

# eWellness Questionnaire

Helping you one question at a time!

## BACK PAIN / NECK PAIN

Name: First Name	MI	Last Name	Date of Birth:
			Patient Code:

Please do not select anything if the answer is no or negative.  
Select Rarely 'R' if this is an uncommon event or symptom.  
Select Frequent 'F' if this is a common event or symptom.  
Select Always 'A' if this is a persistent event or symptom. Also select 'A' for Yes

At first glance there may seem to be a lot of questions. But each of these questions were selected because of their direct or indirect relation to the symptoms mentioned.

### Section 1

1. R F A Consume breads / pastas / starches

### Section 2

2. R F A Smoke or use tobacco

3. R F A Eat fast food

4. R F A Eat pre processed / packaged foods

5. R F A Drink cow's milk

6. R F A Consume refined carbs

7. R F A Consume wheat or gluten

8. R F A Very little exercise

### Section 3

9. R F A Vertigo / dizziness

10. R F A Light headedness

11. R F A Double vision or blurred vision

### Section 4

12. R F A Difficulty breathing deeply

13. R F A Asthma

14. R F A Shortness of breath

15. R F A Pain when taking a breath

### Section 5

16. R F A Difficulty going to sleeping

17. R F A Difficulty staying asleep

18. R F A Overweight

19. R F A Too much stress / tension

20. R F A Fatigued or tired

### Section 6

21. R F A Erectile dysfunction

22. R F A Suffer from PMS

23. R F A Mood swings

24. R F A Pain with sex

### Section 7

25. R F A High blood pressure

26. R F A Slow or fast heart beats at rest

### Section 8

27. R F A Poor circulation in your hands

28. R F A Poor circulation in your feet

29. R F A Restless leg syndrome

### Section 9

30. R F A Abdominal cramps or pain

31. R F A Irritable bowel syndrome

32. R F A Diarrhea

33. R F A Constipation

### Section 10

34. R F A Bed wetting

35. R F A Urinary urgency

36. R F A Urinary hesitancy

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Section 11

- |                                      |                           |
|--------------------------------------|---------------------------|
| 37. R F A Headaches or migraines     | 43. R F A Joint pain      |
| 38. R F A Stiffness or muscle spasms | 44. R F A Arthritis       |
| 39. R F A Bone pains                 | 45. R F A Muscle weakness |
| 40. R F A Difficulty exercising      | 46. R F A Osteoporosis    |
| 41. R F A Chronic fatigue syndrome   | 47. R F A Muscle relaxors |
| 42. R F A Back pain or neck pain     |                           |

Section 12

- |                              |   |
|------------------------------|---|
| 48. R F A Pain medications   | 50. R F A Poor coordination                 |
| 49. R F A Multiple sclerosis | 51. R F A Brain fog - lack of concentration |

Section 13

- |                                 |                             |
|---------------------------------|-----------------------------|
| 52. R F A Anxiety / anxiousness | 53. R F A Problems relaxing |
|---------------------------------|-----------------------------|

Section 14

- |                     |
|---------------------|
| 54. R F A Allergies |
|---------------------|