

eWellness Questionnaire

Helping you one question at a time!

HYPERTENSION

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 A family history of heart disease

9. R F A Drink cow's milk

4. R F A Drink coffee / soda / ice tea

10. R F A Consume white sugar

5. R F A Smoke or use tobacco

11. R F A Consume refined carbs

6. R F A Eat fast food

12. R F A Consume wheat or gluten

7. R F A Eat pre processed / packaged foods

13. R F A Consume artificial flavorings

8. R F A Consume sweets

14. R F A Family or financial stressors

Section 3

15. R F A Rosacea

Section 4

16. R F A Vertigo / dizziness

18. R F A Double vision or blurred vision

17. R F A Light headedness

Section 5

19. R F A Difficulty breathing deeply

21. R F A Shortness of breath

20. R F A Acute or chronic coughing

22. R F A Pain when taking a breath

Section 6

23. R F A Difficulty going to sleeping

28. R F A Trouble with edema / swelling

24. R F A Difficulty staying asleep

29. R F A Fatigued or tired

25. R F A Overweight

30. R F A Diabetic medications

26. R F A Thyroid problems

31. R F A Thyroid medication

27. R F A Too much stress / tension

32. R F A Diuretics

Section 7

33. R F A Breast tenderness

36. R F A Thinning hair or brittle hair

34. R F A Excessive period bleeding

37. R F A Hormone replacement

35. R F A Increase in urination

Section 8

38. R F A Heart medication

42. R F A High blood pressure

39. R F A History of a heart attack

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

40. R F A History of heart surgery

44. R F A History of heart problems

41. R F A Chest pain / angina / tightness

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

Section 9

46. R F A History of deep vein thrombosis

48. R F A Restless leg syndrome

47. R F A Concerns about a stroke

49. R F A Bruise easily

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 10

50. R F A Heart burn or reflux
51. R F A Upset stomach
52. R F A Pain after eating

53. R F A Heartburn medication
54. R F A Indigestion or bloating
55. R F A Abdominal cramps or pain

Section 11

56. R F A Headaches or migraines
57. R F A Stiffness or muscle spasms
58. R F A Bone pains

59. R F A Difficulty exercising
60. R F A Back pain or neck pain
61. R F A Muscle relaxors

Section 12

62. R F A Anti-depressants
63. R F A Pain medications

64. R F A Numbness or tingling
65. R F A Brain fog - lack of concentration

Section 13

66. R F A Anxiety / anxiousness

67. R F A Problems relaxing

Section 14

68. R F A Cholesterol problems

69. R F A Cholesterol medication