

eWellness Questionnaire

Helping you one question at a time!

CHOLESTEROL PROBLEMS

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

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|--|---|
| 1. R F A A family history of diabetes | 4. R F A Eat pre processed / packaged foods |
| 2. R F A A family history of heart disease | 5. R F A Very little exercise |
| 3. R F A Eat fast food | |

Section 2

6. R F A Double vision or blurred vision

Section 3

7. R F A Shortness of breath

Section 4

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|---------------------------------------|---|
| 8. R F A Difficulty going to sleeping | 15. R F A Heat / cold intolerance |
| 9. R F A Difficulty staying asleep | 16. R F A Trouble with edema / swelling |
| 10. R F A Can't loose weight | 17. R F A Fatigued or tired |
| 11. R F A Slow metabolism | 18. R F A Unexplained swellings |
| 12. R F A Overweight | 19. R F A Diabetic medications |
| 13. R F A Diabetes | 20. R F A Thyroid medication |
| 14. R F A Metabolic syndrome | |

Section 5

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| 21. R F A Erectile dysfunction | 26. R F A Fertility concerns |
| 22. R F A Breast tenderness | 27. R F A Pelvic pain or cramping |
| 23. R F A Vaginal dryness | 28. R F A Thinning hair or brittle hair |
| 24. R F A Irregular periods | 29. R F A Decrease in sex drive |
| 25. R F A Excessive period bleeding | 30. R F A Hormone replacement |

Section 6

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|---|--|
| 31. R F A Heart medication | 35. R F A High blood pressure |
| 32. R F A History of a heart attack | 36. R F A History of A-fib or arrhythmias |
| 33. R F A History of heart surgery | 37. R F A History of heart problems |
| 34. R F A Chest pain / angina / tightness | 38. R F A Slow or fast heart beats at rest |

Section 7

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| 39. R F A History of deep vein thrombosis | 41. R F A Poor circulation in your feet |
| 40. R F A Poor circulation in your hands | |

Section 8

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| 42. R F A Inflamed intestine - "Leaky gut" | 43. R F A Constipation |
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Section 9

44. R F A Chronic fatigue syndrome

Section 10

45. R F A Numbness or tingling

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Section 11

46. R F A Problems relaxing

Section 12

47. R F A Sick more often

Section 13

48. R F A Cholesterol problems

49. R F A Cholesterol medication

50. R F A Gall bladder attacks