



CIRS Questionnaire

Chronic Inflammatory Response Syndrome (CIRS) is a multi-symptom, multi-system illness, resulting from the body's impaired ability to properly clear biotoxins acquired from specific microorganisms. These biotoxins are produced by dinoflagellates, algae, bacteria, and molds. Typically, people who do not have a genetic predisposition to CIRS can recover from exposure to biotoxins. Unfortunately, for many, research has demonstrated that nearly 25% of the population can be potentially impacted by CIRS. As a multi-symptom, multi-system syndrome, there are many ways in which the body can express the illness. In general, patients with CIRS experience neurological, immune, endocrine, and circulatory dysfunction. Quality of life may be greatly depreciated. Please check the boxes next to any symptom(s) you are currently experiencing.

- | | | |
|--|---|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Morning stiffness | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Aches | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Focus/concentration issues | <input type="checkbox"/> Metallic taste |
| <input type="checkbox"/> Unusual pain | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> "Ice pick" pain | <input type="checkbox"/> Confusion | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Disorientation | <input type="checkbox"/> Unexplained food reactions |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Skin sensitivity | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Sensitive to stress |
| <input type="checkbox"/> Tearing | <input type="checkbox"/> Appetite swings | <input type="checkbox"/> Frequent static shocks |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Known mold exposure |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Temperature dysregulation | <input type="checkbox"/> Dark floaters in visual field |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Excessive thirst | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Increased urination | <input type="checkbox"/> Esophageal reflux |

Name:

Date: