

Glucose spike symptoms questionnaire

		YES	NO
1	Do you crave sweet foods ?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you “addicted to sugar” ?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you get tired throughout the day?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you find it difficult to find the energy to do what you’d like to do?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you need caffeine to keep you going through the day?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you experience brain fog ?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you get a “food coma” after eating?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you need to eat every few hours ?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you feel agitated or angry when you are hungry, aka <i>hangry</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you have extreme hunger pangs during the day?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you feel shaky, lightheaded or dizzy if meals are delayed?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have acne, eczema, or psoriasis ?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you suffer from inflammation ?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you have endometriosis ?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you have polycystic ovarian syndrome (PCOS) or miss periods ?	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you suffer from difficult premenstrual syndrome or painful periods ?	<input type="checkbox"/>	<input type="checkbox"/>
17	If you are female, are you experiencing balding on the head or hair growth on the face?	<input type="checkbox"/>	<input type="checkbox"/>
18	Are you struggling with infertility ?	<input type="checkbox"/>	<input type="checkbox"/>
19	Are you trying to lose weight but finding it difficult?	<input type="checkbox"/>	<input type="checkbox"/>
20	Do you have trouble sleeping or wake up with heart palpitations ?	<input type="checkbox"/>	<input type="checkbox"/>
21	Do you have energy crashes when you break out in a sweat or get nauseous ?	<input type="checkbox"/>	<input type="checkbox"/>
22	Do you experience anxiety, depression , or other mental health symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you often find yourself becoming irritated by your friends and family for no obvious reason?	<input type="checkbox"/>	<input type="checkbox"/>
24	Is your mood variable ?	<input type="checkbox"/>	<input type="checkbox"/>
25	Do you frequently get colds ?	<input type="checkbox"/>	<input type="checkbox"/>
26	Do you have reactive hypoglycemia ?	<input type="checkbox"/>	<input type="checkbox"/>
27	Do you have insulin resistance, prediabetes or type 2 diabetes ?	<input type="checkbox"/>	<input type="checkbox"/>
28	Do you have difficulty managing gestational diabetes or type 1 diabetes ?	<input type="checkbox"/>	<input type="checkbox"/>
39	Do you have non-alcoholic fatty liver disease ?	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you have heart disease ?	<input type="checkbox"/>	<input type="checkbox"/>
31	Do you think you could feel better than you currently do?	<input type="checkbox"/>	<input type="checkbox"/>