

Participant ID				

Initials		



Hypoglycaemic Events Log

EVENT NO.	DATE OF HYPOGLYCAEMIC EVENT	TYPE OF MEASUREMENT	LOWEST GLUCOSE READING RECORDED	SYMPTOMS	OTHER SYMPTOMS	ASSISTANCE OR HOSPITALISATION REQUIRED
	DD/MM/YYYY	1. Capillary (finger prick) 2. Plasma 3. Continuous Glucose Monitor	(mmol/L)	1. None 2. Shaking 3. Sweating 4. Dizziness 5. Hunger 6. Blurred Vision 7. Difficulty Concentrating 8. Feeling Anxious 9. Changes in behaviour 10. Other	Provide details	Y/N