

eWellness Questionnaire

Helping you one question at a time!

YEAST INFECTION

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 Yeast / Fungal problems

Section 2

3. R F A Eat fast food

4. R F A Eat pre processed / packaged foods

5. R F A Consume sweets

6. R F A Drink cow's milk

7. R F A Consume white sugar

8. R F A Consume refined carbs

9. R F A Consume wheat or gluten

Section 3

10. R F A Itchy eyes

Section 4

11. R F A Overweight

12. R F A Heat / cold intolerance

13. R F A Fatigued or tired

Section 5

14. R F A Erectile dysfunction

15. R F A Suffer from PMS

16. R F A Breast tenderness

17. R F A Vaginal dryness

18. R F A Irregular periods

19. R F A Athlete's Foot

20. R F A Increase in urination

21. R F A Mood swings

22. R F A Decrease in sex drive

23. R F A Pain with sex

24. R F A Hormone replacement

Section 6

25. R F A Abdominal cramps or pain

26. R F A Irritable bowel syndrome

27. R F A Diarrhea

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

29. R F A Blood streaked stools

30. R F A Ulcerative colitis

31. R F A Diverticulitis

32. R F A Constipation

33. R F A Laxitives

Section 7

34. R F A Over-active bladder

35. R F A Urinary urgency

Section 8

36. R F A Fibromyalgia

Section 9

37. R F A Brain fog - lack of concentration

Section 10

38. R F A Allergies

Section 11

39. R F A Sick more often

40. R F A Recently taken antibiotics

41. R F A Fever blisters or cold sores