Fatigue

by Neuro-Q

Patient name: _____ Age: _____

Are you? O Male   O Female   O Unspecified

State: _____

Have you taken supplements in the past? O Yes   O No

Answer the questions on this page based on a scale of 1 through 5. 1 = No this is not true, 5 = Yes that's true.

① I feel fit
   O 1   O 2   O 3   O 4   O 5

② Physically, I am only able to do a little
   O 1   O 2   O 3   O 4   O 5

③ I feel very active
   O 1   O 2   O 3   O 4   O 5

④ I feel like doing all sorts of nice things
   O 1   O 2   O 3   O 4   O 5

⑤ I feel tired
   O 1   O 2   O 3   O 4   O 5

⑥ I think I do a lot in a day
   O 1   O 2   O 3   O 4   O 5

⑦ When I am doing something, I can keep my thoughts on it
   O 1   O 2   O 3   O 4   O 5

⑧ Physically, I can take doing a lot
   O 1   O 2   O 3   O 4   O 5

⑨ I dread having to do things
   O 1   O 2   O 3   O 4   O 5

⑩ I think I do very little in a day
   O 1   O 2   O 3   O 4   O 5

⑪ I can concentrate well
   O 1   O 2   O 3   O 4   O 5

⑫ I am rested
   O 1   O 2   O 3   O 4   O 5

⑬ It takes a lot of effort to concentrate on things
   O 1   O 2   O 3   O 4   O 5

⑭ Physically, I am in bad condition
   O 1   O 2   O 3   O 4   O 5

⑮ I have a lot of plans
   O 1   O 2   O 3   O 4   O 5

⑯ I tire easily
   O 1   O 2   O 3   O 4   O 5

⑰ I get little done
   O 1   O 2   O 3   O 4   O 5

⑱ I don't feel like doing anything
   O 1   O 2   O 3   O 4   O 5

⑲ My thoughts easily wander
   O 1   O 2   O 3   O 4   O 5

⑳ Physically, I feel that I am in excellent condition
   O 1   O 2   O 3   O 4   O 5

21 Do you follow any of the following special diets?

O None   O Paleo   O Pescatarian

O Vegan   O Vegetarian   O Ketogenic

O Other

22 On average, how many servings of fresh fruit and vegetables do you eat in a day?

O 0-2   O 3-5   O 6+

23 How many servings of fish (rich in omega-3 fatty acids) in a week? (e.g. salmon, tuna, sardines)

O 0-1   O 2-3   O 3+

24 On average, how many servings of high fiber food do you eat in a day? (e.g. whole grains, green vegetables, seeds, beans)

O 0-1   O 2-3   O 3+

25 On average, how many servings of protein do you eat in a day?

O 0-1   O 2-3   O 3+

26 On average, how many servings of calcium-rich food do you eat in a day? (e.g. dairy products, beans, green vegetables)

O 0-2   O 3-4   O 4+

27 How would you describe your activity/fitness level?

O I am not very active and/or do not work out

O I am somewhat active and/or work out rarely

O I am fairly active and/or work out occasionally

O I am very active and/or work out almost daily

28 On average, how many alcoholic drinks do you consume on a weekly basis?

O 0   O 1-3   O 3-6   O 6+

29 Please select any food allergies/sensitivities among the following.

O Wheat   O Milk   O Eggs   O Fish

O Shellfish   O Soy   O Gluten   O Peanuts

O Tree nuts (e.g. almonds, walnuts, pecans)

30 When it comes to vitamins and supplements, how would you describe yourself?

O Informed   O Curious   O Skeptical

31 When it comes to swallowing tablets and capsules, you are…

O Able and willing to take tablets or capsules

O Able, but would prefer a non-capsule delivery if available

O Not able to swallow tablets or capsules

VALIDATED QUESTIONS CUSTOM REPORTS

Return this form to your healthcare provider to generate and review your custom report.