Fluoroquinolone Toxicity and Potential Mitochondrial Impairment
Medical Evaluation Preparation Form

Authors: Bruce Miller & Fluoroquinolone Toxicity Study (a non-profit foundation)

original version November, 2012

Name: _____ **Birth date**: _____ **Today's date**: _____

Please mark checkboxes for symptoms you have experienced since starting FQs. (you may check more than one box)

Mark the left column if you Currently Have a Symptom
Mark the middle column if you Had Symptoms but Recovered
Also, Mark the right column if you had a New Onset of Symptom More Than 21 Days After Stopping the Drug (optional)

Musculoskeletal:

☐ ☐ ☐ Tendon pain [technically: Tendinopathy]
☐ ☐ ☐ Tendon rupture
☐ ☐ ☐ Joint pain [Arthralgia]
☐ ☐ ☐ Popping/cracking joints
☐ ☐ ☐ Muscle pain [Myalgia/Myositis]
☐ ☐ ☐ Muscle weakness
☐ ☐ ☐ Muscle wasting [Atrophy]
☐ ☐ ☐ Back pain (circle location: low back, mid back, high back)
☐ ☐ ☐ Inability to perform with endurance or duration expected of age group and background [Exercise intolerance]
☐ ☐ ☐ Loss of padding in palms or bottoms of feet
☐ ☐ ☐ Bone spur
☐ ☐ ☐ Vertebrae hematoma/degeneration/damage
☐ ☐ ☐ Spinal disc bulging/degeneration/herniated/thinning
☐ ☐ ☐ Joint Hypermobility due to muscle weakness and atrophy
☐ ☐ ☐ Diaphragm weakness

Other: _____

Peripheral Nervous System:

☐ ☐ ☐ Tingling, prickling, pins & needles, or numbness, bugs running on skin, water trickling in arms or legs
☐ ☐ ☐ Buzzing, in arms or legs
☐ ☐ ☐ Pressure or squeezing feelings in arms or legs
☐ ☐ ☐ Feelings of electrical zaps, shocks, or deep stabs in arms or legs
☐ ☐ ☐ Burning pain in arms or legs (this can also be tendinopathy, but mark here anyway)
☐ ☐ ☐ Pain with normal non-painful touch or hypersensitivity to pain [Allodynia, Hyperalgesia]
☐ ☐ ☐ Nerve pain of any kind (shocks, tingling, numbness, buzzing, pressure, etc.), in teeth, mouth, and lips
☐ ☐ ☐ Facial nerve pain of any kind [like trigeminal neuralgia]
☐ ☐ ☐ Head pressure, or squeezing feelings, on the head
☐ ☐ ☐ Muscle twitching of small pieces of independent muscle [Fasciculations]
☐ ☐ ☐ Muscle twitching of the whole muscle body [Tremors]
☐ ☐ ☐ Neuralgia (pain along nerve trunk lines; skip if not familiar)
☐ ☐ ☐ Guillan-Barré Syndrome
☐ ☐ ☐ Increased or reduced sensitivity of the skin to pain, temperature and touch
☐ ☐ ☐ Limb Weakness

Other: _____

Dermatological

☐ ☐ ☐ Itching [Pruritus]
☐ ☐ ☐ Dry skin and dry patches
☐ ☐ ☐ Hair loss on scalp, eyebrows, eyelashes [Alopecia]

Currently Have Symptom
Had Symptoms but Recovered
Also Experienced New Onset of Symptom More Than 21 Days After Stopping Drug (optional)

☐ ☐ ☐ Loss of collagen/elasticity in skin; sudden extensive wrinkles on face, body, rapid aging
☐ ☐ ☐ Skin rash / hives
☐ ☐ ☐ Poor wound healing; reopening of scars or cuts
☐ ☐ ☐ Mucocutaneous reactions (skin & mucous membrane inflammation or immune response)
☐ ☐ ☐ Nail ridges
☐ ☐ ☐ Increased sun sensitivity
☐ ☐ ☐ Toxic epidermal necrolysis (widespread skin peeling/blisters)
☐ ☐ ☐ Skin sensitivity to chemicals, plastic, plants, soap, etc.
☐ ☐ ☐ Erythema Multiforme (immune reaction lesions)
☐ ☐ ☐ Vascular rash with fever
☐ ☐ ☐ Spider veins
☐ ☐ ☐ Dry & weak hair
☐ ☐ ☐ Punctiform skin bleedings (Petechiae)
☐ ☐ ☐ Stevens-Johnson Syndrome (serious systemic condition)
☐ ☐ ☐ Urticaria (histamine release)
☐ ☐ ☐ Skin bacteria infection

Other: _____

Central Nervous System/GABA Receptor Blockage:

☐ ☐ ☐ Insomnia
☐ ☐ ☐ Anxiety / panic
☐ ☐ ☐ Brain fog (impaired thinking)
☐ ☐ ☐ Memory loss (including impaired short-term memory and inability to remember words)
☐ ☐ ☐ Confusion
☐ ☐ ☐ Abnormal dreams
☐ ☐ ☐ Headaches / migraines
☐ ☐ ☐ Feeling detached [Depersonalization]
☐ ☐ ☐ Sadness, regret, feelings of loss, depression
☐ ☐ ☐ Thoughts of suicide
☐ ☐ ☐ Agitation /personality changes
☐ ☐ ☐ Seizures Epilepsy
☐ ☐ ☐ Communication difficulty (Aphasia)
☐ ☐ ☐ Body temperature dysregulation – mostly lower than normal
☐ ☐ ☐ Concentration, lack of focus
☐ ☐ ☐ Problems writing/reading/word finding
☐ ☐ ☐ Smell disturbances (Anosmia)
☐ ☐ ☐ Psychosis (delusions, paranoia, hearing voices, hallucinations)
☐ ☐ ☐ Impairment of the ability to react
☐ ☐ ☐ Coordination disorder (Ataxia)
☐ ☐ ☐ Increase of the cerebral pressure
☐ ☐ ☐ Sleep apnea
☐ ☐ ☐ Frontal brain lesion
☐ ☐ ☐ Shortness of breath
☐ ☐ ☐ Bipolar
☐ ☐ ☐ Epilepsy
☐ ☐ ☐ Restless Leg Syndrome (RLS)
☐ ☐ ☐ Nightmares
☐ ☐ ☐ Disorientation
☐ ☐ ☐ Paresthesia

Other: _____

Currently Have Symptom
Had Symptoms but Recovered
Also Experienced New Onset of Symptom More Than 21 Days After Stopping Drug (optional)

Gastrointestinal:

☐ ☐ ☐ Difficulty swallowing [Dysphagia]
☐ ☐ ☐ Abdominal pain
☐ ☐ ☐ Vomiting
☐ ☐ ☐ Persistent softer stool lasting more than 2 weeks
☐ ☐ ☐ Persistent diarrhea lasting more than 2 weeks
☐ ☐ ☐ Persistent constipation lasting more than 2 weeks
☐ ☐ ☐ Delayed gastric emptying [Gastroparesis]
☐ ☐ ☐ Nausea / feeling of fullness
☐ ☐ ☐ Acid reflux lasting more than 2 weeks
☐ ☐ ☐ Bloating, gas, flatulence, or abdominal distension
☐ ☐ ☐ Undigested food in stool or fatty stool or floating stool [suggests Maldigestion]
☐ ☐ ☐ Persistent rash on tongue or in mouth [suggests oral Candidiasis, Psoriasis, etc.]
☐ ☐ ☐ Food sensitivities / intolerance
☐ ☐ ☐ Complication with healing after surgery (Anastomosis Insufficiency)
☐ ☐ ☐ Rectal spasms
☐ ☐ ☐ Heartburn (Dyspepsia)
☐ ☐ ☐ Inflammation of mouth (Stomatitis)
☐ ☐ ☐ Chronic gallbladder inflammation (pain under right rib)/ dysfunction / polyps / sludge/stone
☐ ☐ ☐ Medication or supplement intolerance
☐ ☐ ☐ Malnutrition
☐ ☐ ☐ Weight control issues
☐ ☐ ☐ Abnormal stool smell
☐ ☐ ☐ Colon polyps
☐ ☐ ☐ H Pylori
☐ ☐ ☐ Cholestatic Jaundice
☐ ☐ ☐ Pancreatic inflammation (Pancreatitis)
☐ ☐ ☐ Increase in liver values Bilirubin, ALT/AST, GGT, AP, LDH
☐ ☐ ☐ Enlargement of the liver (Hepatomegaly)
☐ ☐ ☐ Non-alcoholic fatty liver disease (NAFLD)
☐ ☐ ☐ Cysts of the pancreas and liver
☐ ☐ ☐ Gastro-intestinal inflammation
☐ ☐ ☐ Blood in stool with mucous
☐ ☐ ☐ Pseudomembranous colitis

Other: _____

Vision:

☐ ☐ ☐ Eye focusing problems
☐ ☐ ☐ Dry eyes [Xerophthalmia]
☐ ☐ ☐ Light sensitivity [Photophobia]
☐ ☐ ☐ Floaters or black specks
☐ ☐ ☐ Visual acuity decrease [Scotoma, etc.]
☐ ☐ ☐ Double vision [Diplopia]
☐ ☐ ☐ Retinal tears
☐ ☐ ☐ Color blindness
☐ ☐ ☐ Drooping eyelids (Ptosis)
☐ ☐ ☐ Inability to process all visual input
☐ ☐ ☐ Seeing halos
☐ ☐ ☐ Partial vision loss
☐ ☐ ☐ Eye muscle and ligament weakness
☐ ☐ ☐ Eye movement disorder
☐ ☐ ☐ Eye flashes (Photopsia) – probable PVD

Currently Have Symptom
Had Symptoms but Recovered
Also Experienced New Onset of Symptom More Than 21 Days After Stopping Drug (optional)

☐ ☐ ☐ Retinal detachment (sudden appearance of dark dots, spots, floaters, or flashes of light)
☐ ☐ ☐ Visual snow (migraine snowing or persistent visual migraine aura without pain)

Other: _____

Ear Nose Throat:

☐ ☐ ☐ Ringing in ears [Tinnitus]
☐ ☐ ☐ Dizziness or vertigo and/or loss of sense of balance [No Equilibrioception]
☐ ☐ ☐ Hearing sensitivity to low noises increased [Hyperacusis]
☐ ☐ ☐ Hearing loss or disorder
☐ ☐ ☐ Ear wax reduced or replaced by dry grit
☐ ☐ ☐ Dry mouth [Xerostomia]
☐ ☐ ☐ Taste perversions [Dysgeusia]
☐ ☐ ☐ Smell hypersensitivity to odors [Hyperosmia]
☐ ☐ ☐ Smell things not there [Phantosmia]
☐ ☐ ☐ Atrophy of the cartilages and bones of the middle ear
☐ ☐ ☐ Dry nose
☐ ☐ ☐ Painful blistering in ear or mouth
☐ ☐ ☐ Inflammation of oral mucosa
☐ ☐ ☐ Mouth polyps (Papilloma)
☐ ☐ ☐ Hoarseness
☐ ☐ ☐ Difficulty speaking and producing vocal sounds [Dysphonia]
☐ ☐ ☐ Pressure in ears
☐ ☐ ☐ Pharynx

Other: _____

Cardiovascular:

☐ ☐ ☐ Abnormal heart rhythm [heart palpitations] / Arrhythmia
☐ ☐ ☐ Poor peripheral vascular circulation (cold feet/hands)
☐ ☐ ☐ Swelling limbs [peripheral edema]
☐ ☐ ☐ Purple or red spots under skin esp. in limbs [Purpura, Petechiae]
☐ ☐ ☐ Easy and/or excessively large bruising
☐ ☐ ☐ Swollen veins
☐ ☐ ☐ Sudden change in hand color, with severe coldness and numbness lasting a few minutes [Raynaud's]
☐ ☐ ☐ High blood pressure [hypertension] or Low blood pressure [hypotension]
☐ ☐ ☐ Stroke
☐ ☐ ☐ Prolonged QT interval
☐ ☐ ☐ Ventricular tachycardia (Torsade de pointes)
☐ ☐ ☐ Cardiac arrest
☐ ☐ ☐ Fast heart beat (Tachycardia)
☐ ☐ ☐ Slow heart beat (Bradycardia)
☐ ☐ ☐ Poor peripheral vascular circulation (cold feet/hands)
☐ ☐ ☐ Shortness of breath
☐ ☐ ☐ Aortic dissection
☐ ☐ ☐ Aortic aneurysm
☐ ☐ ☐ Inflammation of the blood vessels (vasculitis) / leukocytoclastic vasculitis

Other: _____

Currently Have Symptom
Had Symptoms but Recovered
Also Experienced New Onset of Symptom More Than 21 Days After Stopping Drug (optional)

Autonomic Nervous System:

☐ ☐ ☐ Lightheadedness
☐ ☐ ☐ Change in sweating response, not enough when hot [Anhidrosis], or inappropriately much [Hyperhidrosis]
☐ ☐ ☐ Sweating /lock or excessive perspiration
☐ ☐ ☐ Dizziness when getting up / Feeling of impending unconsciousness
☐ ☐ ☐ Dilatation of blood vessels (vasodilation) / low blood pressure
☐ ☐ ☐ Dysautonomia

Other: _____

Endocrine:

☐ ☐ ☐ Feeling consistently cold
☐ ☐ ☐ Unexplained weight change
☐ ☐ ☐ New thyroid abnormalities (Hyperthyroidism or Hypothyroidism)
☐ ☐ ☐ Hypoglycemia (Diabetes)
☐ ☐ ☐ Hormone imbalance
☐ ☐ ☐ Thyroid nodules
☐ ☐ ☐ Salt cravings
☐ ☐ ☐ Hyperglycemia
☐ ☐ ☐ Pituitary atrophy

Other: _____

Urinary:

☐ ☐ ☐ Excessive thirst and urination [Polydipsia and Polyuria]
☐ ☐ ☐ Kidney pain
☐ ☐ ☐ Purple, brown, red, or frothy urine
☐ ☐ ☐ Frequent urinary tract infection
☐ ☐ ☐ Blood and crystal in urine
☐ ☐ ☐ Fungal and bacterial infection
☐ ☐ ☐ Renal failure
☐ ☐ ☐ Necrotizing renal vasculitis
☐ ☐ ☐ Fluid retention
☐ ☐ ☐ Interstitial cystitis (PBS, IC)
☐ ☐ ☐ Increase of creatinine
☐ ☐ ☐ Interstitial nephritis
☐ ☐ ☐ Kidney crystals (Crystalluria)
☐ ☐ ☐ Urgent urination, urination control
☐ ☐ ☐ Incomplete bladder emptying
☐ ☐ ☐ Post micturition incontinence

Other: _____

Reproductive:

☐ ☐ ☐ Loss of libido
☐ ☐ ☐ Loss of nighttime and/or morning erections [Male Hypogonadism]
☐ ☐ ☐ Reduced ejaculate [Hypospermia]
☐ ☐ ☐ Testicular pain [Orchialgia]
☐ ☐ ☐ Ovarian cysts
☐ ☐ ☐ Dry vagina during intercourse
☐ ☐ ☐ Missing menstruation 3 months or more [Amenorrhoea]
☐ ☐ ☐ Elevated PSA (men)

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☐ ☐ ☐ Penile Tissue Changes (narrowing, shrinkage, wrinkled)
☐ ☐ ☐ Early menopause
☐ ☐ ☐ Painful blistering of penis or vagina
☐ ☐ ☐ Heavier/longer menstrual bleeding
☐ ☐ ☐ Penis fracture
☐ ☐ ☐ Low sperm count
☐ ☐ ☐ Pain during ejaculation
☐ ☐ ☐ Prostate irritation / inflammation
☐ ☐ ☐ Miscarriage

Other: _____

Dental:
☐ ☐ ☐ Softer oral gum tissue or abnormal bleeding gums
☐ ☐ ☐ Broken teeth
☐ ☐ ☐ TMJ
☐ ☐ ☐ Teeth, mouth, and lip nerve pain, of any kind (shocks, tingling, buzzing, etc.)
☐ ☐ ☐ Many new cavities/ (Periodontitis)
☐ ☐ ☐ Periodontal disease
☐ ☐ ☐ Bone loss

Other: _____

Respiratory:
☐ ☐ ☐ Decreased level of SpO2 – Oxygen level
☐ ☐ ☐ Intense cough with expectoration of large amounts of phlegm
☐ ☐ ☐ Bronchospasms
☐ ☐ ☐ Problems with breathing
☐ ☐ ☐ Sleep apnea
☐ ☐ ☐ COPD

Other: _____

General:
☐ ☐ ☐ Extreme fatigue
☐ ☐ ☐ Multiple Chemical Sensitivity (MCS)
☐ ☐ ☐ Candida
☐ ☐ ☐ Skeletal / muscle tissue breakdown (Rhabdomyolysis)
☐ ☐ ☐ Anaphylactic reaction

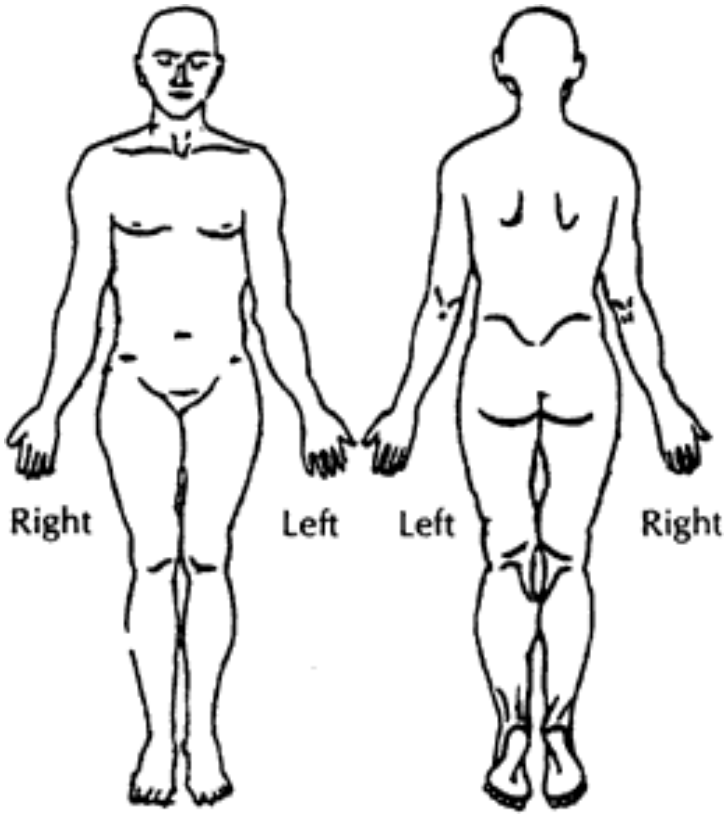
Other: _____

Describe patterns of recovery and timeframes:

Additional notes on symptoms:

In the chart at right, please mark areas where you experience:

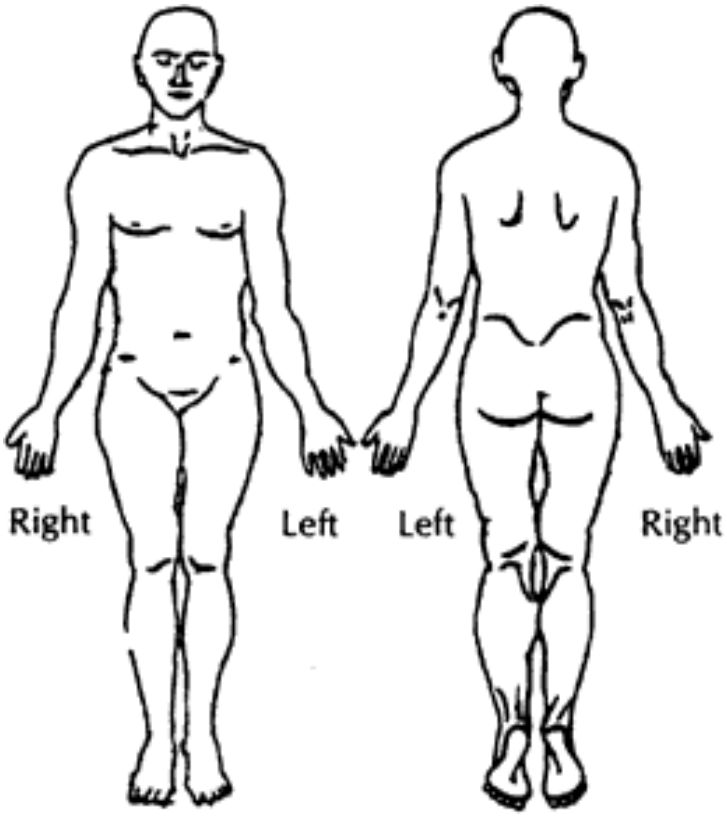
- Burning [Mark as "**B**"]



In the chart at right, please mark areas where you experience:

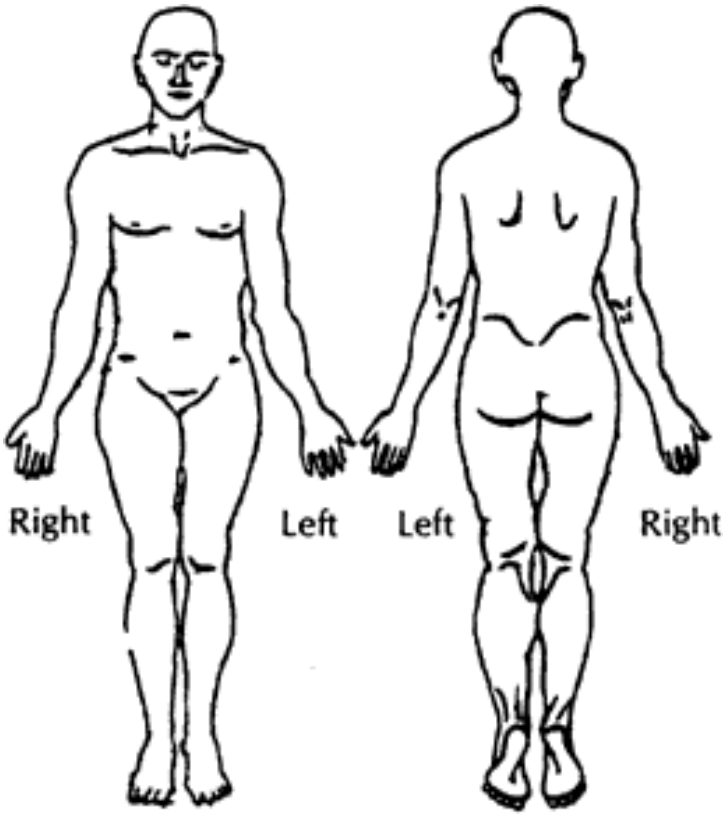
- Tingling, prickling, pins & needles [Mark as "**T**"]
- Numbness [Mark as "**N**"]
- Bugs running on skin, moving fabric, water running down [Mark as "**S**"]
- Buzzing [Mark as "**Z**"]
- Pressure or squeezing feelings [Mark as "**P**"]
- Feelings of electrical zaps or shocks [Mark as "**E**"]
- Feelings of moving waves [Mark as "**W**"]

Do not include "burning" sensations in this chart. You may use colors instead of letters if it is easier for you.



In the chart at right, please mark areas where you experience:

- Aches, dull or sharp [Mark as "**A**"]
- Tightness [Mark as "**T**"]
- Pain at the time of muscle exertion [Mark as "**P**"]
- Weakness [Mark as "**W**"]



What drugs and supplements are you currently taking?

NAME (e.g., cyclobenzaprine)	**DOSE PER USE** (e.g., 5 mg)	**HOW OFTEN?** (e.g., 1 daily)	**REASON FOR USE** (e.g., muscle tightness)

What are your 3 worst symptoms today, where are they, and how long have each been that way?

1. _____

2. _____

3. _____

Doctors recently seen and test results: (include date, name, specialty, findings)

Reason for seeing doctor today and questions I have for this doctor:

OPTIONAL TRIGGER INFORMATION FOR INTEGRATIVE/ALTERNATIVE PRACTITIONER VISITS
(Strictly western medical doctors aren't always interested in these)

Mark, if Have Experienced

Allergy/Sensitivity/Intolerance /Food Sensitivities: (in the empty space, you may indicate how it affects you and for how long)

- ☐ Caffeine
- ☐ Sugar
- ☐ Alcohol
- ☐ MSG
- ☐ Soy
- ☐ Gluten
- ☐ Dairy
- ☐ Processed food/natural flavors
- ☐ Nightshades (potatoes, tomatoes, eggplant, (for some) peppers)
- ☐ Acidic foods (e.g., vinegar, tomatoes, lemon juice, lime juice)
- ☐ Sulfites
- ☐ Aspartame
- ☐ Carbonated beverages (non-alcoholic)
- ☐ Medication intolerance
- ☐ Supplement intolerance
- ☐ Cleaning products
- ☐ Fume intolerance
- ☐ Chemical intolerance
- ☐ Materials sensitivity

Other: _____

Specific Animal Product Exacerbation Triggers: (it is understood these are usually not consistently repeatable)

- ☐ Beef (non-organic)
- ☐ Poultry (non-organic)
- ☐ Fish (non-shellfish) (farmed)
- ☐ Shellfish (shrimp (farmed), scallops, crab, lobster, clams)
- ☐ Pork (non-organic)
- ☐ Lamb (non-organic)
- ☐ Other red meat (non-organic)

Other: _____

Exacerbation of FQD Triggers: (in the empty space, you may indicate how it affects you and for how long)

- ☐ Stress
- ☐ Lack of sleep
- ☐ Exercise beyond personal physical limitations
- ☐ Weather related storms and temperature changes
- ☐ Anxiety
- ☐ Illness
- ☐ Seasons (especially heat, cold)
- ☐ Electrical sensitivity (e.g., to MRI procedure)
- ☐ Ovulation
- ☐ Secretory/Luteal menstrual phase (between ovulation and menstruation)
- ☐ Impending menstruation
- ☐ High attitude
- ☐ Exposure to fumes or touch of chemicals
- ☐ Atmospheric pressure
- ☐ Alcohol
- ☐ Drugs (recreational)
- ☐ Viruses
- ☐ Radiation: IMF Injury CT scan MRI, X-ray
- ☐ UV Pools with chlorinated water or with lots of minerals

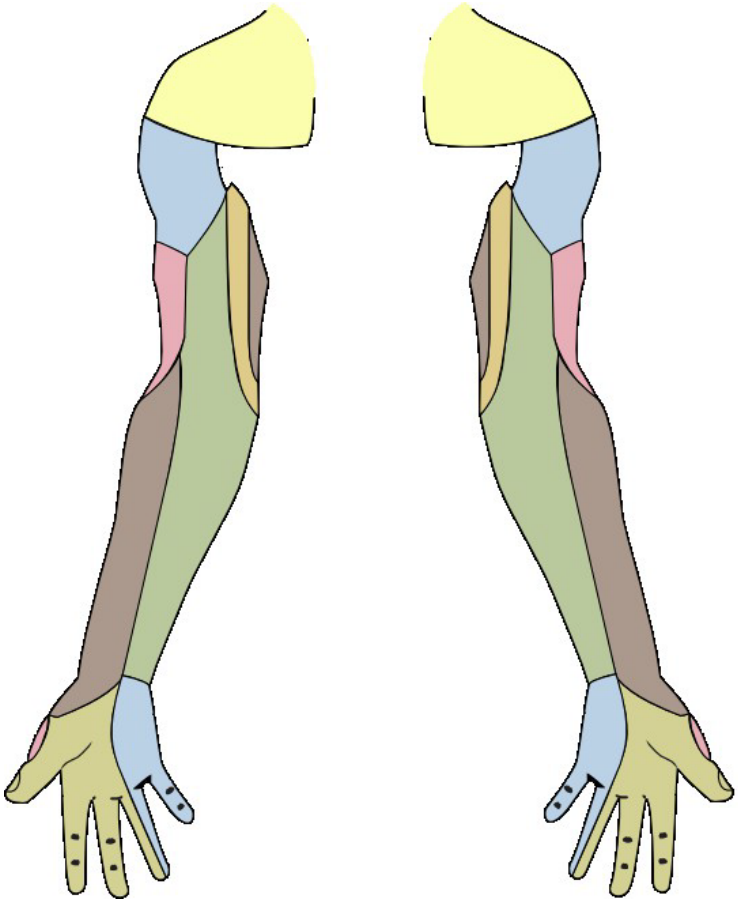
OPTIONAL DIAGRAMS FOR NEUROLOGIST VISITS

In the chart below, please mark areas where you experience:

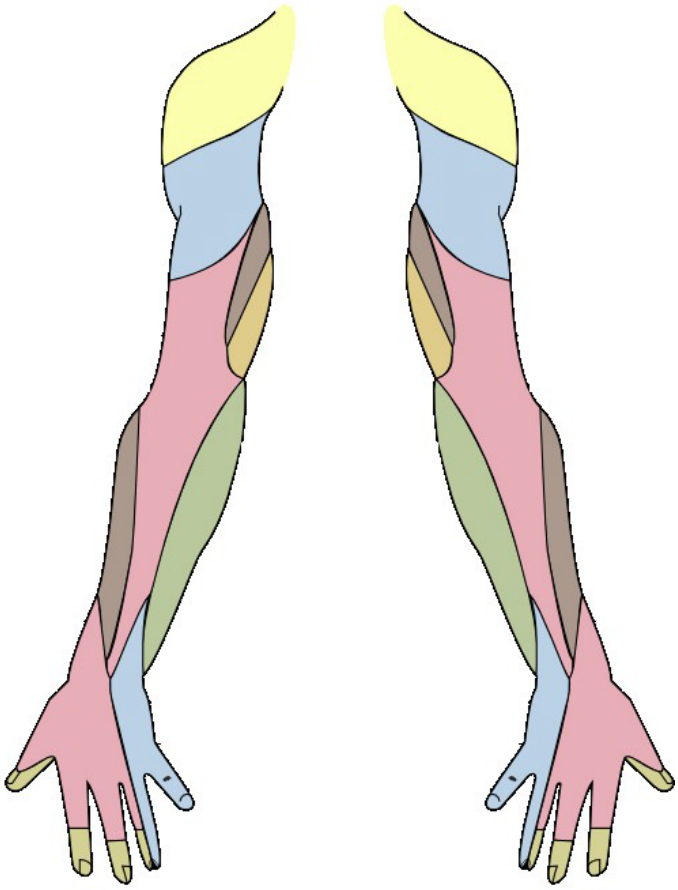
- Tingling, prickling, pins & needles [Mark as "**T**"]
- Numbness [Mark as "**N**"]
- Bugs running on skin, moving fabric, water running down [Mark as "**S**"]
- Buzzing [Mark as "**Z**"]
- Pressure or squeezing feelings [Mark as "**P**"]
- Feelings of electrical zaps or shocks [Mark as "**E**"]
- Feelings of moving waves [Mark as "**W**"]

Do not include "burning" sensations in this chart.

Front of Arms and Palms



Back of Arms and Back of Hands



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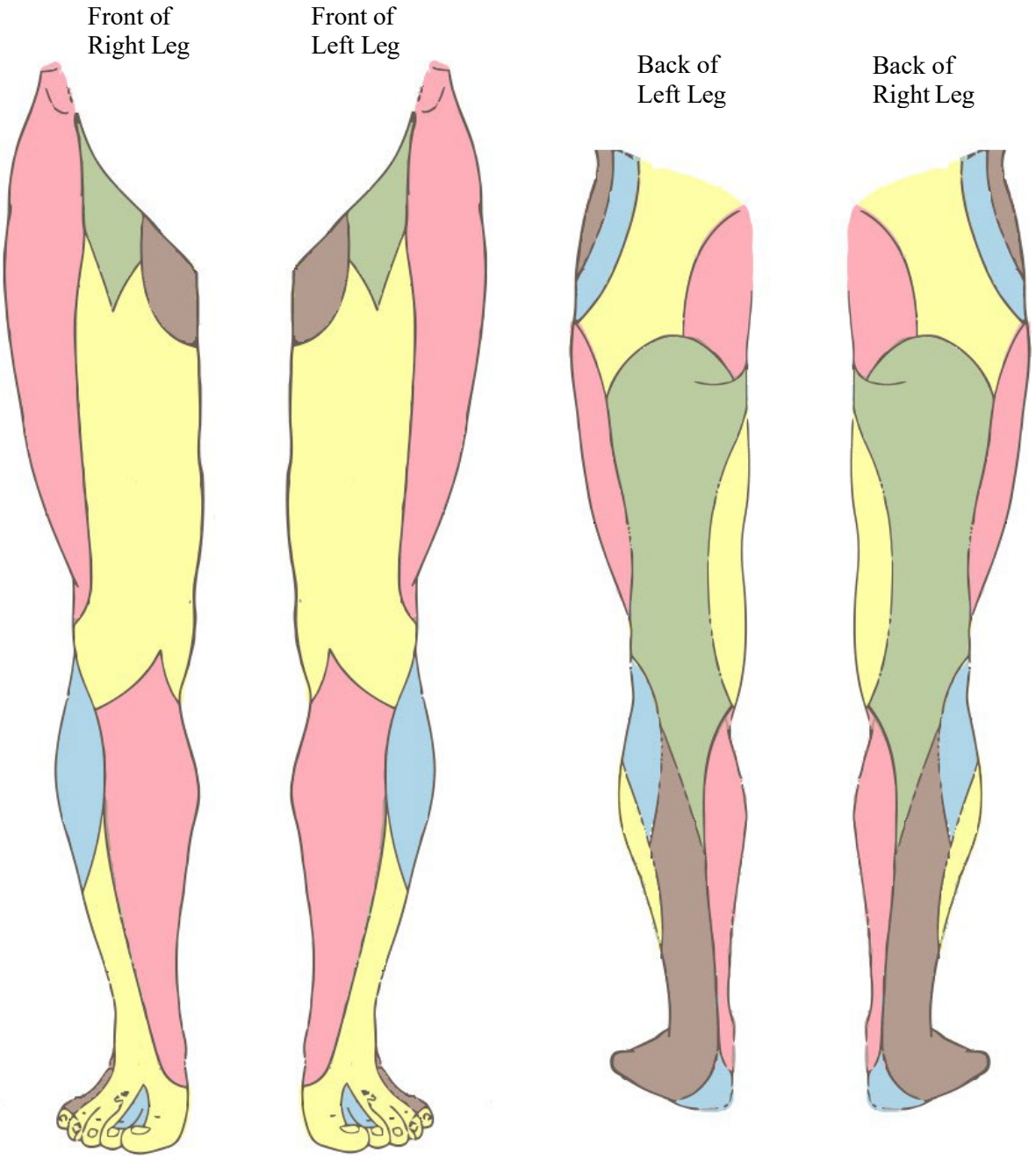

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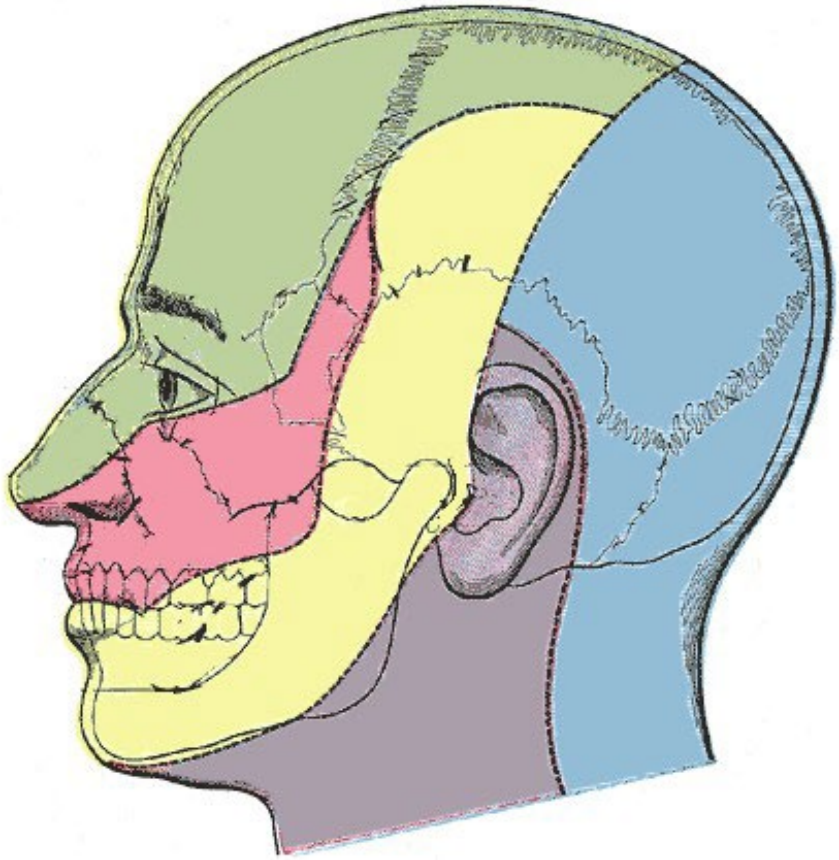
- Feelings of electrical zaps or shocks [Mark as "**E**"]
- Feelings of moving waves [Mark as "**W**"]

For this chart also include:

- Burning sensations [Mark as "**B**"]



Disclaimer: This form is for informational purposes only

This form was created by the Fluoroquinolone Toxicity Study Foundation in collaboration with Bruce Miller, based on many years of communication with patients and extensive surveys conducted among individuals affected by fluoroquinolone toxicity. It is intended for informational and preparatory purposes only and does not constitute medical advice, diagnosis, or treatment. The form is designed to support patients in documenting and communicating their symptoms more clearly to healthcare professionals. Always consult a licensed medical provider for any health concerns or before making decisions related to treatment or diagnosis.