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PATIENT NAME:

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DATE:

Queries to assess Chronic Neurotoxicity,

NEUROTOXIC ASSESSMENT QUESTIONNAIRE (Shoemaker 2001)

Score symptoms 1-5 in intensity, with 5 being the most severe.

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| _____ weakness | _____ metallic taste or other unusual taste |
| _____ deep, persistent fatigue | _____ vertigo, dizziness |
| _____ confusion, disorientation – difficulty in
in word finding | _____ rage |
| _____ loss of short term memory | _____ panic |
| _____ impairment of concentration , | _____ depression |
| _____ difficulty assimilating new knowledge | _____ tingling, 'pins and needles' |
| _____ reduced task completion | _____ headaches, pounding bi-frontal |
| _____ hypersensitivity to bright light | _____ unable to stand the sensation of
water hitting one's body |
| _____ night blindness | _____ sensation of something crawling
across the skin' |
| _____ tearing, conjunctival injection | _____ ice pick-like pain / electrical |
| _____ highly sensitive to touch blurred vision | _____ pain that shoots into a muscle,
explodes, then stops |
| _____ burning or red eyes | _____ respiratory blockages, wheezing |
| _____ chronic aching muscles, muscles ache | _____ nosebleeds |
| _____ muscle cramping | |
| _____ joint pain, AM joint stiffness, swollen joints | |
| _____ pain in weight bearing joints nausea | |
| _____ anorexia | |
| _____ abdominal pain | |
| _____ chronic sinus congestion | |

_____ chronic cough that mimics asthma

_____ shortness of breath sore throat