

MCNERNEY & ASSOCIATES, P.A.

5024 DORSEY HALL DR., STE 103 ELLICOTT CITY, MD 21042 (410)740-1047

NMH-POTS FUNCTIONAL INVENTORY

YES	NO	NA	I AM READILY FATIGUED.
YES	NO	NA	I AM IN BED OR ON THE SOFA MORE THAN 6 HOURS A DAY.
YES	NO	NA	I AM IN BED OR ON THE SOFA MORE THAN 12 HOURS A DAY.
YES	NO	NA	I AM IN BED OR ON THE SOFA MORE THAN 18 HOURS A DAY
YES	NO	NA	I AM OUT OF BED BEFORE 9:00 AM EVERY DAY.
YES	NO	NA	I AM OUT OF BE BY NOON EVERYDAY
YES	NO	NA	I BLACK OUT ONCE A WEEK.
YES	NO	NA	I BLACK OUR ONCE A MONTH.
YES	NO	NA	I AM ABLE TO STAND FOR TEN MINUTES BEFORE NEEDING TO SIT OR LIE DOWN.
YES	NO	NA	I CAN STAND FOR THIRTY MINUTES BEFORE NEEDING TO SIT OR LIE DOWN.
YES	NO	NA	I AM ABLE TO SIT FOR THIRTY MINUTES BEFORE NEEDING TO LIE DOWN.
YES	NO	NA	I AM ABLE TO SIT FOR ONE HOUR BEFORE NEEDING TO LIE DOWN.
YES	NO	NA	I CAN WALK A HALF MILE.
YES	NO	NA	I CAN WALK A MILE.
YES	NO	NA	I CAN DO 10 DEEP SQUATS WITH NO INCREASE IN SYMPTOMS.
YES	NO	NA	I HAVE NO DIFFICULTY CLIMBING OR DESCENDING STAIRS.
YES	NO	NA	I HAVE A TUTOR FOR SOME OF MY CLASSES AT HOME.
YES	NO	NA	I AM ABLE TO GO TO SCHOOL FOR SOME OF MY CLASSES EVERYDAY.
YES	NO	NA	I AM ABLE TO GO TO SCHOOL FOR ALL OF MY CLASSES EVERYDAY.
YES	NO	NA	I PLAY SPORTS AFTER SCHOOL.
YES	NO	NA	I WORK PART TIME.
YES	NO	NA	I WORK PART TME AFTER SCHOOL OR WORK FULL TIME.
YES	NO	NA	I CAN DRIVE A CAR ALONE.

YES	NO	NA	MY SYMPTOMS INCREASE IN HOT WEATHE.
YES	NO	NA	I CAN DRING FROM A BEVERAGE CAN WITH NO PROBLEM.
YES	NO	NA	MY VISION AFFECTS MY DEXTERITY OR SCHOOL/JOB PERFORMANCE.
YES	NO	NA	MY ALERTNESS AFFECTY MY DEXTERITY OR SCHOOL/JOB PERFORMANCE.
YES	NO	NA	MY HEADACHES AFFECTY MY SCHOOL/JOB PERFORMANCE.