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:
   ___ Nausea  ___ Vomiting  ___ Diarrhea  ___ Insomnia  ___ Tachycardia  ___ Seizures  ___ Palpitations  ___ Cardiac arrhythmia  ___ Hypertension  ___ Vertigo/dizziness  ___ Euphoria/mania  ___ Nervousness  ___ Headache/migraine  ___ Hallucinations/delirium  ___ 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:
   ___ Increasing alertness  ___ Decreasing side effects of alcohol
   ___ Increasing sports performance  ___ Weight loss
   ___ Increasing attention  ___ Peer pressure
   ___ Increasing school or exam performance  ___ Other, specify: _______________________________________

Please return this survey with your monthly reporting form.
Thank you for your participation.