



2900 Bristol Street- Suite C-101, Costa Mesa, CA 92626
 Phone 949-478-0657 Fax 714-486-3753

Questionnaire

- | | | |
|--|---|---|
| 1. Are you tired or fatigued? | Y | N |
| a. Do you have increased fatigue in the afternoon? | Y | N |
| 2. Do you get low grade fevers, hot flashes, sweats, or chills? | Y | N |
| 3. Do you have night sweats? | Y | N |
| 4. Do you often have a sore throat? | Y | N |
| 5. Do you have any swollen glands? | Y | N |
| 6. Do you have stiffness in your neck or back? | Y | N |
| 7. Does your neck crack? | Y | N |
| 8. Do you have joint pain or swelling? | Y | N |
| 9. Do you get muscle aches or cramps? | Y | N |
| 10. Do you get palpitations, pulse skips or have a heart block? | Y | N |
| 11. Do you an upset stomach, abdominal pain or nausea? | Y | N |
| 12. Have you had change in bowel function, constipation/diarrhea? | Y | N |
| 13. Do you have a sleep disturbance? | Y | N |
| a. What time do you wake up? | | |
| b. What time do you go to sleep? | | |
| c. How long does it take you to fall asleep? | | |
| d. Do you wake up in the middle of the night? | | |
| e. Do you wake up in the morning feeling rested? | | |
| 14. Do you have poor concentration or reading? | Y | N |
| 15. Are you forgetful or have short term memory loss? | Y | N |
| 16. Do you get disoriented, get lost easily or go to the wrong places? | Y | N |
| 17. Do you have difficulty with speaking or writing? | Y | N |
| 18. Do you experience irritability or mood swings? | Y | N |
| 19. Are you depressed? | Y | N |
| 20. Do you get back pain? | Y | N |
| 21. Do you have blurred vision, eye pain or see double? | Y | N |
| 22. Do you get jaw pain? | Y | N |
| 23. Do you get pelvic or testicular pain? | Y | N |
| 24. Do you get ringing, buzzing, or pain in your ears? | Y | N |
| 25. Do you get dizziness, increased motion sickness, or vertigo? | Y | N |
| 26. Do you have twitching, tingling, pain in your face or have Bell's Palsy? | Y | N |
| 27. Do you get twitching in any muscle? | Y | N |
| 28. Do you get headaches? | Y | N |
| 29. Do you get lightheadedness, poor balance or have difficulty walking? | Y | N |
| 30. Have you had unexplained weight change? | Y | N |
| 31. Do you have unexplained hair loss? | Y | N |
| 32. Do you have unexplained menstrual irregularities? | Y | N |
| 33. Do you have unexplained milk production or breast pain? | Y | N |
| 34. Do you have irritable bladder or bladder dysfunction? | Y | N |
| 35. Do you have sexual dysfunction or loss of libido? | Y | N |
| 36. Do you get chest pain or rib soreness? | Y | N |
| 37. Do you get shortness of breath or cough? | Y | N |
| 38. Do you have a history of a heart murmur or a valve prolapse? | Y | N |
| 39. Do you get tingling, numbness, burning or stabbing sensations? | Y | N |
| 40. Do you get exaggerated symptoms or a worse hangover from alcohol? | Y | N |