

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR RESPONSE.

Name: Date:/...../.....

Internal use only
 Receiving Date:/...../.....
 CU Ref Number: CU.....

Referring Doctor:DR IAN BUTTFIELD.....

Scores: 0 = *Not at all*; 1 = *a little bit*; 2 = *moderately*; 3 = *quite a bit*; 4 = *extremely*.

IN THE LAST 7 DAYS HOW MUCH WERE YOU AFFECTED BY:		0	1	2	3	4
HEADACHES	1	0	1	2	3	4
NERVOUS OR SHAKINESS INSIDE	2	0	1	2	3	4
REPEATED UNPLEASANT THOUGHTS ABOUT YOUR PROBLEMS	3	0	1	2	3	4
FAINTESS OR DIZZINESS	4	0	1	2	3	4
LOSS OF LIBIDO OR SEXUAL INTEREST	5	0	1	2	3	4
UNUSUAL SWEATING WHILST ASLEEP (NIGHT SWEATS)	6	0	1	2	3	4
MIGRAINE HEAD ACHES	7	0	1	2	3	4
UNUSUAL MUSCLE TWITCHES	8	0	1	2	3	4
TROUBLE REMEMBERING THINGS	9	0	1	2	3	4
FREQUENT MUSCLE CRAMPS	10	0	1	2	3	4
GRINDING OR CLENCHING YOUR TEETH	11	0	1	2	3	4
CHEST OR HEART PAIN	12	0	1	2	3	4
FACE PAIN OR TENDERNESS	13	0	1	2	3	4
FEELING LOW IN ENERGY OR SLOWED DOWN	14	0	1	2	3	4
NECK PAIN OR TENDERNESS	15	0	1	2	3	4
SHOULDER PAIN OR TENDERNESS	16	0	1	2	3	4
TREMBLING	17	0	1	2	3	4
ARTHRITIS	18	0	1	2	3	4
POOR APPETITE	19	0	1	2	3	4
CRYING EASILY OVER YOUR PROBLEMS	20	0	1	2	3	4
ARM PAIN OR TENDERNESS	21	0	1	2	3	4
LEG PAIN OR TENDERNESS	22	0	1	2	3	4
ABDOMINAL PAIN OR TENDERNESS	23	0	1	2	3	4
PAINFUL OR STIFF JOINTS UPON AWAKENING IN THE MORNING	24	0	1	2	3	4
JOINTS THAT HURT WITH MOVEMENT	25	0	1	2	3	4
LOCKING OR CLICKING JAW JOINT	26	0	1	2	3	4
LOW BACK PAIN OR TENDERNESS	27	0	1	2	3	4
FEELING YOUR PROBLEMS ARE DISTURBING YOUR NORMAL LIFE	28	0	1	2	3	4
TINNITUS OR NOISES IN THE EAR	29	0	1	2	3	4
FEELING BLUE AS A RESULT OF YOUR PROBLEMS	30	0	1	2	3	4
SORE THROATS OR NASAL INFECTIONS	31	0	1	2	3	4
FEELING NO INTEREST IN THINGS	32	0	1	2	3	4
DISLIKE OF STRONG LIGHT OR PHOTOPHOBIA	33	0	1	2	3	4
UNREFRESHED OR PROLONGED SLEEP	34	0	1	2	3	4
STRESS FROM FINANCIAL PROBLEMS	35	0	1	2	3	4
FEELING OTHERS ARE UNSYMPATHETIC ABOUT YOUR PROBLEMS	36	0	1	2	3	4
UNEXPLAINED DIARRHOEA	37	0	1	2	3	4
HAVING TO DO THINGS SLOWLY TO ENSURE CORRECTNESS	38	0	1	2	3	4
HEART POUNDING, RACING OR PALPITATIONS	39	0	1	2	3	4
NAUSEA OR UPSET STOMACH	40	0	1	2	3	4
CONSTIPATION	41	0	1	2	3	4
MUSCLE SORENESS OR STIFFNESS	42	0	1	2	3	4

PLEASE TURN OVER

Scores: 0 = Not at all; 1 = a little bit, 2 = moderately; 3 = quite a bit; 4 = extremely.

IN THE LAST 7 DAYS HOW MUCH WERE YOU AFFECTED BY:		0	1	2	3	4	
	FREQUENT URINATION	43	0	1	2	3	4
	TROUBLE FALLING ASLEEP	44	0	1	2	3	4
HAVING TO CHECK AND DOUBLE CHECK WHAT YOU ARE DOING		45	0	1	2	3	4
	DIFFICULTY IN MAKING DECISIONS	46	0	1	2	3	4
	OVULATION OR MENSTRUAL PAIN	47	0	1	2	3	4
	EXERTIONAL CHEST PAIN OR BREATHLESSNESS	48	0	1	2	3	4
	HOT AND COLD SPELLS OR RECURRENT FEVERISHNESS	49	0	1	2	3	4
	AVOIDING CERTAIN ACTIVITIES DUE TO PHYSICAL PROBLEMS	50	0	1	2	3	4
	MIND GOING BLANK	51	0	1	2	3	4
	LOSS OF FEELING, TINGLING OR NUMBNESS OF THE SKIN	52	0	1	2	3	4
	SORE OR SWOLLEN LYMPH GLANDS IN YOUR NECK	53	0	1	2	3	4
	FEELING HOPELESS ABOUT THE FUTURE	54	0	1	2	3	4
	TROUBLE CONCENTRATING	55	0	1	2	3	4
	MUSCLE WEAKNESS OR WEAK FEELINGS IN THE BODY	56	0	1	2	3	4
	BURNING OR UNCOMFORTABLE URINATION	57	0	1	2	3	4
	HEAVY FEELINGS IN THE LIMBS	58	0	1	2	3	4
	SORE OR SWOLLEN LYMPH GLANDS UNDER YOUR ARMS	59	0	1	2	3	4
	ORCHALGIA OR TESTICULAR PAIN	60	0	1	2	3	4
	ALLERGIES	61	0	1	2	3	4
	FORGETFULNESS	62	0	1	2	3	4
	URGENT URINATION	63	0	1	2	3	4
	TROUBLE AWAKENING IN THE MORNING	64	0	1	2	3	4
	SORE OR SWOLLEN LYMPH GLANDS IN YOUR GROIN	65	0	1	2	3	4
	SLEEP THAT IS RESTLESS OR DISTURBED	66	0	1	2	3	4
	VAGINAL IRRITATION OR DISCOMFORT	67	0	1	2	3	4
	HYPERSENSITIVITY OF THE SKIN	68	0	1	2	3	4
	FEELINGS OF MENTAL TIREDNESS OR FATIGUE	69	0	1	2	3	4
	DIFFICULTY USING WORDS OR LANGUAGE	70	0	1	2	3	4
	FEELING THAT EVERYTHING IS AN EFFORT	71	0	1	2	3	4
	SPELLS OF PANIC RELATED TO YOUR PROBLEMS	72	0	1	2	3	4
	SCIATICA	73	0	1	2	3	4
	GETTING INTO FREQUENT ARGUMENTS	74	0	1	2	3	4
	FEELING NERVOUS ABOUT YOUR PROBLEMS WHEN LEFT ALONE	75	0	1	2	3	4
	RECURRENT ORAL ULCERATION	76	0	1	2	3	4
	SYMPTOMS OF IRRITABLE BOWEL	77	0	1	2	3	4
	MENTAL CONFUSION OR LOSS OF YOUR TRAIN OF THOUGHT	78	0	1	2	3	4
	STRESSFUL EVENTS IN YOUR LIFE RELATED TO YOUR PROBLEMS	79	0	1	2	3	4
	DERMATITIS	80	0	1	2	3	4
	STRESS OVER FAMILY PROBLEMS	81	0	1	2	3	4
	GASTRIC REFLUX OR HEARTBURN	82	0	1	2	3	4
	CRAVINGS FOR CERTAIN FOODS	83	0	1	2	3	4
	BLOOD PRESSURE PROBLEMS	84	0	1	2	3	4
	STRESS FROM WORK PROBLEMS	85	0	1	2	3	4
	THE IDEA SOMETHING IS SERIOUSLY WRONG WITH YOUR BODY	86	0	1	2	3	4

“Lactic Acid Study, 2008”