

# eWellness Questionnaire

Helping you one question at a time!

## WRIST / HAND PAIN

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 Yeast / Fungal problems | 3. R F A Nervousness or irritable |
| 2. R F A Unexplained weight loss |                                   |

### Section 2

- |  |                                  |
|--|----------------------------------|
| 4. R F A A family history of heart disease | 7. R F A Consume white sugar     |
| 5. R F A Smoke or use tobacco              | 8. R F A Consume refined carbs   |
| 6. R F A Drink cow's milk                  | 9. R F A Consume wheat or gluten |

### Section 3

- |                             |                                  |
|-----------------------------|----------------------------------|
| 10. R F A Rashes            | 12. R F A History of skin cancer |
| 11. R F A Itchy or dry skin |                                  |

### Section 4

- |  |                                     |
|--|-------------------------------------|
| 13. R F A Difficulty going to sleeping | 17. R F A Too much stress / tension |
| 14. R F A Gout                         | 18. R F A Heat / cold intolerance   |
| 15. R F A Diabetes                     | 19. R F A Fatigued or tired         |
| 16. R F A Metabolic syndrome           | 20. R F A Diabetic medications      |

### Section 5

- |                               |   |
|-------------------------------|---|
| 21. R F A Fibrocystic breasts | 22. R F A Thinning hair or brittle hair |
|-------------------------------|---|

### Section 6

- |                                     |   |
|-------------------------------------|---|
| 23. R F A Heart medication          | 26. R F A Chest pain / angina / tightness |
| 24. R F A History of a heart attack | 27. R F A High blood pressure             |
| 25. R F A History of heart surgery  | 28. R F A History of heart problems       |

### Section 7

29. R F A Poor circulation in your hands

### Section 8

30. R F A Inflamed intestine - "Leaky gut"

### Section 9

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| 31. R F A Headaches or migraines     | 37. R F A Back pain or neck pain |
| 32. R F A Stiffness or muscle spasms | 38. R F A Joint pain             |
| 33. R F A Bone pains                 | 39. R F A Arthritis              |
| 34. R F A Difficulty exercising      | 40. R F A Rheumatoid arthritis   |
| 35. R F A Fibromyalgia               | 41. R F A Muscle weakness        |
| 36. R F A Chronic fatigue syndrome   | 42. R F A Muscle relaxors        |

### Section 10

- |                              |   |
|------------------------------|---|
| 43. R F A Anti-depressants   | 46. R F A Numbness or tingling              |
| 44. R F A Pain medications   | 47. R F A Poor coordination                 |
| 45. R F A Multiple sclerosis | 48. R F A Brain fog - lack of concentration |

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Section 11

49. R F A Anxiety / anxiousness

50. R F A Problems relaxing

Section 12

51. R F A Allergies