Structural/Neurological Questionnaire

Name **Date**

INSTRUCTIONS: Please circle the number which best describes the frequency or severity of your complaints. Leave the question blank if it does not apply to you.
0 = RARELY OR NEVER EXPERIENCE SYMPTOM 1 = MILD 2 = MODERATE 3 = SEVERE

PART 1: Structural Function

Section A:

#	Item	Rating
1	Experience muscle cramps	0 1 2 3
2	Frequent muscle spasms	0 1 2 3
3	Low back pain	0 1 2 3
4	Leg muscles cramp at night	0 1 2 3
5	Muscles are tight	0 1 2 3
6	Muscular discomfort or pain	0 1 2 3
7	Muscle stiffness all over	0 1 2 3
8	Muscle stiffness after a good night sleep	0 1 2 3
9	Irresistable urge to move legs	0 1 2 3

Section B:

#	Item	Rating
1	Mild early morning stiffness	0 1 2 3
2	Loss or restriction of joint mobility	0 1 2 3
3	Pain that is worse after using the joint	0 1 2 3
4	Stiffness after periods of rest	0 1 2 3
5	Creaking/cracking of joints	0 1 2 3
6	Tenderness and swelling in certain areas	0 1 2 3
7	Diagnosed with osteoarthritis (Press 0 for NO, 1 for YES)	NO YES

Section C:

#	Item	Rating
1	Chronic fatigue and weakness	0 1 2 3
2	Low grade fever	0 1 2 3
3	Joint stiffness and joint pain	0 1 2 3
4	Painful, swollen joints	0 1 2 3
5	Severe joint pain with inflammation	0 1 2 3
6	Diagnosed with rheumatoid arthritis (Press 0 for NO, 1 for YES)	NO YES

Section D:

#	Item	Rating
1	Constipation/indigestion	0 1 2 3
2	Headaches	0 1 2 3
3	Severe pain in first joint of big toe (Press 0 for NO, 1 for YES)	NO YES
4	Heart or kidney problems (Press 0 for NO, 1 for YES)	NO YES
5	Diagnosed with gout (Press 0 for NO, 1 for YES)	NO YES

Section E:

#	Item	Rating
1	Painful bones	0 1 2 3
2	Eat red meat often	0 1 2 3
3	Shins hurt during or after exercising	0 1 2 3
4	Take anti-inflammatory medication often	0 1 2 3
5	Smoker	0 1 2 3
6	Drink alcohol excessively	0 1 2 3
7	Have calcium deposits in joints	0 1 2 3
8	Drink large amounts of soda pop/coffee	0 1 2 3
9	Hip or low back pain	0 1 2 3
10	Creaking/cracking of joins	0 1 2 3
11	Difficult time sitting up straight	0 1 2 3
12	Have had spontaneous bone fractures (Press 0 for NO, 1 for YES)	NO YES
13	Taken synthetic thyroid medication for long period of time (Press 0 for NO, 1 for YES)	NO YES
14	Family history of osteoporosis (Press 0 for NO, 1 for YES)	NO YES
15	Experienced early menopause (< 45 yrs) (Press 0 for NO, 1 for YES)	NO YES
16	Diagnosed with osteoporosis/osteomalacia (Press 0 for NO, 1 for YES)	NO YES
17	Have a current bone fracture (Press 0 for NO, 1 for YES)	NO YES
18	Are you postmenopausal? (Press 0 for NO, 1 for YES)	NO YES
19	Have you been diagnosed with bone loss? (Press 0 for NO, 1 for YES)	NO YES
20	Do you have bow legs? (Press 0 for NO, 1 for YES)	NO YES
21	Do you have a curved spine or poor posture? (Press 0 for NO, 1 for YES)	NO YES
22	Do you have regular cavities? (Press 0 for NO, 1 for YES)	NO YES

Section F:

#	Item	Rating
1	Loss of range of joint motion	0 1 2 3
2	Persistent back pain	0 1 2 3
3	Localized joint pain or tenderness	0 1 2 3
4	Swollen joints	0 1 2 3
5	Prone to injury (Press 0 for NO, 1 for YES)	NO YES
6	Double-jointed (over-flexible joints) (Press 0 for NO, 1 for YES)	NO YES
7	Do you have tendonitis? (Press 0 for NO, 1 for YES)	NO YES
8	Do you have bursitis? (Press 0 for NO, 1 for YES)	NO YES
9	Do you have a slipped disc? (Press 0 for NO, 1 for YES)	NO YES
10	Do you have a herniated disc? (Press 0 for NO, 1 for YES)	NO YES
11	Are you recovering from a current injury? (Press 0 for NO, 1 for YES)	NO YES

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PART 2: Nerve Function

Section A:

#	Symptom	Rating
1	Experience tremors in hands and/or feet	0 1 2 3
2	Often nervous or "on edge"	0 1 2 3
3	Slurred speech	0 1 2 3
4	Easily lose your balance	0 1 2 3
5	Tire easily	0 1 2 3
6	Easily irritated	0 1 2 3
7	Frequent dizziness/light-headedness	0 1 2 3
8	Lack of coordination	0 1 2 3
9	Memory problems	0 1 2 3
10	Depression	0 1 2 3
11	"Spaciness"	0 1 2 3
12	Ringing in your ears	0 1 2 3
13	Extremities numb easily	0 1 2 3
14	Head and/or limbs feel heavy	0 1 2 3
15	Blurred or double vision	0 1 2 3
16	Convulsions	0 1 2 3
17	Loss of muscle tone or muscle strength	0 1 2 3
18	Lose temper easily, emotionally unsettled	0 1 2 3
19	Confused/forgetful	0 1 2 3
20	Hyperactive behavior	0 1 2 3
21	Diagnosed with shingles (Press 0 for NO, 1 for YES)	NO YES
22	Diagnosed with multiple sclerosis, Parkinson's Disease or other neuromuscular disease? (Press 0 for NO, 1 for YES)	NO YES

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