



GLUCOSE DYSREGULATION QUESTIONNAIRE

Symptoms	<i>mild</i>	<i>moderate</i>	<i>severe</i>
	0	1	2
Eating Habits			
Get lightheaded if I miss a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can be irritable if I miss a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating will relieve my fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I must have something sweet after dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need a coffee to get going in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nibble between meals because of hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get "shaky" when I am hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat when I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	0	1	2
Can be agitated and made easily upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel like I have a lot of "highs" and "lows" throughout the day when it comes to mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I am forgetful and have a poor memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My thoughts often feel "foggy"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People describe me as "emotional"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have overall low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	0	1	2
I wake up in the middle of the night frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I urinate frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get afternoon headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes experience blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spontaneously sweat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need a coffee to get going in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have had increased thirst over the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often feel jittery and restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lightheaded after physical exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can have overall feelings of physical weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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RISK FACTORS

Health History

	Yes (1 point)	No (0 point)
I have a sibling with diabetes	<input type="radio"/>	<input type="radio"/>
I have a parent with diabetes	<input type="radio"/>	<input type="radio"/>
I am overweight	<input type="radio"/>	<input type="radio"/>
I have high cholesterol levels	<input type="radio"/>	<input type="radio"/>
I am taking medication for heartburn	<input type="radio"/>	<input type="radio"/>
I was previously diagnosed with gestational diabetes (diabetes while pregnant)	<input type="radio"/>	<input type="radio"/>
I have been diagnosed with fatty liver	<input type="radio"/>	<input type="radio"/>
I am over the age of 65	<input type="radio"/>	<input type="radio"/>

Lifestyle History

	Yes (1 point)	No (0 point)
I do NOT exercise regularly	<input type="radio"/>	<input type="radio"/>
I do NOT handle my stress levels well	<input type="radio"/>	<input type="radio"/>
I smoke cigarettes	<input type="radio"/>	<input type="radio"/>
I have more than 2 alcoholic drinks per day on average	<input type="radio"/>	<input type="radio"/>
I hold most my weight around my abdomen	<input type="radio"/>	<input type="radio"/>
I tend to overeat	<input type="radio"/>	<input type="radio"/>

SCORING

Please keep in mind that this questionnaire is in no way diagnostic and doesn't replace a thorough health exam by a qualified healthcare provider. If you are concerned about your blood sugar regulation please make an appointment with your naturopathic doctor or medical doctor.

LOW RISK OF GLUCOSE DYSREGULATION (0-22): Based on this score you are at lower risk of having blood sugar regulation issues.

MODERATE RISK OF GLUCOSE DYSREGULATION (22-44): Based on this score you are at moderate risk of having blood sugar regulation issues. It is advised you see your healthcare provider for further comprehensive testing.

HIGH RISK OF GLUCOSE DYSREGULATION (44-68): Based on this score you are at high risk of having blood sugar regulation issues. It is highly recommended that you see your healthcare provider for further comprehensive testing.