



Survey

Complications associated with energy drinks

Energy drinks, regulated as natural health products, contain high amounts of caffeine that can pose serious health risks to children and adolescents. Excessive caffeine consumption can lead to irritability, nervousness, loss of sleep and cardiac events. There are also dangers of mixing energy drinks with alcohol, such as alcohol poisoning or risky behaviour.



This survey aims to gain a better understanding of the frequency of use and complications associated with energy drinks in the paediatric population. Survey results could inform regulatory authorities on health consequences encountered, and lead to sale restrictions, labeling warnings and public education initiatives.

Your contribution is greatly appreciated.

1. I am: a paediatrician ___ a paediatric subspecialist (specify) _____
2. Do you screen patients for the use of energy drinks? Always ___ Sometimes ___ Never ___
3. **In the past 12 months**, have you seen any children/youth under the age of 18 years with complications associated with energy drinks that contain caffeine, such as Redbull™, Rockstar™, Monster™, etc? (Please do not report sports drinks, such as Gatorade™ or Powerade™).

Yes ___ No ___ **If the answer is no, thank you for completing this survey.**

If **yes**, in the past 12 months, specify:

3.1 How many children/youth have you seen? < 5 ___ 5-10 ___ 11-20 ___ 21-50 ___ exact number: _____

3.2 How many cans/containers (mean) at a time (during a short period)? 1 ___ 2 ___ 3 ___ > 3 ___
or per day? 1 ___ 2 ___ 3 ___ > 3 ___

3.3 Where were the patients seen? Emergency Department ___ number of patients: _____
Office ___ number of patients: _____

3.4 Check all complications associated with energy drinks:

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Restlessness | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Cardiac arrhythmia | <input type="checkbox"/> Euphoria/mania |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Headache/migraine | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hallucinations/delirium |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Vertigo/dizziness | <input type="checkbox"/> Death |
- Other, specify: _____

4. Were any of these patients using energy drinks in combination with:

	Yes	Number of cases	No	Unknown
4.1 Alcohol?	___	_____	___	___
4.2 Other substances?	___	_____	___	___

If yes, specify types: _____

5. For which purposes were energy drinks consumed, if known? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Increasing alertness | <input type="checkbox"/> Decreasing side effects of alcohol |
| <input type="checkbox"/> Increasing sports performance | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Increasing attention | <input type="checkbox"/> Peer pressure |
| <input type="checkbox"/> Increasing school or exam performance | <input type="checkbox"/> Other, specify: _____ |

Please return this survey with your monthly reporting form.

Thank you for your participation.

03/2011