

Acworth Wellness Center

Name _____

Date _____

Please check the “[] Yes” box for the ones you experience.

Do you feel sleepy or foggy 2 hours or less after eating a meal that contains sugar or starch? Yes

Do you tend to gain weight around your middle, instead of in your hips and thighs? Yes

Does your weight fluctuate a lot? Yes

Do you feel hungry when you shouldn't need any more food? Yes

Do you crave sweets, starches or dairy products? Yes

Do you wake up in the middle of the night and have a hard time getting back to sleep unless you eat a sweet or starchy item? Yes

Do you get irritable, restless, tense or anxious in the early evening before dinner? Yes

Do you have a hard time controlling how much sugar or starch you eat? Yes

Do you have symptoms of “hypoglycemia” if you don't eat every 2 to 3 hours? (shaky, panicky, irritable, anxious, lightheaded) Yes

Are you an emotional eater? Yes

Do you gain weight easily? Yes

