

# eWellness Questionnaire

Helping you one question at a time!

## DEPRESSION

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 Alcohol use extensively

9. R F A Consume white sugar

4. R F A Smoke or use tobacco

10. R F A Consume refined carbs

5. R F A Eat fast food

11. R F A Consume wheat or gluten

6. R F A Eat pre processed / packaged foods

12. R F A Very little exercise

7. R F A Consume sweets

13. R F A Family or financial stressors

8. R F A Drink cow's milk

### Section 3

14. R F A Vertigo / dizziness

16. R F A Macular degeneration

15. R F A Double vision or blurred vision

### Section 4

17. R F A Difficulty breathing deeply

18. R F A Pain when taking a breath

### Section 5

19. R F A Hungry all the time

26. R F A Too much stress / tension

20. R F A Can't loose weight

27. R F A Heat / cold intolerance

21. R F A Slow metabolism

28. R F A Early aging

22. R F A Overweight

29. R F A Trouble sweating

23. R F A Diabetes

30. R F A Fatigued or tired

24. R F A Metabolic syndrome

31. R F A Thyroid medication

25. R F A Thyroid problems

### Section 6

32. R F A Erectile dysfunction

43. R F A Mood swings

33. R F A Pre-menopausal

44. R F A Bouts of depression

34. R F A Peri-menopausal

45. R F A Manic episodes

35. R F A Suffer from PMS

46. R F A Loosing your memory

36. R F A Breast tenderness

47. R F A Hot flashes / sweats

37. R F A Irregular periods

48. R F A Thinning hair or brittle hair

38. R F A Excessive period bleeding

49. R F A Sexually transmitted diseases

39. R F A Ovarian cysts

50. R F A Decrease in sex drive

40. R F A Fibrocystic breasts

51. R F A Pain with sex

41. R F A Fertility concerns

52. R F A Hormone replacement

42. R F A Pelvic pain or cramping

### Section 7

53. R F A History of a heart attack

56. R F A History of A-fib or arrhythmias

54. R F A History of heart surgery

57. R F A History of heart problems

55. R F A High blood pressure

58. R F A Slow or fast heart beats at rest

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Section 8			
59. R F A	History of deep vein thrombosis	61. R F A	Restless leg syndrome
60. R F A	Concerns about a stroke		
Section 9			
62. R F A	Heart burn or reflux	66. R F A	Inflamed intestine - "Leaky gut"
63. R F A	Upset stomach	67. R F A	Constipation
64. R F A	Indigestion or bloating	68. R F A	Laxitives
65. R F A	Irritable bowel syndrome		
Section 10			
69. R F A	Blood in your urine	70. R F A	Bed wetting
Section 11			
71. R F A	Headaches or migraines	76. R F A	Chronic fatigue syndrome
72. R F A	Stiffness or muscle spasms	77. R F A	Back pain or neck pain
73. R F A	Bone pains	78. R F A	Arthritis
74. R F A	Difficulty exercising	79. R F A	Muscle weakness
75. R F A	Fibromyalgia	80. R F A	Muscle relaxors
Section 12			
81. R F A	Anti-depressants	84. R F A	Poor coordination
82. R F A	Pain medications	85. R F A	Brain fog - lack of concentration
83. R F A	Numbness or tingling		
Section 13			
86. R F A	Anxiety / anxiousness	87. R F A	Feelings of worthlessness
Section 14			
88. R F A	Allergies		
Section 15			
89. R F A	Sick more often		