

NCS Questionnaire

Name: _____

Mark the intensity of the following symptoms on a scale of 1-3. 1; mild, 2; moderate, 3; severe.

Use approximate date for "first observed" and use N/A, occasionally, often, and always for frequency

Symptoms	Intensity	First observed	Frequency
Skin:			
Open Lesions			
Oozing Lesions			
Painful Sores			
Itchy Pimples			
Tracks			
Elevated Ripples			
Elevated Veins			
Bumps			
Skin Peeling			
Scalp sores			
Fibers			
Springtails			
Fungus			
Nervous:			
Skin Irritation			
Pin prick sensations			
Crawling sensations			
Burning sensations			
Movement sensations			
Red hot face			
Memory loss			
Brain fog			
Poor concentration			
Body tremors			
Vision problems			
Other organ systems:			
Endocarditis			
Heart palpitations			
High blood pressure			
Flu-like symptoms			
Intestinal abnormalities			
Bowel disturbances			
Parasites			
Vomiting			
Kidney problems			
Respiratory disturbances			
Coughing			
Tight chest			
Swelling			
Joint pain			
Muscular pain			
Liver dysfunction			

Arthritic symptoms			
Oral abnormalities:			
Inflamed gum tissue			
Gray gum tissue			
Mucoid secretions			
Dental decay			
Abscesses			
Teeth gray			
Painful roots			
Thrush around lips			
Sensitivity to:			
Metals			
Sulfa			
Zinc			
Aspirin			
Penicillin			
Light			
Noise			
Electro-magnetic fields			
Mold			
Humidity			
General:			
Fatigue			
Nausea			
Insomnia			
Comprised immune			
Psychological trauma			
Night fever/sweats			
Weight loss			

Please list any additional symptoms that you are having here:

Previous diagnosis and dates:

Dental history:

Previous treatment and impact:

Drug use and additional notes:

If you have scored moderate or severe in the categories of movement, crawling, or pin-prick sensations, you are probably a genuine case of NCS. If you have scored moderate or severe in other neurological, skin, organ system, or general categories, this will represent added confirmation of your NCS status. Keep a copy of this questionnaire for your records, and another copy for PCI should you have need for a follow up.

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