DR. g
YOUR PLACE FOR ANSWERS

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Brain Region: Energy Questionnaire

Score: 0, 1, 2, 3

0- Never (0%-25% of the time)
1-Sometimes (25%-50% of time)
2- Usually (50%-75% of time)
3- Always (100% of time)

Check whether the symptom has **increased** recently or is **unchanged.**

Select the number which best describes you and your symptoms.

Name ____ Date: ____________

Energy Production

Symptom	Increased	Score	Unchanged
Mental fatigue / brain fog (F)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Decreased focus and attention (F)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Reading fatigue (F-P)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Driving fatigue (C-F)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Can't sit or stand still (C-V)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged

Blood Delivery

Symptom	Increased	Score	Unchanged
Must wear socks at night	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Slow nail growth	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Toenail fungus	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Brittle unhealthy nails	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Cold hands and feet (dry)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Cold hands and feet (moist)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged

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(RH)……………………………………………………………………………………..

Irritable, nervous, and shaky between meals	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Feel energized after meals	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Energy drops in the afternoon	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty eating meals in the morning	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Crave sweets in the afternoon	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Regularly waking up in middle of the night	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Need coffee to keep you going	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged

(IR)……………………………………………………………………………………

Fatigued after meals	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Crave sugar shortly after meals (must have dessert)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Crave coffee shortly after meals (to stay awake)	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty falling asleep	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Increased appetite	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty losing weight	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged

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(EFA)..

Dry and unhealthy skin	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Flaky scalp, dandruff	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Eat fried foods more than 1X per week	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty consuming olive oil, avocados, and natural fats	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty consuming fish	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Difficulty consuming nuts and seeds	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged

Brain Gut Axis..

Difficulty digesting foods	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Constipation or need to strain at stool	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Loose stool	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged
Bloating and gas	❑ Increased	❑0 ❑1 ❑2 ❑3	❑ Unchanged