

## DO YOU HAVE EXCESSIVE NEUROINFLAMMATION?

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
*Last First*

**Answer each question based on your feelings and symptoms in the past week.**

1. Do you have periods of heat?  Yes  No
2. Do you have periods of sweating?  Yes  No
3. Do you feel like your body has too much electricity or "shock" at times?  Yes  No
4. Do you have periods of burning in your feet, hands, pelvis or buttocks?  Yes  No
5. Do you have periods or episodes of strong feeling on your skin like bugs crawling or pin stabbing?  Yes  No
6. Are you sensitive or become nauseated and dizzy in heat such as a hot summer day?  Yes  No
7. Do the areas over pain sites sometimes become red and hot?  Yes  No
8. Does your temperature rise at times?  Yes  No
9. Are your pain flares accompanied by sweating and heat?  Yes  No
10. Do you have periods of stabbing, shooting, or jerking pains?  Yes  No
11. Do you have recurrent pain flares you can't control?  Yes  No

**INTERPRETATION: If you answered yes to over half of the above questions, you will most likely need specific treatment for neuroinflammation.**