



Your leaders in chiropractic care
Longbeach Chiropractic & Wellness Centre
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Energy Questionnaire

The purpose of this questionnaire is to determine a treatment plan to address your concerns of low energy which might be linked to Chronic Fatigue Syndrome or Fibromyalgia. The more detailed you can be, the more accurate I can be with my nutritional advice and other suggestions for your treatment.

Note: It's OK to Skip Questions

Other than age and gender, all questions are optional and you may skip any you don't want to answer; however, the more detailed you are the more detailed I can be in my recommendations.

General Information

1. Are you married? yes no
2. How old are you?
3. Are you male or female? male female
5. Rate your energy level (1 = very poor, 10 = excellent).
1 2 3 4 5 6 7 8 9 10
6. Rate the quality of your sleep (1 = very poor, barely sleeping; 10 = excellent, 8 hours uninterrupted).
1 2 3 4 5 6 7 8 9 10
10. How much do you weigh? kgs
11. How tall are you?
12. What is your typical temperature? °C

General Conditions (continued)

1. Did your fatigue start: suddenly gradually n/a
4. Check any of the following that you have or have had: Chronic Fatigue Syndrome or Fibromyalgia
 Neuropathies Rheumatoid Arthritis Osteoarthritis Phlebitis Pulmonary Embolus
 Are you currently on Coumadin (blood thinner)? Spastic Colon or Irritable Bowel Syndrome Chronic sinusitis
 Carpal Tunnel Syndrome Reflex Sympathetic Dystrophy Migraine Headaches Restless Leg Syndrome
7. Rate whether you experience achiness/pain (1 = very severe, 10 = no pain at all).
1 2 3 4 5 6 7 8 9 10
8. Rate your mental clarity (1 = often "brain fogged," 10 = very clear).
1 2 3 4 5 6 7 8 9 10
9. What is your typical Systolic/Diastolic blood pressure (leave blank if you don't know)? Systolic Diastolic
15. Check each of the following that apply to you.
 Occasional severe irritability or shakiness that is relieved by eating, (or you have been diagnosed as being hypoglycemic, which means to have low blood sugar levels).
 Recurrent infections that take a long time to go away
 Experienced severe stress just before your fatigue began
 Low blood pressure
 Occasionally feel dizzy when I stand up
 Frequently crave sugar
 Past energy or pain improved when you took Prednisone (Cortisone)
16. Have you gained weight along with a drop in energy (enter 0 if you have not gained weight or you have lost weight)? kgs gained
17. Do you have low body temperature (under 36.7 degrees)? (Leave blank if you do not know.) yes no
19. Do you generally feel achy? yes no
20. Do you have high cholesterol? yes no
21. Are you unusually sensitive to cold? yes no
22. Do you have dry skin? yes no
23. Is your hair unusually thin? yes no
24. If you have had lab tests that gave you any of the following results, check each that apply (skip any that you have not been tested for, or that you don't know).
 TSH level over 2.5
 Anti TPO antibody level elevated
 Free T4 blood test result low or in the lowest 25% of the normal range (lowest 25% means, for example, that if the normal range at your lab is 10-20, then anything under 12.5 is considered lowest 25%)
 Free T4 blood test result elevated or in the upper 20% of the normal range (upper 20% means, for example, that if the normal range at your lab is 10-20, then anything over 18 is considered upper 20%)

27. Check all that apply to you.

- Decreased libido Decreased erections High blood pressure Elevated cholesterol
- Adult onset diabetes Taking codeine medications for chronic pain

30. Do you have difficulty keeping your balance? yes no
31. Are you frequently dizzy when you stand up? yes no
32. Have you had a positive result from taking a "Tilt Table Test"? yes no I don't know I have not taken test
33. Do you have a history of frequent tick bites? yes no
34. Did you have a rash after a tick bite? yes no
35. Did the rash look like a "bull's eye?" yes no
36. Have you had vertigo lasting over 3 months? yes no
37. Are you allergic to 3 or more unrelated antibiotics? yes no
38. Do you have chronic nasal congestion or post nasal drip? yes no
39. Is your nasal mucus often yellow or green? yes no
40. Do you have chronic bad taste in your mouth, or bad breath? yes no
41. Do you have headaches under or over your eyes? yes no
42. Do you have chronic or intermittent low-grade fevers (over 99° F) yes no
43. Do you have chronic lung congestion? yes no
44. Do you have scabbing scalp rashes? yes no
45. If you've had ongoing fatigue or pain, have you ever experienced significant improvement, even if only temporarily, by taking an antibiotic? (Select n/a if this does not apply to you). yes no n/a
50. If you have trouble sleeping, rate the severity of it (select n/a if you don't have trouble sleeping). mild moderate severe n/a
51. Are your legs "jumpy" at night, sometimes kicking your spouse or kicking your blanket off at night? yes no
52. Do you snore? yes no
53. If you do snore (or if you don't know whether you snore or not), check all of the following that apply to you (if you don't snore, skip this section).
- More than 10 kgs overweight
 - Have moments during sleep when you stop breathing
 - Have high blood pressure
 - Fall asleep easily during the day (e.g., while watching TV)
54. Have you experienced toenail or fingernail fungal changes? yes no
55. Do you have skin fungal infections (e.g., athlete's foot, jock itch, rash under bra)? yes no
56. Have you been treated for acne with tetracycline, erythromycin, or any other antibiotic for one month or longer? yes no
57. Have you taken antibiotics for longer than 2 consecutive months, or for 3 or more different periods within a single 12-month span? yes no
58. Do you have frequent sores inside your mouth (not on your outer lips)? yes no
59. Are your symptoms aggravated when you drink even small amounts alcohol? (Select n/a if you don't drink alcohol.) yes no n/a
60. How many milliliters a day do you drink of non-diet sodas, other sweetened drinks, or fruit juices? ml
61. Did your fatigue begin with a diarrhea attack OR do you now have persistent bowel problems? yes no n/a
62. Do you have dry eyes or dry mouth? yes no

Emotional Wellbeing and Miscellaneous

63. Do you have numbness or tingling around your lips or mouth? yes no
64. Do you occasionally experience panic attacks? yes no
65. Do you occasionally feel unable to take a deep enough breath or feel shortness of breath while at rest? yes no
66. Do you often feel depressed? yes no

Lab Tests (Optional)

Unless you have lab tests that you'd like to enter below, you can skip the questions on this page. IMPORTANT: If you plan to complete this section, be sure to first thoroughly discuss your lab test results with your physician before entering them here.

1. ESR (Sedimentation Rate)

Below are two places to enter your DHEA-S (DHEA Sulphate) level. You should enter your value into only one of these two places. Use the first if your DHEA-S was reported to you in units of "mcg/DL." Use the second if your DHEA-S was reported to you in units of "uMOL/L."

- 2a. DHEA-S (mcg/DL) mcg/DL
- 2b. DHEA-S (uMOL/L) uMOL/L
- 3. B12 Level (Vitamin)
- 4. Iron Percent Saturation (% Sat)
- 5. Ferritin

Below are two places to enter your blood cortisol level. You should enter your value into only one of these two places. Use the first if your blood cortisol was reported to you in units of "mcg/DL." Use the second if your blood cortisol was reported to you in units of "uMOL/L."

- 6a. Blood cortisol. Only enter result if it was drawn before 10:00 AM. (MCG/DL) MCG/DL
- 6b. Blood cortisol. Only enter result if it was drawn before 10:00 AM. (uMOL/L) uMOL/L
- 7. HgbA1C (Glycosylated Hemoglobin)
- 8. Total testosterone (answer only if your lab results were reported in units of "ng/dl"; otherwise skip this section)
- 9. IgE
- 10. FSH (females only)

Thank you for taking the time to complete this questionnaire. After I have processed this information, I will be able to give you some recommendations and advice to help you with your energy levels and form a treatment strategy. If you were not able to complete the LAB section above, I will more than likely advise blood work for a more thorough evaluation if I feel it necessary.