

# Hypoglycemia Symptom Rating Questionnaire: HypoSRQ

This questionnaire is for people who are being treated for diabetes. It asks about symptoms that can be associated with hypoglycemia (low blood sugar levels). You might have experienced some of these symptoms in recent 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 troubled you. **ONLY** answer part (b) if you answered “yes” to part (a).

<b>1</b>	<b>(a)</b>	Have you had <b>palpitations</b> (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 yes, complete part (b)
	<b>(b)</b>	If <b>yes</b> , how much have these troubled you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

<b>2</b>	<b>(a)</b>	Have you felt <b>dizzy, light-headed or faint</b> in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If yes, complete part (b)
	<b>(b)</b>	If <b>yes</b> , how much has this troubled you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

<b>3</b>	<b>(a)</b>	Have you <b>passed out / lost consciousness</b> in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If yes, complete part (b)
	<b>(b)</b>	If <b>yes</b> , how much has this troubled 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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