

eWellness Questionnaire

Helping you one question at a time!

DIABETES / METABOLIC SYNDROME PROFILE

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

Section 2

2. R F A A family history of diabetes	10. R F A Drink cow's milk
3. R F A A family history of heart disease	11. R F A Consume white sugar
4. R F A Alcohol use extensively	12. R F A Consume refined carbs
5. R F A Do you use street drugs	13. R F A Consume wheat or gluten
6. R F A Eat fast food	14. R F A Consume artificial flavorings
7. R F A Eat pre processed / packaged foods	15. R F A Very little exercise
8. R F A Consume sweets	16. R F A Family or financial stressors
9. R F A Use artificial sweeteners	

Section 3

17. R F A Vertigo / dizziness	20. R F A Cataracts
18. R F A Light headedness	21. R F A Double vision or blurred vision
19. R F A Glaucoma	

Section 4

22. R F A Difficulty going to sleeping	29. R F A Too much stress / tension
23. R F A Can't loose weight	30. R F A Heat / cold intolerance
24. R F A Slow metabolism	31. R F A Trouble sweating
25. R F A Overweight	32. R F A Fatigued or tired
26. R F A Diabetes	33. R F A Diabetic medications
27. R F A Metabolic syndrome	34. R F A Thyroid medication
28. R F A Thyroid problems	

Section 5

35. R F A Erectile dysfunction	41. R F A Bouts of depression
36. R F A Breast tenderness	42. R F A Loosing your memory
37. R F A Fibrocystic breasts	43. R F A Thinning hair or brittle hair
38. R F A Fertility concerns	44. R F A Decrease in sex drive
39. R F A Increase in urination	45. R F A Pain with sex
40. R F A Mood swings	

Section 6

46. R F A Poor circulation in your hands	48. R F A Concerns about a stroke
47. R F A Poor circulation in your feet	

Section 7

49. R F A Heart burn or reflux	53. R F A Indigestion or bloating
50. R F A Upset stomach	54. R F A Abdominal cramps or pain
51. R F A Belching	55. R F A Inflammed intestine - "Leaky gut"
52. R F A Ulcers	56. R F A Constipation

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Section 8

57. R F A Blood in your urine
58. R F A Dark or smelly urine

59. R F A Over-active bladder
60. R F A Urinary hesitancy

Section 9

61. R F A Headaches or migraines
62. R F A Bone pains
63. R F A Difficulty exercising

64. R F A Back pain or neck pain
65. R F A Joint pain
66. R F A Muscle weakness

Section 10

67. R F A Anti-depressants
68. R F A Numbness or tingling

69. R F A Brain fog - lack of concentration

Section 11

70. R F A Anxiety / anxiousness
71. R F A Problems relaxing

72. R F A Feelings of worthlessness

Section 12

73. R F A Allergies

Section 13

74. R F A Sick more often