

eWellness Questionnaire

Helping you one question at a time!

HEART DISEASE 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 2. R F A Nervousness or irritable

Section 2

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

Section 3

16. R F A Vertigo / dizziness 18. R F A Double vision or blurred vision
17. R F A Light headedness

Section 4

19. R F A History of COPD / lung disease 23. R F A Acute or chronic coughing
20. R F A History of emphysema 24. R F A Shortness of breath
21. R F A History of chronic bronchitis 25. R F A Pain when taking a breath
22. R F A Difficulty breathing deeply

Section 5

26. R F A Overweight 30. R F A Fatigued or tired
27. R F A Too much stress / tension 31. R F A Thyroid medication
28. R F A Heat / cold intolerance 32. R F A Diuretics
29. R F A Trouble with edema / swelling

Section 6

33. R F A Erectile dysfunction 37. R F A Bouts of depression
34. R F A Breast tenderness 38. R F A Decrease in sex drive
35. R F A Excessive period bleeding 39. R F A Pain with sex
36. R F A Mood swings 40. R F A Hormone replacement

Section 7

41. R F A Heart medication 45. R F A High blood pressure
42. R F A History of a heart attack 46. R F A History of A-fib or arrhythmias
43. R F A History of heart surgery 47. R F A History of heart problems
44. R F A Chest pain / angina / tightness 48. R F A Slow or fast heart beats at rest

Section 8

49. R F A History of deep vein thrombosis 52. R F A Concerns about a stroke
50. R F A Poor circulation in your hands 53. R F A Bruise easily
51. R F A Poor circulation in your feet

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Section 9					
54. R F A	Heart burn or reflux		56. R F A	Indigestion or bloating	
55. R F A	Heartburn medication		57. R F A	Laxitives	
Section 10					
58. R F A	Headaches or migraines		62. R F A	Back pain or neck pain	
59. R F A	Stiffness or muscle spasms		63. R F A	Muscle weakness	
60. R F A	Difficulty exercising		64. R F A	Muscle relaxors	
61. 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	Numbness or tingling				
Section 12					
68. R F A	Anxiety / anxiousness				
Section 13					
69. R F A	Allergies				
Section 14					
70. R F A	Sick more often				
Section 15					
71. R F A	Cholesterol problems		72. R F A	Cholesterol medication	