

# eWellness Questionnaire

Helping you one question at a time!

## DECREASED SEX DRIVE

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 Yeast / Fungal problems
- 2. R F A Nervousness or irritable

- 3. R F A Prostate problems

### Section 2

- 4. R F A Alcohol use extensively
- 5. R F A Smoke or use tobacco

- 6. R F A Family or financial stressors

### Section 3

- 7. R F A Vertigo / dizziness

- 8. R F A Light headedness

### Section 4

- 9. R F A Difficulty going to sleeping
- 10. R F A Difficulty staying asleep
- 11. R F A Overweight
- 12. R F A Diabetes
- 13. R F A Thyroid problems
- 14. R F A Too much stress / tension

- 15. R F A Early aging
- 16. R F A Trouble sweating
- 17. R F A Fatigued or tired
- 18. R F A Diabetic medications
- 19. R F A Thyroid medication

### Section 5

- 20. R F A Erectile dysfunction
- 21. R F A Pre-menopausal
- 22. R F A Peri-menopausal
- 23. R F A Suffer from PMS
- 24. R F A Breast tenderness
- 25. R F A Vaginal discharge
- 26. R F A Vaginal dryness
- 27. R F A Birth control
- 28. R F A Irregular periods
- 29. R F A Excessive period bleeding
- 30. R F A Ovarian cysts
- 31. R F A Fibrocystic breasts

- 32. R F A Fertility concerns
- 33. R F A Increase in urination
- 34. R F A Pelvic pain or cramping
- 35. R F A Mood swings
- 36. R F A Bouts of depression
- 37. R F A Loosing your memory
- 38. R F A Hot flashes / sweats
- 39. R F A Thinning hair or brittle hair
- 40. R F A Sexually transmitted diseases
- 41. R F A Decrease in sex drive
- 42. R F A Pain with sex
- 43. R F A Hormone replacement

### Section 6

- 44. R F A History of a heart attack
- 45. R F A History of heart surgery
- 46. R F A Chest pain / angina / tightness

- 47. R F A High blood pressure
- 48. R F A History of heart problems
- 49. R F A Slow or fast heart beats at rest

### Section 7

- 50. R F A History of deep vein thrombosis
- 51. R F A Poor circulation in your feet

- 52. R F A Restless leg syndrome

### Section 8

- 53. R F A Abdominal cramps or pain
- 54. R F A Blood streaked stools

- 55. R F A Constipation

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Section 9

- 56. R F A History of urinary tract infections
- 57. R F A Blood in your urine
- 58. R F A Bed wetting
- 59. R F A Urinary discharge (abnormal)

- 60. R F A Dark or smelly urine
- 61. R F A Over-active bladder
- 62. R F A Urinary urgency
- 63. R F A Urinary hesitancy

Section 10

- 64. R F A Headaches or migraines
- 65. R F A Bone pains
- 66. R F A Fibromyalgia
- 67. R F A Chronic fatigue syndrome

- 68. R F A Back pain or neck pain
- 69. R F A Muscle weakness
- 70. R F A Muscle relaxors

Section 11

- 71. R F A Anti-depressants

- 72. R F A Brain fog - lack of concentration

Section 12

- 73. R F A Anxiety / anxiousness
- 74. R F A Problems relaxing

- 75. R F A Feelings of worthlessness

Section 13

- 76. R F A Allergies

Section 14

- 77. R F A Sick more often