

# eWellness Questionnaire

Helping you one question at a time!

## MACULAR DEGENERATION 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

8. R F A Consume white sugar

4. R F A Eat fast food

9. R F A Consume refined carbs

5. R F A Eat pre processed / packaged foods

10. R F A Consume wheat or gluten

6. R F A Consume sweets

11. R F A Very little exercise

7. R F A Drink cow's milk

12. R F A Family or financial stressors

### Section 3

13. R F A Glaucoma

17. R F A Macular degeneration

14. R F A Cataracts

18. R F A Watery eyes

15. R F A Double vision or blurred vision

19. R F A Itchy eyes

16. R F A Dry or red eyes

20. R F A Puffy eyes

### Section 4

21. R F A Slow metabolism

25. R F A Too much stress / tension

22. R F A Overweight

26. R F A Fatigued or tired

23. R F A Diabetes

27. R F A Diabetic medications

24. R F A Thyroid problems

28. R F A Thyroid medication

### Section 5

29. R F A Breast tenderness

32. R F A Thinning hair or brittle hair

30. R F A Increase in urination

33. R F A Hormone replacement

31. R F A Mood swings

### Section 6

34. R F A Chest pain / angina / tightness

35. R F A High blood pressure

### Section 7

36. R F A Poor circulation in your hands

37. R F A Poor circulation in your feet

### Section 8

38. R F A Headaches or migraines

41. R F A Arthritis

39. R F A Difficulty exercising

42. R F A Muscle weakness

40. R F A Back pain or neck pain

### Section 9

43. R F A Numbness or tingling

45. R F A Brain fog - lack of concentration

44. R F A Poor coordination

### Section 10

46. R F A Anxiety / anxiousness

### Section 11

47. R F A Allergies

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 12

48. R F A Sick more often

Section 13

49. R F A Cholesterol problems

50. R F A Cholesterol medication