

eWellness Questionnaire

Helping you one question at a time!

DRY SKIN / BRITTLE NAILS

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
- 3. R F A Unexplained weight loss

- 4. R F A Nervousness or irritable
- 5. R F A Thinning of skin

Section 2

- 6. R F A Smoke or use tobacco
- 7. R F A Eat fast food
- 8. R F A Eat pre processed / packaged foods
- 9. R F A Consume sweets
- 10. R F A Drink cow's milk
- 11. R F A Consume white sugar

- 12. R F A Consume refined carbs
- 13. R F A Consume wheat or gluten
- 14. R F A Consume artificial flavorings
- 15. R F A Very little exercise
- 16. R F A Family or financial stressors

Section 3

- 17. R F A Rashes
- 18. R F A Itchy or dry skin

- 19. R F A Psoriasis
- 20. R F A History of skin cancer

Section 4

- 21. R F A History of emphysema

- 22. R F A Shortness of breath

Section 5

- 23. R F A Can't loose weight
- 24. R F A Slow metabolism
- 25. R F A Overweight
- 26. R F A Gout
- 27. R F A Diabetes
- 28. R F A Thyroid problems

- 29. R F A Too much stress / tension
- 30. R F A Heat / cold intolerance
- 31. R F A Fatigued or tired
- 32. R F A Diabetic medications
- 33. R F A Thyroid medication

Section 6

- 34. R F A Erectile dysfunction
- 35. R F A Excessive period bleeding
- 36. R F A Loosing your memory
- 37. R F A Hot flashes / sweats

- 38. R F A Thinning hair or brittle hair
- 39. R F A Decrease in sex drive
- 40. R F A Hormone replacement

Section 7

- 41. R F A History of a heart attack
- 42. R F A History of heart surgery

- 43. R F A Chest pain / angina / tightness
- 44. R F A History of heart problems

Section 8

- 45. R F A Poor circulation in your hands

- 46. R F A Poor circulation in your feet

Section 9

- 47. R F A Pain after eating
- 48. R F A Indigestion or bloating

- 49. R F A Abdominal cramps or pain
- 50. R F A Constipation

Section 10

- 51. R F A Blood in your urine

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Section 11
52. R F A Stiffness or muscle spasms 57. R F A Back pain or neck pain
53. R F A Bone pains 58. R F A Arthritis
54. R F A Difficulty exercising 59. R F A Rheumatoid arthritis
55. R F A Fibromyalgia 60. R F A Muscle relaxors
56. R F A Chronic fatigue syndrome

Section 12
61. R F A Anti-depressants 63. R F A Brain fog - lack of concentration
62. R F A Numbness or tingling

Section 13
64. R F A Anxiety / anxiousness

Section 14
65. R F A Allergies

Section 15
66. R F A Sick more often