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"AUTONOMIC NEUROPATHY" *and* "ENDOTHELIAL DYSFUNCTION"

SCREENING QUESTIONNAIRE

Autonomic Neuropathy is a ***malfunction*** of the nervous system that controls involuntary bodily functions such as Blood Pressure, Temperature, Digestion, Bladder Function, Sexual Function. . .

Endothelial Dysfunction refers to ***the damage to the lining of the artery (blood vessel)*** which can lead to fat/cholesterol buildup and eventually to stroke, heart attack.

The following questionnaire helps determine your risk for having above abnormalities:

Please ***circle*** any condition or symptom that applies to you:

1. Do you feel dizzy or faint with standing up, eating, exercise or hot bath?
2. Do you feel your heart race or skip beats?
3. Do you have any sexual dysfunction (painful intercourse in female or impotence (ED) in male)?
4. Do you have any difficulties with urination (frequency, urgency, overactive bladder, urinary incontinence/retention, recurrent UTI)?
5. Do you have diarrhea or constipation?
6. Do you have bloating or abdominal pain/cramps after food or drink?
7. Do you sweat too much or too little?
8. Do you have tingling, numbness, abnormal sensation or pain in your extremities?
9. Are your hands/feet warm or cold?
10. Do you have dry, cracked skin on your hands/feet?
11. Do you retain water (puffiness) in your extremities?
12. Do you ever feel fatigued, short of breath or have exercise intolerance?
13. Have you ever taken contraceptive pills, steroids, estrogen therapy, or antidepressants?
14. Do you have thyroid disease, Parkinson's, HIV/AIDS, rheumatoid arthritis, systemic lupus or celiac disease?
15. Do you have or have you ever had any of the following:

- *Diabetes Mellitus*
- *Smoking History*
- *High blood pressure*
- *High Cholesterol*
- *Weight Gain*
- *Mental stress*
- *Cancer*
- *Heart disease*
- *Retinopathy*
- *Asthma*
- *Kidney disease*
- *Venous disorder*
- *Estrogen therapy*
- *Sleep apnea*

If you ***circled*** any of the above conditions or symptoms, you may need further evaluation.

Patient Name: _____

Date: _____