

Carol Shwery DC, CCN
Health Series Questionnaire #1
Diabetes Quiz

Name: _____ Date of Birth: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____

Do you get an urge for something sweet, give in to it, experience a brief "sugar high", and later crash into the "sugar blues"? ☐ Yes ☒ No

Did your doctor ever tell you your blood sugar was "a little high"? ☐ Yes ☐ No

Would you describe yourself as an inactive person? ☐ Yes ☐ No

If you go more than a few hours between meals, do you get irritable, anxious, tired, jittery, or have headaches intermittently throughout the day — and then feel better after you've eaten? ☐ Yes ☐ No

Do you feel shaky 2–3 hours after a meal? ☐ Yes ☐ No

Do you have trouble losing weight on a low-fat diet? ☐ Yes ☐ No

If you miss a meal, do you feel cranky, irritable, weak, or tired? ☐ Yes ☐ No

If you have a muffin, a bagel, cereal, pancakes, or other carbs for breakfast, is your eating out of control all day? ☐ Yes ☐ No

Do you feel as though you can't stop eating once you start eating sweets or carbohydrates? ☐ Yes ☐ No

Does a bowl of pasta or potatoes put you right to sleep, but a meal of fish or meat and vegetables make you feel good? ☐ Yes ☐ No

Do you go for the breadbasket at the restaurant? ☐ Yes ☐ No

Do you get heart palpitations after eating sweets? ☐ Yes ☐ No

Do you tend to retain water after eating salty foods? ☐ Yes ☐ No

If you skip breakfast, are you likely to have a panic attack in the afternoon? ☐ Yes ☐ No

Do you absolutely positively have to have your cup of coffee in the morning in order to get yourself going? ☐ Yes ☐ No

Do you often get moody, impatient, or anxious? ☐ Yes ☐ No

Have you been having any problems lately with your memory and concentration? ☐ Yes ☐ No

Do you feel calmer after you eat?

☐ Yes ☐ No

Do you get tired a few hours after eating?

☐ Yes ☐ No

Do you get night sweats (even if you are a man)?

☐ Yes ☐ No

Do you feel the need to drink a lot of liquids?

☐ Yes ☐ No

Do you feel that you get colds or infections more frequently than most people you know?

☐ Yes ☐ No

Are you tired most of the time?

☐ Yes ☐ No

Do you suffer from infertility or have symptoms of polycystic ovarian syndrome (irregular cycles, facial hair, and acne)?

☐ Yes ☐ No

Do you suffer from impotence or erectile dysfunction?

☐ Yes ☐ No

Do you have jock itch, vaginal yeast infections, anal itching, toenail fungus, dry scaly patches on your skin, or other symptoms of chronic fungal infections?

☐ Yes ☐ No

Is your BMI higher than 30?

☐ Yes ☐ No

Is your waist-to-height ratio greater than 48 if you are a woman or 52 if you are a man?

☐ Yes ☐ No

Have you been diagnosed with type 2 diabetes, pre-diabetes, or gestational diabetes?

☐ Yes ☐ No

Has anyone in your family had diabetes, hypoglycemia, or alcoholism?

☐ Yes ☐ No

Are you of nonwhite ancestry (African, Asian, Native American, Hispanic, Pacific Islander, Indian, Middle Eastern)?

☐ Yes ☐ No

Do you have high blood pressure?

☐ Yes ☐ No

Have you had a heart attack, angina, a transient ischemic attack, or a stroke?

☐ Yes ☐ No

Do you have cataracts or have you ever had retinopathy (eye damage from diabetes)?

☐ Yes ☐ No

Do you have levels of triglycerides over 100 mg/dl or HDL (good) cholesterol levels of less than 50 mg/dl, or a blood glucose over 110 mg/dl? ☐ Yes ☐ No

Do you have kidney damage or protein in your urine? ☐ Yes ☐ No

Do you have a loss of sensation in your feet or legs? ☐ Yes ☐ No
