

WEB OF DYSAUTONOMIA QUESTIONNAIRE

What problems are your top concerns in the order they appeared?

- 1.
- 2.
- 3.

How long have you felt like something is wrong?

What have you tried to make yourself feel better?

- Diet
- Medications/Supplements
- Physical Therapy/Exercise
- Stress reduction

Did it make you feel better, worse, or no change?

Is there a family history of similar symptoms?

Have you had an injury before the symptoms?

Have you had an injury due to your symptoms?

What do you think is causing your symptoms?

Do you often avoid things that seem to be able to be done without discomfort to others?

Do you feel the need to check your vitals due to feeling unwell or abnormal?

Did you have any of the following blood testing completed within the past year? (Please include a copy of any result information you have or note about results)

- ANA Level
- Catecholamines
- Proteins
- Vitamin B6
- Vitamin B12
- Vitamin D
- Homocysteine
- Glucose
- CBC

Note: _____

Did you have any imaging completed within the past year? (Please include a copy of any result information you have or note about results)

- MRI
- X-Ray
- CT Scan
- Ultrasound
- Other: _____

Note: _____

Did you have any other screening completed within the last year? (Please include a copy of any result information you have or note about results)

- QSART
- TST
- EMG
- EKG
- Other: _____

Note: _____

Does your blood pressure feel like it drastically changes when you change positions?

Do you feel anxious for unknown reasons?

Do you feel like your body has trouble balancing out its systems or does not react normally when there is a stimulus (exercise, standing, eating) added or taken away?

Body Assessment

Head:

- Dizzy/Vertigo
- Headaches
- Sharp pain
- Light headed
- Pallor

Eyes:

- Double vision
- Sensitive to light
- Pupils dilate at different rates
- Pain
- Dry

Mouth:

- Tooth pain
- Bleeding gums
- Ulcers
- Canker sores

Ears:

- Hearing loss
- Sensitive to sound
- Pain

Neck:

- Pain
- Trouble swallowing
- Throat feels like it is closing or closed
- Excessive throat clearing

Skin:

- Rashes
- Hives that come and go
- Itching
- Stretches
- Translucent appearance
- Swelling from light scratching (skin writing)
- Excessive or lack of sweating
- Flushed or red skin
- Hot or cold skin patches
- Hair loss on arms or legs
- Heat or cold intolerance
- Purple skin from mild cold
- Easy bruising

Breathing/Respiratory:

- Shortness of breath
- Paused or stopped breathing awake
- Paused or stopped breathing asleep
- Shallow breathing
- Feeling of not enough oxygen is taken in/absorbed

Heart/Cardiovascular:

- Bradycardia, under 60 heart beats per minute or slower than the normal heartbeat
- Tachycardia, over 100 heart beats per minute at rest or faster than the normal heartbeat
- Heart doesn't speed up when exercising
- Palpitations, adding or skipping a beat
- High blood pressure
- Low blood pressure
- Wide pulse pressure
- Narrow pulse pressure
- Blood pooling in hands, feet, legs, arms, lowest part of the body
- Blood draining from hands when above the heart line

Digestion:

- Constipation
- Diarrhea
- Frequent urination
- Bladder doesn't empty completely
- Heartburn/GERD
- Gastroparesis, food sits or doesn't move down the digestion tract
- Nausea or vomiting
- Pain with urination or bowel movement
- Frequently thirsty

Musculoskeletal and Connective Tissue:

- Hyperflexible
- Hypoflexible
- Stiffness
- Soreness
- Swelling
- Arthritis
- Torn ligaments or tendons
- Sore soles of the feet as if walking on stones
- Constant or frequent pain in the neck or shoulder area (coat hanger pain)

Nervous System:

- Pain
- Tingling
- Stinging
- Stabbing
- Burning
- Shooting
- Throbbing
- Cramping
- Twitching or Spasms

- Seizures
- Loss of function or movement
- Feeling of water running down the body
- Hot or cold sensations
- Numbness
- Random false sensations

Psychological:

- Bipolar
- Tension
- Mental fatigue
- Brain Fog
- Adrenaline dumps
- Lack of or excessive sleep
- Do you see a relationship of happiness/stress to feeling better/worse?
- Have you had prolonged stress you feel caused or increased the symptoms?
- Did you have an intensely stressful event in your life you feel caused or increased the symptoms?
- History of substance abuse

(This questionnaire does not diagnose or treat any health conditions, it is designed to take to your health care provider)