

eWellness Questionnaire

Helping you one question at a time!

PROSTATE HEALTH 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 Unexplained weight loss
- 2. R F A Nervousness or irritable

- 3. R F A Prostate problems

Section 2

- 4. R F A Alcohol use extensively

Section 3

- 5. R F A Heat / cold intolerance

- 6. R F A Fatigued or tired

Section 4

- 7. R F A Erectile dysfunction
- 8. R F A Increase in urination
- 9. R F A Pelvic pain or cramping

- 10. R F A Bouts of depression
- 11. R F A Decrease in sex drive
- 12. R F A Pain with sex

Section 5

- 13. R F A High blood pressure

Section 6

- 14. R F A History of deep vein thrombosis

Section 7

- 15. R F A Abdominal cramps or pain
- 16. R F A Irritable bowel syndrome

- 17. R F A Constipation

Section 8

- 18. R F A Blood in your urine
- 19. R F A Urinary discharge (abnormal)
- 20. R F A Dark or smelly urine

- 21. R F A Over-active bladder
- 22. R F A Urinary urgency
- 23. R F A Urinary hesitancy

Section 9

- 24. R F A Anxiety / anxiousness

- 25. R F A Feelings of worthlessness

Section 10

- 26. R F A Allergies

Section 11

- 27. R F A Swollen glands