

eWellness Questionnaire

Helping you one question at a time!

NUMBNESS / TINGLING

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 A family history of diabetes

3. R F A A family history of heart disease

4. R F A Alcohol use extensively

5. R F A Smoke or use tobacco

6. R F A Consume sweets

7. R F A Drink cow's milk

8. R F A Consume white sugar

9. R F A Consume refined carbs

10. R F A Consume wheat or gluten

11. R F A Very little exercise

12. R F A Family or financial stressors

Section 3

13. R F A Vertigo / dizziness

14. R F A Light headedness

15. R F A Double vision or blurred vision

16. R F A Ear infections

Section 4

17. R F A History of COPD / lung disease

18. R F A History of emphysema

19. R F A Difficulty breathing deeply

20. R F A Acute or chronic coughing

21. R F A Shortness of breath

22. R F A Pain when taking a breath

Section 5

23. R F A Difficulty going to sleeping

24. R F A Diabetes

25. R F A Thyroid problems

26. R F A Too much stress / tension

27. R F A Heat / cold intolerance

28. R F A Trouble with edema / swelling

29. R F A Fatigued or tired

30. R F A Unexplained swellings

31. R F A Diabetic medications

32. R F A Thyroid medication

Section 6

33. R F A Breast tenderness

34. R F A Thinning hair or brittle hair

35. R F A Sexually transmitted diseases

Section 7

36. R F A Heart medication

37. R F A History of a heart attack

38. R F A History of heart surgery

39. R F A Chest pain / angina / tightness

40. R F A High blood pressure

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

42. R F A History of heart problems

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

Section 8

44. R F A History of deep vein thrombosis

45. R F A Poor circulation in your hands

46. R F A Poor circulation in your feet

47. R F A Restless leg syndrome

Section 9

48. R F A Heart burn or reflux

49. R F A Indigestion or bloating

50. R F A Abdominal cramps or pain

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Section 10
51. R F A Headaches or migraines 56. R F A Back pain or neck pain
52. R F A Stiffness or muscle spasms 57. R F A Muscle weakness
53. R F A Difficulty exercising 58. R F A Osteoporosis
54. R F A Fibromyalgia 59. R F A Muscle relaxors
55. R F A Chronic fatigue syndrome

Section 11
60. R F A Anti-depressants 62. R F A Brain fog - lack of concentration
61. R F A Multiple sclerosis

Section 12
63. R F A Anxiety / anxiousness 64. R F A Problems relaxing

Section 13
65. R F A Allergies

Section 14
66. R F A Swollen glands