

# eWellness Questionnaire

Helping you one question at a time!

## ENERGY WITH PROBLEMS / FATIGUE

|                               |                |
|-------------------------------|----------------|
| 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

### Section 2

3. R F A Alcohol use extensively

9. R F A Drink cow's milk

4. R F A Do you use street drugs

10. R F A Consume white sugar

5. R F A Smoke or use tobacco

11. R F A Consume refined carbs

6. R F A Eat fast food

12. R F A Consume wheat or gluten

7. R F A Eat pre processed / packaged foods

13. R F A Very little exercise

8. R F A Consume sweets

14. R F A Family or financial stressors

### Section 3

15. R F A Vertigo / dizziness

17. R F A Double vision or blurred vision

16. R F A Light headedness

### Section 4

18. R F A History of COPD / lung disease

22. R F A Wheezing with breathing

19. R F A History of emphysema

23. R F A Asthma

20. R F A History of chronic bronchitis

24. R F A Shortness of breath

21. R F A Difficulty breathing deeply

25. R F A Pain when taking a breath

### Section 5

26. R F A Difficulty staying asleep

32. R F A Too much stress / tension

27. R F A Can't loose weight

33. R F A Heat / cold intolerance

28. R F A Slow metabolism

34. R F A Early aging

29. R F A Overweight

35. R F A Trouble sweating

30. R F A Diabetes

36. R F A Fatigued or tired

31. R F A Thyroid problems

37. R F A Thyroid medication

### Section 6

38. R F A Erectile dysfunction

49. R F A Increase in urination

39. R F A Pre-menopausal

50. R F A Pelvic pain or cramping

40. R F A Peri-menopausal

51. R F A Mood swings

41. R F A Suffer from PMS

52. R F A Bouts of depression

42. R F A Breast tenderness

53. R F A Loosing your memory

43. R F A Vaginal discharge

54. R F A Hot flashes / sweats

44. R F A Vaginal dryness

55. R F A Thinning hair or brittle hair

45. R F A Irregular periods

56. R F A Sexually transmitted diseases

46. R F A Excessive period bleeding

57. R F A Decrease in sex drive

47. R F A Ovarian cysts

58. R F A Pain with sex

48. R F A Fibrocystic breasts

59. R F A Hormone replacement

|                                                                                                                                                                                                                                                                                                                       |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----|---|---|---|-----------------------------------|
| Name: First Name MI Last Name                                                                                                                                                                                                                                                                                         |   |   | Date of Birth:                                                                                                                                                                    |                                 |     |   |   |   |                                   |
|                                                                                                                                                                                                                                                                                                                       |   |   | Patient Code:                                                                                                                                                                     |                                 |     |   |   |   |                                   |
| <p>Please do not select anything if the answer is no or negative.<br/>         Select Rarely 'R' if this is an uncommon event or symptom.<br/>         Select Frequent 'F' if this is a common event or symptom.<br/>         Select Always 'A' if this is a persistent event or symptom. Also select 'A' for Yes</p> |   |   | <p>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.</p> |                                 |     |   |   |   |                                   |
| Section 7                                                                                                                                                                                                                                                                                                             |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 60.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Heart medication                | 64. | R | F | A | High blood pressure               |
| 61.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | History of a heart attack       | 65. | R | F | A | History of A-fib or arrhythmias   |
| 62.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | History of heart surgery        | 66. | R | F | A | History of heart problems         |
| 63.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Chest pain / angina / tightness | 67. | R | F | A | Slow or fast heart beats at rest  |
| Section 8                                                                                                                                                                                                                                                                                                             |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 68.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | History of deep vein thrombosis | 69. | R | F | A | Poor circulation in your feet     |
| Section 9                                                                                                                                                                                                                                                                                                             |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 70.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Ulcers                          | 73. | R | F | A | Irritable bowel syndrome          |
| 71.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Indigestion or bloating         | 74. | R | F | A | Inflamed intestine - "Leaky gut"  |
| 72.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Abdominal cramps or pain        | 75. | R | F | A | Constipation                      |
| Section 10                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 76.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Blood in your urine             |     |   |   |   |                                   |
| Section 11                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 77.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Headaches or migraines          | 82. | R | F | A | Joint pain                        |
| 78.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Difficulty exercising           | 83. | R | F | A | Arthritis                         |
| 79.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Fibromyalgia                    | 84. | R | F | A | Muscle weakness                   |
| 80.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Chronic fatigue syndrome        | 85. | R | F | A | Muscle relaxors                   |
| 81.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Back pain or neck pain          |     |   |   |   |                                   |
| Section 12                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 86.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Anti-depressants                | 88. | R | F | A | Brain fog - lack of concentration |
| 87.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Numbness or tingling            |     |   |   |   |                                   |
| Section 13                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 89.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Anxiety / anxiousness           | 90. | R | F | A | Feelings of worthlessness         |
| Section 14                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 91.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Allergies                       |     |   |   |   |                                   |
| Section 15                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                                                                   |                                 |     |   |   |   |                                   |
| 92.                                                                                                                                                                                                                                                                                                                   | R | F | A                                                                                                                                                                                 | Sick more often                 |     |   |   |   |                                   |