

Patient Questionnaire for Symptoms Suggestive of Autonomic Dysfunction:

Question	Yes	No
1. Do you have diabetes? If yes, answer questions 2 and 3; if no, skip to question 4		
2. Have you had low blood sugar (with or without fainting) and not been aware of it?		
3. Do you sweat when you eat, even if the food is not spicy, or do you have dry skin on your hands or feet?		
4. Do you have pain, tingling, burning, numbness, or electrical shocks in your feet? Circle which symptom(s) you have		
5. Do the bedsheets or your socks bother or hurt your feet?		
6. Do you have pain, tingling, burning, numbness, or electrical shocks in your hands? Circle which symptom(s) you have		
7. Do you have trouble driving or seeing at night?		
8. Do you feel dizzy or faint when you stand up too quickly?		
9. Do you feel bloated or full after the first few bites of food?		
10. Do you get tired as soon as you start to exercise?		
11. Do you have diarrhea at night?		
12. Do you have urinary incontinence?		
13. Men only: do you have difficulty with erections that has not improved with medications like Viagra or Cialis?		