

eWellness Questionnaire

Helping you one question at a time!

ARTHRITIS 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

Section 2

2. R F A Eat fast food

3. R F A Eat pre processed / packaged foods

4. R F A Drink cow's milk

5. R F A Consume refined carbs

6. R F A Consume wheat or gluten

7. R F A Very little exercise

Section 3

8. R F A Slow metabolism

9. R F A Overweight

10. R F A Gout

11. R F A Thyroid problems

12. R F A Fatigued or tired

13. R F A Thyroid medication

Section 4

14. R F A Mood swings

15. R F A Thinning hair or brittle hair

16. R F A Hormone replacement

Section 5

17. R F A Abdominal cramps or pain

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

19. R F A Constipation

Section 6

20. R F A Stiffness or muscle spasms

21. R F A Bone pains

22. R F A Back pain or neck pain

23. R F A Joint pain

24. R F A Arthritis

25. R F A Rheumatoid arthritis

26. R F A Osteoporosis

Section 7

27. R F A Pain medications

28. R F A Numbness or tingling

29. R F A Poor coordination

30. R F A Brain fog - lack of concentration

Section 8

31. R F A Anxiety / anxiousness

32. R F A Problems relaxing

Section 9

33. R F A Allergies

Section 10

34. R F A Sick more often