

Name _____ Date of birth _____

ENERGY AND MITOCHONDRIA | Please check all that applies

I have muscle weakness

I have trouble concentrating or remembering things

I have chronic fatigue

When I exercise I have extreme fatigue after

I have a history of chronic infections or colds

I have a family history of Autism or ADHD

My sleep does not feel refreshing

I have trouble falling asleep or staying asleep

I have a family history of Alzheimer's, dementia, ALS or Parkinson's

I am irritable and moody more than I would like to be

I have a family history of Depression, Anxiety, or bipolar disease

I overeat

I have muscle pain or discomfort

My symptoms started with an acute stress incident, infection or trauma

My weight is hard to manage