

eWellness Questionnaire

Helping you one question at a time!

CHRONIC URINARY TRACT INFECTIONS

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 Yeast / Fungal problems

Section 2

3. R F A Eat fast food

7. R F A Consume white sugar

4. R F A Eat pre processed / packaged foods

8. R F A Consume refined carbs

5. R F A Consume sweets

9. R F A Consume wheat or gluten

6. R F A Drink cow's milk

Section 3

10. R F A Tooth cavities

Section 4

11. R F A Difficulty staying asleep

13. R F A Fatigued or tired

12. R F A Diabetes

14. R F A Diabetic medications

Section 5

15. R F A Suffer from PMS

22. R F A Fibrocystic breasts

16. R F A Breast tenderness

23. R F A Increase in urination

17. R F A Vaginal discharge

24. R F A Pelvic pain or cramping

18. R F A Vaginal dryness

25. R F A Sexually transmitted diseases

19. R F A Birth control

26. R F A Decrease in sex drive

20. R F A Irregular periods

27. R F A Pain with sex

21. R F A Excessive period bleeding

28. R F A Hormone replacement

Section 6

29. R F A Poor circulation in your feet

Section 7

30. R F A History of urinary tract infections

34. R F A Dark or smelly urine

31. R F A Blood in your urine

35. R F A Over-active bladder

32. R F A Bed wetting

36. R F A Urinary urgency

33. R F A Urinary discharge (abnormal)

37. R F A Urinary hesitancy

Section 8

38. R F A Back pain or neck pain

Section 9

39. R F A Anxiety / anxiousness

Section 10

40. R F A Sick more often

41. R F A Recently taken antibiotics