Post-Bariatric Hypoglycemia Episode Tracker

AMYLYX

If you think you may be experiencing symptoms of post-bariatric hypoglycemia (PBH), this tracker is designed to help you record your episodes and share them with your healthcare team. Filling out a few entries over time may help reveal patterns that are hard to spot from a single episode.

How to use this tracker:		
Complete one form per episode, as soon as you can after it happens	Save each form so you can share it with your healthcare team	Try to record episodes across different days when possible, but even one completed form is a great start

Start Here

Date of episode: _____ **Time of episode:** _____

Before Your Episode

1. PBH symptoms often happen 1–3 hours after eating. Did you eat or drink anything before your symptoms started?

☐ Yes ☐ No (skip to **Question 4**)

2. If yes, did the food or drink include any of the following? *(Check any that apply)*

☐ High sugar / high carbohydrates ☐ Alcohol ☐ Caffeine *(coffee, tea, energy drinks)* ☐ Not sure

If you can, note down what you had *(meal, snacks, and/or drinks):*

3. If yes, roughly how long after eating or drinking did symptoms begin?

☐ Less than 1 hour ☐ About 1–2 hours ☐ About 2–3 hours ☐ More than 3 hours ☐ Not sure

4. If you didn't eat or drink anything, what do you think might have triggered your episode? *(Select all that apply)*

☐ Exercise ☐ Stress ☐ Poor sleep ☐ Other *(specify)*:

Tip: *Triggers can vary from person to person. For many people with PBH, food or drinks high in sugar or carbohydrates are a common trigger, but you may find other things trigger your symptoms too. If so, make note of other suspected triggers.*

During Your Episode

5. What were you doing when your symptoms started?

☐ Resting ☐ Working ☐ Driving ☐ Exercising ☐ Walking/being active ☐ Socializing ☐ Other *(specify)*:

6. What did you notice? *(Select all that apply)*

☐ Sweating ☐ Shaking ☐ Racing or pounding heartbeat ☐ Anxiety ☐ Numbness or tingling

☐ Confusion ☐ Tiredness ☐ Blurred vision ☐ Weakness ☐ Lightheadedness or fainting

☐ Other *(specify)*:

Tip: *Symptoms may feel different from one episode to the next; record anything you think might be relevant.*

7. How did the episode affect you in the moment? *(Select all that apply)*

☐ I had to stop what I was doing ☐ I needed to sit or lie down ☐ I needed help from someone else

☐ I felt unsafe doing normal activities *(for example, driving or working)* ☐ Other *(specify)*:

8. Did you check your blood sugar level?

☐ Yes ☐ No

If yes, how did you check it? ☐ Finger stick ☐ Continuous glucose monitor (CGM)

If yes, write down each reading and the time it was taken after the episode started (e.g., 5 minutes, 15 minutes):

Time after episode started	Reading
1.	mg/dL
2.	mg/dL
3.	mg/dL
4.	mg/dL

Tip: *Checking your blood sugar more than once during an episode can give your healthcare team a much clearer picture of what's happening. There are different ways to do this, including CGMs. Talk to your healthcare team about what might work best for you.*

After Your Episode

9. Did anything help your symptoms improve?

☐ Yes ☐ No

If yes, write down what helped:

10. How long did it take before you felt better?

☐ Within a few minutes ☐ Within 15–30 minutes ☐ Within 1 hour ☐ It took several hours

☐ I didn't feel fully better for the rest of the day ☐ Other *(specify)*:

Every Clue Counts

11. Is there anything else you noticed or that you feel is important to share with your healthcare team?

(Include anything that feels relevant, even if you're not sure why)

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