

eWellness Questionnaire

Helping you one question at a time!

COMPREHENSIVE

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 | 5. R F A Unexplained weight loss |
| 2. R F A Yeast / Fungal problems | 6. R F A Nervousness or irritable |
| 3. R F A Tickle in your throat | 7. R F A Thinning of skin |
| 4. R F A Cough / spit clear sputum / phlegm | 8. R F A Prostate problems |

Section 2

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|--|---|
| 9. R F A A family history of diabetes | 19. R F A Consume sweets |
| 10. R F A A family history of cancer | 20. R F A Use artificial sweeteners |
| 11. R F A A family history of heart disease | 21. R F A Drink cow's milk |
| 12. R F A Alcohol socially | 22. R F A Consume white sugar |
| 13. R F A Alcohol use extensively | 23. R F A Consume refined carbs |
| 14. R F A Do you use street drugs | 24. R F A Consume wheat or gluten |
| 15. R F A Drink coffee / soda / ice tea | 25. R F A Consume artificial flavorings |
| 16. R F A Smoke or use tobacco | 26. R F A Very little exercise |
| 17. R F A Eat fast food | 27. R F A Family or financial stressors |
| 18. R F A Eat pre processed / packaged foods | |

Section 3

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|-----------------------------|----------------------------------|
| 28. R F A Rashes | 32. R F A Acne |
| 29. R F A Rosacea | 33. R F A Eczema |
| 30. R F A Itchy or dry skin | 34. R F A Psoriasis |
| 31. R F A Oily skin | 35. R F A History of skin cancer |

Section 4

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|---|---------------------------------|
| 36. R F A Vertigo / dizziness | 43. R F A Watery eyes |
| 37. R F A Light headedness | 44. R F A Itchy eyes |
| 38. R F A Glaucoma | 45. R F A Puffy eyes |
| 39. R F A Cataracts | 46. R F A Ear infections |
| 40. R F A Double vision or blurred vision | 47. R F A Tooth cavities |
| 41. R F A Dry or red eyes | 48. R F A Bad breath |
| 42. R F A Macular degeneration | 49. R F A Runny nose / sneezing |

Section 5

- | | |
|--|-------------------------------------|
| 50. R F A History of COPD / lung disease | 55. R F A Wheezing with breathing |
| 51. R F A History of emphysema | 56. R F A Asthma |
| 52. R F A History of chronic bronchitis | 57. R F A Shortness of breath |
| 53. R F A Difficulty breathing deeply | 58. R F A Pain when taking a breath |
| 54. R F A Acute or chronic coughing | |

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Section 6									
59.	R	F	A	Difficulty going to sleeping	70.	R	F	A	Too much stress / tension
60.	R	F	A	Difficulty staying asleep	71.	R	F	A	Heat / cold intolerance
61.	R	F	A	Hungry all the time	72.	R	F	A	Cough / spit green-yellowish sputum / phlegm
62.	R	F	A	Can't loose weight	73.	R	F	A	Trouble with edema / swelling
63.	R	F	A	Can't gain weight	74.	R	F	A	Early aging
64.	R	F	A	Slow metabolism	75.	R	F	A	Trouble sweating
65.	R	F	A	Overweight	76.	R	F	A	Fatigued or tired
66.	R	F	A	Gout	77.	R	F	A	Unexplained swellings
67.	R	F	A	Diabetes	78.	R	F	A	Diabetic medications
68.	R	F	A	Metabolic syndrome	79.	R	F	A	Thyroid medication
69.	R	F	A	Thyroid problems	80.	R	F	A	Diuretics
Section 7									
81.	R	F	A	Erectile dysfunction	94.	R	F	A	Fertility concerns
82.	R	F	A	Pre-menopausal	95.	R	F	A	Increase in urination
83.	R	F	A	Peri-menopausal	96.	R	F	A	Pelvic pain or cramping
84.	R	F	A	Suffer from PMS	97.	R	F	A	Mood swings
85.	R	F	A	Breast tenderness	98.	R	F	A	Bouts of depression
86.	R	F	A	Vaginal discharge	99.	R	F	A	Manic episodes
87.	R	F	A	Vaginal dryness	100.	R	F	A	Loosing your memory
88.	R	F	A	Birth control	101.	R	F	A	Hot flashes / sweats
89.	R	F	A	Irregular periods	102.	R	F	A	Thinning hair or brittle hair
90.	R	F	A	Excessive period bleeding	103.	R	F	A	Sexually transmitted diseases
91.	R	F	A	Athlete's Foot	104.	R	F	A	Decrease in sex drive
92.	R	F	A	Ovarian cysts	105.	R	F	A	Pain with sex
93.	R	F	A	Fibrocystic breasts	106.	R	F	A	Hormone replacement
Section 8									
107.	R	F	A	Heart medication	111.	R	F	A	High blood pressure
108.	R	F	A	History of a heart attack	112.	R	F	A	History of A-fib or arrhythmias
109.	R	F	A	History of heart surgery	113.	R	F	A	History of heart problems
110.	R	F	A	Chest pain / angina / tightness	114.	R	F	A	Slow or fast heart beats at rest
Section 9									
115.	R	F	A	History of deep vein thrombosis	118.	R	F	A	Concerns about a stroke
116.	R	F	A	Poor circulation in your hands	119.	R	F	A	Restless leg syndrome
117.	R	F	A	Poor circulation in your feet	120.	R	F	A	Bruise easily
Section 10									
121.	R	F	A	Heart burn or reflux	131.	R	F	A	Inflammed intestine - "Leaky gut"
122.	R	F	A	Upset stomach	132.	R	F	A	Dark black / tarry stools
123.	R	F	A	Belching	133.	R	F	A	Blood streaked stools
124.	R	F	A	Ulcers	134.	R	F	A	Blood on the toilet paper
125.	R	F	A	Pain after eating	135.	R	F	A	Crohn's Disease
126.	R	F	A	Heartburn medication	136.	R	F	A	Ulcerative colitis
127.	R	F	A	Indigestion or bloating	137.	R	F	A	Colon polyps
128.	R	F	A	Abdominal cramps or pain	138.	R	F	A	Diverticulitis
129.	R	F	A	Irritable bowel syndrome	139.	R	F	A	Constipation
130.	R	F	A	Diarrhea	140.	R	F	A	Laxitives

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Section 11									
141.	R	F	A	History of urinary tract infections	146.	R	F	A	Dark or smelly urine
142.	R	F	A	History of kidney stones	147.	R	F	A	Over-active bladder
143.	R	F	A	Blood in your urine	148.	R	F	A	Urinary urgency
144.	R	F	A	Bed wetting	149.	R	F	A	Urinary hesitancy
145.	R	F	A	Urinary discharge (abnormal)					
Section 12									
150.	R	F	A	Headaches or migraines	157.	R	F	A	Joint pain
151.	R	F	A	Stiffness or muscle spasms	158.	R	F	A	Arthritis
152.	R	F	A	Bone pains	159.	R	F	A	Rheumatoid arthritis
153.	R	F	A	Difficulty exercising	160.	R	F	A	Muscle weakness
154.	R	F	A	Fibromyalgia	161.	R	F	A	Osteoporosis
155.	R	F	A	Chronic fatigue syndrome	162.	R	F	A	Muscle relaxors
156.	R	F	A	Back pain or neck pain					
Section 13									
163.	R	F	A	History of seizures	167.	R	F	A	Numbness or tingling
164.	R	F	A	Anti-depressants	168.	R	F	A	Poor coordination
165.	R	F	A	Pain medications	169.	R	F	A	ADHD / ADD learning disorders
166.	R	F	A	Multiple sclerosis	170.	R	F	A	Brain fog - lack of concentration
Section 14									
171.	R	F	A	Anxiety / anxiousness	173.	R	F	A	Feelings of worthlessness
172.	R	F	A	Problems relaxing					
Section 15									
174.	R	F	A	Allergies					
Section 16									
175.	R	F	A	Sick more often	179.	R	F	A	Fever blisters or cold sores
176.	R	F	A	Swollen glands	180.	R	F	A	Warts
177.	R	F	A	Recently taken antibiotics	181.	R	F	A	Sore Throat
178.	R	F	A	Scleroderma or Sjogrens disease					
Section 17									
182.	R	F	A	Cholesterol problems	184.	R	F	A	Gall bladder attacks
183.	R	F	A	Cholesterol medication					