

eWellness Questionnaire

Helping you one question at a time!

CANCER PROFILE

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

2. R F A Unexplained weight loss

Section 2

3. R F A A family history of cancer

8. R F A Drink cow's milk

4. R F A Smoke or use tobacco

9. R F A Consume white sugar

5. R F A Eat fast food

10. R F A Consume refined carbs

6. R F A Eat pre processed / packaged foods

11. R F A Consume wheat or gluten

7. R F A Consume sweets

12. R F A Very little exercise

Section 3

13. R F A History of skin cancer

Section 4

14. R F A Pain when taking a breath

Section 5

15. R F A Can't loose weight

19. R F A Early aging

16. R F A Can't gain weight

20. R F A Trouble sweating

17. R F A Thyroid problems

21. R F A Fatigued or tired

18. R F A Heat / cold intolerance

22. R F A Unexplained swellings

Section 6

23. R F A Breast tenderness

29. R F A Pelvic pain or cramping

24. R F A Vaginal discharge

30. R F A Mood swings

25. R F A Irregular periods

31. R F A Sexually transmitted diseases

26. R F A Excessive period bleeding

32. R F A Pain with sex

27. R F A Ovarian cysts

33. R F A Hormone replacement

28. R F A Fibrocystic breasts

Section 7

34. R F A Indigestion or bloating

38. R F A Crohn's Disease

35. R F A Abdominal cramps or pain

39. R F A Colon polyps

36. R F A Dark black / tarry stools

40. R F A Constipation

37. R F A Blood streaked stools

41. R F A Laxitives

Section 8

42. R F A Blood in your urine

Section 9

43. R F A Back pain or neck pain

44. R F A Muscle weakness

Section 10

45. R F A Sick more often

47. R F A Scleroderma or Sjogrens disease

46. R F A Swollen glands