

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

NAME _____

DATE _____

PREDISPOSING FACTORS *Please answer Yes or No to the following questions:*

Y N I have experienced long periods of stress that have affected my well-being

Y N I have had one or more severely stressful events that have affected my well-being

Y N I have driven myself to exhaustion

Y N I overwork with little play or relaxation for extended periods

Y N I have had extended, severe or recurring respiratory infection

Y N I have taken long term or intense steroid therapy (corticosteroids)

Y N I tend to gain weight, especially around the middle (spare tire)

Y N I have a history of alcoholism and/or drug abuse

Y N I have environmental sensitivities

Y N I have diabetes (type II, adult onset, NIDDM)

Y N I suffer from post-traumatic distress syndrome

Y N I have one or more other chronic illnesses or diseases

Y N I suffer from anorexia*

KEY SYMPTOMS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I am chronically fatigued; a tiredness that is not usually relieved by sleep*

Past Now I sometimes feel weak all over*

Past Now I have decreased tolerance for cold*

Past Now I have times of nausea and vomiting for no apparent reason*

Past Now I have low blood pressure*

Past Now My ability to handle stress and pressure has decreased

Past Now I am less productive at work

Past Now I seem to have decreased in cognitive ability. I do not think as clearly as I used to

Past Now My thinking is confused when hurried or under pressure

Past Now I tend to avoid emotional situations

Past Now I tend to shake or am nervous when under pressure

Past Now I suffer from nervous stomach indigestion when tense

Past Now I have many unexplained fears/anxieties

Past Now My sex drive is noticeably less than it used to be

Past Now I get lightheaded or dizzy when rising rapidly from a sitting or lying position

Past Now I have feelings of graying out or blacking out

Past Now I feel unwell much of the time

Past Now I notice that my ankles are sometimes swollen - and it is worse in the evening

Past Now I usually need to lie down or rest after times of psychological or emotional pressure/stress

Past Now My muscles sometimes feel weaker than they should

Past Now My hands and legs get restless, I experience meaningless body movements

Past Now I have become allergic or have increased frequency/severity of allergic reactions

Past Now Small irregular dark brown spots have appeared on my forehead, face, neck and shoulders

Past Now When I scratch my skin, a white line remains for a minute or more

Past Now I have unexplained and frequent headaches

Past Now I am frequently cold

Past Now I often become hungry, confused, shaky or somewhat paralyzed under stress

Past Now I have lost weight without reason while feeling very tired and listless

Past Now I have feelings of hopelessness or despair

Past Now I have decreased tolerance. People irritate me more

Past Now The lymph nodes (glands) in my neck are frequently swollen

ENERGY PATTERNS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I often have to force myself in order to keep going. Everything seems like a chore

Past Now I am easily fatigued

Past Now I have difficulty getting up in the morning (don't really wake up until about 10 AM)

Past Now I suddenly run out of energy

Past Now I usually feel much better and fully awake after the noon meal

Past Now I often have an afternoon low between 3–5 PM

Past Now I get low energy, moody or foggy if I do not eat regularly

Past Now I usually feel my best after 6 PM

Past Now I am often tired at 9-10 PM , but resist going to bed

Past Now I like to sleep late in the morning

Past Now My best, most refreshing sleep often comes between 7–9 AM

Past Now I often do my best work late at night (early in the morning)

Past Now If I don't go to bed by 11 PM, I get a second burst of energy around 11 PM, often lasting until 1 or 2 AM

FREQUENT EVENTS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I get coughs/colds that stay around for several weeks

Past Now I have frequent or recurring bronchitis, pneumonia or other respiratory infections

Past Now I get asthma, colds and other respiratory involvement two or more times per year

Past Now I frequently get rashes, dermatitis, or other skin conditions

Past Now I have rheumatoid arthritis

Past Now I have allergies to several things in the environment

Past Now I have multiple chemical sensitivities

Past Now I have chronic fatigue syndrome

Past Now I get pain in the muscles of my upper back and lower neck for no apparent reason

Past Now I get pain in the muscles on the sides of my neck

Past Now I have insomnia or difficulty sleeping

Past Now I have fibromyalgia

Past Now I suffer from asthma

Past Now I suffer from hay fever

Past Now I suffer from nervous breakdowns

Past Now My allergies are becoming worse (more severe, frequent or diverse)

Past Now The fat pads on palms of my hands and/or tips of my fingers are often red

Past Now I have a tenderness in my back near my spine at the bottom of my rib cage when pressed

Past Now I bruise more easily than I used to

Past Now I have swelling under my eyes upon rising that goes away a couple of hours after I've been up

FOOD PATTERNS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I need coffee or some other stimulant to get going in the morning

Past Now I often crave food high in fat and feel better with high fat foods

Past Now I use high fat foods to drive myself

Past Now I often use caffeine containing drinks (coffee, colas, chocolate) to drive myself

Past Now I often crave salt and/or foods high in salt. I like salty foods

Past Now I feel worse after high potassium foods (e.g bananas, figs, raw potatoes), esp. if eaten in the morning

Past Now I crave high protein foods (meats, cheeses)

Past Now I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies or desserts)

Past Now I feel worse if I miss or skip a meal

AGGRAVATING FACTORS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I have constant stress in my life or work

Past Now My dietary habits tends to be sporadic and unplanned

Past Now My relationships at work and/or home are unhappy

Past Now I do not exercise regularly

Past Now I eat a lot of fruit

Past Now My life contains insufficient enjoyable activities

Past Now I have little control over how I spend my time

Past Now I restrict my salt intake

Past Now I have gum and/or tooth infections or abscesses

Past Now I have meals at irregular times

RELIEVING FACTORS *Rate each Symptom: 0 never, 1 sometimes, 2 regularly, 3 frequently*

Past Now I feel better almost right away once a stressful situation is resolved

Past Now Regular meals decrease the severity of my symptoms

Past Now I often feel better after spending a night out with friends

Past Now I often feel better if I lie down

WOMEN ONLY *(next two questions)*

Past Now I have increasing symptoms of premenstrual syndrome (PMS) such as cramps, bloating, moodiness, irritability, headaches, tiredness, and/or intolerance before my period *(only some of these need to be present)*

Past Now My periods are heavy but often (almost) stop on the 4th day, and start up profusely on the 5th or 6th day

[Doctor's use only: Total: P____ N____ (26M/32W) Score: P____N____ (45/88/131) Severity Index: P____N____ (1.0/1.7/2.4)]