Feel nervous, jittery, irritable on and off throughout the day?		
7. Experience crying spells?		
8. Experience mental confusion, decreased memory?		
9. Ever have heart palpitations or a rapid pulse?		
10. Frequently feel thirsty?		
11. Ever experience night sweats (not menopausal)		
12. Do you often turn to sweet treats when you're feeling down?		
13. Crave salty foods?		
14. Often feel stressed, overwhelmed?		
15. Often have dark circles under eyes?		
16. Feel more awake at night time?		
17. Awaken after a few hours and can't get back to sleep?		
18. Feel sleepy after meals?		
19. Feel sleepy during the day?		
20. Tend to gain weight around the middle?		
21. Feel better after eating?		

If you have answered yes to 5 or more of these questions you may benefit from a lower carbohydrate diet. It is worth speaking to a qualified health care provider such as a nutritional therapist who can to discuss a food and supplement plan to help reduce these symptoms.

*This questionnaire is not designed to diagnose an illness.