

eWellness Questionnaire

Helping you one question at a time!

STRESS / ANXIETY

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

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|---|-----------------------------------|
| 1. R F A Consume breads / pastas / starches | 3. R F A Nervousness or irritable |
| 2. R F A Unexplained weight loss | 4. R F A Thinning of skin |

Section 2

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| 5. R F A Alcohol socially | 12. R F A Consume sweets |
| 6. R F A Alcohol use extensively | 13. R F A Drink cow's milk |
| 7. R F A Do you use street drugs | 14. R F A Consume white sugar |
| 8. R F A Drink coffee / soda / ice tea | 15. R F A Consume refined carbs |
| 9. R F A Smoke or use tobacco | 16. R F A Consume wheat or gluten |
| 10. R F A Eat fast food | 17. R F A Very little exercise |
| 11. R F A Eat pre processed / packaged foods | 18. R F A Family or financial stressors |

Section 3

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|-----------------------------|----------------------------------|
| 19. R F A Rosacea | 22. R F A Eczema |
| 20. R F A Itchy or dry skin | 23. R F A History of skin cancer |
| 21. R F A Acne | |

Section 4

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| 24. R F A Vertigo / dizziness | 27. R F A Watery eyes |
| 25. R F A Light headedness | 28. R F A Itchy eyes |
| 26. R F A Double vision or blurred vision | 29. R F A Puffy eyes |

Section 5

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| 30. R F A History of COPD / lung disease | 35. R F A Wheezing with breathing |
| 31. R F A History of emphysema | 36. R F A Asthma |
| 32. R F A History of chronic bronchitis | 37. R F A Shortness of breath |
| 33. R F A Difficulty breathing deeply | 38. R F A Pain when taking a breath |
| 34. R F A Acute or chronic coughing | |

Section 6

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| 39. R F A Difficulty going to sleeping | 46. R F A Too much stress / tension |
| 40. R F A Difficulty staying asleep | 47. R F A Heat / cold intolerance |
| 41. R F A Can't loose weight | 48. R F A Early aging |
| 42. R F A Slow metabolism | 49. R F A Trouble sweating |
| 43. R F A Overweight | 50. R F A Fatigued or tired |
| 44. R F A Diabetes | 51. R F A Diabetic medications |
| 45. R F A Thyroid problems | 52. R F A Thyroid medication |

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Section 7				
53. R F A	Erectile dysfunction	65. R F A	Fertility concerns	
54. R F A	Pre-menopausal	66. R F A	Increase in urination	
55. R F A	Peri-menopausal	67. R F A	Pelvic pain or cramping	
56. R F A	Suffer from PMS	68. R F A	Mood swings	
57. R F A	Breast tenderness	69. R F A	Bouts of depression	
58. R F A	Vaginal discharge	70. R F A	Manic episodes	
59. R F A	Vaginal dryness	71. R F A	Hot flashes / sweats	
60. R F A	Birth control	72. R F A	Thinning hair or brittle hair	
61. R F A	Irregular periods	73. R F A	Sexually transmitted diseases	
62. R F A	Excessive period bleeding	74. R F A	Decrease in sex drive	
63. R F A	Ovarian cysts	75. R F A	Pain with sex	
64. R F A	Fibrocystic breasts	76. R F A	Hormone replacement	
Section 8				
77. R F A	Heart medication	81. R F A	High blood pressure	
78. R F A	History of a heart attack	82. R F A	History of A-fib or arrhythmias	
79. R F A	History of heart surgery	83. R F A	History of heart problems	
80. R F A	Chest pain / angina / tightness	84. R F A	Slow or fast heart beats at rest	
Section 9				
85. R F A	Poor circulation in your hands	88. R F A	Restless leg syndrome	
86. R F A	Poor circulation in your feet	89. R F A	Bruise easily	
87. R F A	Concerns about a stroke			
Section 10				
90. R F A	Ulcers	93. R F A	Abdominal cramps or pain	
91. R F A	Pain after eating	94. R F A	Inflamed intestine - "Leaky gut"	
92. R F A	Indigestion or bloating	95. R F A	Constipation	
Section 11				
96. R F A	Blood in your urine	99. R F A	Over-active bladder	
97. R F A	Urinary discharge (abnormal)	100. R F A	Urinary urgency	
98. R F A	Dark or smelly urine	101. R F A	Urinary hesitancy	
Section 12				
102. R F A	Headaches or migraines	108. R F A	Back pain or neck pain	
103. R F A	Stiffness or muscle spasms	109. R F A	Joint pain	
104. R F A	Bone pains	110. R F A	Arthritis	
105. R F A	Difficulty exercising	111. R F A	Muscle weakness	
106. R F A	Fibromyalgia	112. R F A	Osteoporosis	
107. R F A	Chronic fatigue syndrome	113. R F A	Muscle relaxors	
Section 13				
114. R F A	Anti-depressants	116. R F A	ADHD / ADD learning disorders	
115. R F A	Numbness or tingling	117. R F A	Brain fog - lack of concentration	
Section 14				
118. R F A	Anxiety / anxiousness	120. R F A	Feelings of worthlessness	
119. R F A	Problems relaxing			
Section 15				
121. R F A	Allergies			
Section 16				
122. R F A	Sick more often	124. R F A	Fever blisters or cold sores	
123. R F A	Swollen glands	125. R F A	Sore Throat	

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Section 17

126. R F A Cholesterol problems

127. R F A Cholesterol medication