

eWellness Questionnaire

Helping you one question at a time!

DEMENTIA / MEMORY 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 Consume breads / pastas / starches | 3. R F A Nervousness or irritable |
| 2. R F A Yeast / Fungal problems | |

Section 2

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|---|---|
| 4. R F A Alcohol use extensively | 10. R F A Consume refined carbs |
| 5. R F A Eat fast food | 11. R F A Consume wheat or gluten |
| 6. R F A Eat pre processed / packaged foods | 12. R F A Consume artificial flavorings |
| 7. R F A Consume sweets | 13. R F A Very little exercise |
| 8. R F A Drink cow's milk | 14. R F A Family or financial stressors |
| 9. R F A Consume white sugar | |

Section 3

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| 15. R F A Vertigo / dizziness | 17. R F A Double vision or blurred vision |
| 16. R F A Light headedness | |

Section 4

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| 18. R F A Difficulty going to sleeping | 25. R F A Too much stress / tension |
| 19. R F A Difficulty staying asleep | 26. R F A Trouble with edema / swelling |
| 20. R F A Can't loose weight | 27. R F A Early aging |
| 21. R F A Slow metabolism | 28. R F A Trouble sweating |
| 22. R F A Overweight | 29. R F A Fatigued or tired |
| 23. R F A Diabetes | 30. R F A Thyroid medication |
| 24. R F A Thyroid problems | |

Section 5

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|-------------------------------------|---|
| 31. R F A Erectile dysfunction | 39. R F A Bouts of depression |
| 32. R F A Breast tenderness | 40. R F A Manic episodes |
| 33. R F A Irregular periods | 41. R F A Loosing your memory |
| 34. R F A Excessive period bleeding | 42. R F A Hot flashes / sweats |
| 35. R F A Ovarian cysts | 43. R F A Thinning hair or brittle hair |
| 36. R F A Fibrocystic breasts | 44. R F A Sexually transmitted diseases |
| 37. R F A Pelvic pain or cramping | 45. R F A Decrease in sex drive |
| 38. R F A Mood swings | 46. R F A Hormone replacement |

Section 6

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| 47. R F A History of a heart attack | 49. R F A History of heart problems |
| 48. R F A High blood pressure | |

Section 7

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|---|-----------------------------------|
| 50. R F A History of deep vein thrombosis | 51. R F A Concerns about a stroke |
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Section 8

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|------------------------------------|------------------------|
| 52. R F A Irritable bowel syndrome | 53. R F A Constipation |
|------------------------------------|------------------------|

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Section 9

54. R F A Bed wetting

55. R F A Dark or smelly urine

Section 10

56. R F A Headaches or migraines

61. R F A Back pain or neck pain

57. R F A Bone pains

62. R F A Joint pain

58. R F A Difficulty exercising

63. R F A Muscle weakness

59. R F A Fibromyalgia

64. R F A Muscle relaxors

60. R F A Chronic fatigue syndrome

Section 11

65. R F A Anti-depressants

67. R F A Brain fog - lack of concentration

66. R F A Poor coordination

Section 12

68. R F A Anxiety / anxiousness

70. R F A Feelings of worthlessness

69. R F A Problems relaxing

Section 13

71. R F A Allergies

Section 14

72. R F A Sick more often