

Hypoglycaemia Symptom Rating Questionnaire: HypoSRQ

This questionnaire is for people who are having treatment for diabetes. It asks about symptoms that can be associated with hypoglycaemia (low blood sugar levels) often known as hypos. You might have experienced some of these symptoms in recent weeks (i.e. about 4 weeks).

Each question has two parts:

for part **(a)** put an **"X"** in the box to indicate if you have had the symptom in recent weeks, **regardless of the cause**;

for part **(b)** put an **"X"** in the box to indicate how much the symptom has bothered you. **ONLY** answer part (b) if you answered "yes" to part (a).

1 (a)	Have you had palpitations (rapid or strong heart beat) in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
(b)	If yes , how much have these bothered you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot
2 (a)	Have you felt dizzy, light-headed or faint in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
(b)	If yes , how much has this bothered you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot
3 (a)	Have you passed out / lost consciousness in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
(b)	If yes , how much has this bothered you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

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