

# eWellness Questionnaire

Helping you one question at a time!

## LUNG 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

1. R F A Cough / spit clear sputum / phlegm

2. R F A Unexplained weight loss

### Section 2

3. R F A A family history of cancer

7. R F A Smoke or use tobacco

4. R F A A family history of heart disease

8. R F A Drink cow's milk

5. R F A Alcohol use extensively

9. R F A Very little exercise

6. R F A Do you use street drugs

### Section 3

10. R F A Vertigo / dizziness

12. R F A Double vision or blurred vision

11. R F A Light headedness

### Section 4

13. R F A History of COPD / lung disease

18. R F A Wheezing with breathing

14. R F A History of emphysema

19. R F A Asthma

15. R F A History of chronic bronchitis

20. R F A Shortness of breath

16. R F A Difficulty breathing deeply

21. R F A Pain when taking a breath

17. R F A Acute or chronic coughing

### Section 5

22. R F A Difficulty going to sleeping

26. R F A Cough / spit green-yellowish sputum / phlegm

23. R F A Slow metabolism

27. R F A Trouble with edema / swelling

24. R F A Thyroid problems

28. R F A Fatigued or tired

25. R F A Too much stress / tension

29. R F A Thyroid medication

### Section 6

30. R F A Hormone replacement

### Section 7

31. R F A Heart medication

35. R F A High blood pressure

32. R F A History of a heart attack

36. R F A History of heart problems

33. R F A History of heart surgery

37. R F A Slow or fast heart beats at rest

34. R F A Chest pain / angina / tightness

### Section 8

38. R F A Poor circulation in your hands

### Section 9

39. R F A Heart burn or reflux

40. R F A Indigestion or bloating

### Section 10

41. R F A Stiffness or muscle spasms

44. R F A Back pain or neck pain

42. R F A Difficulty exercising

45. R F A Muscle relaxors

43. R F A Chronic fatigue syndrome

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Section 11  
46. R F A Numbness or tingling 47. R F A Brain fog - lack of concentration

Section 12  
48. R F A Anxiety / anxiousness 49. R F A Problems relaxing

Section 13  
50. R F A Allergies

Section 14  
51. R F A Sick more often 53. R F A Sore Throat  
52. R F A Recently taken antibiotics

Section 15  
54. R F A Cholesterol problems