

eWellness Questionnaire

Helping you one question at a time!

SLEEPING PROBLEMS

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 Yeast / Fungal problems
- 3. R F A Cough / spit clear sputum / phlegm

- 4. R F A Unexplained weight loss
- 5. R F A Nervousness or irritable

Section 2

- 6. R F A Drink coffee / soda / ice tea
- 7. R F A Smoke or use tobacco
- 8. R F A Eat fast food
- 9. R F A Eat pre processed / packaged foods
- 10. R F A Drink cow's milk

- 11. R F A Consume white sugar
- 12. R F A Consume refined carbs
- 13. R F A Consume wheat or gluten
- 14. R F A Very little exercise
- 15. R F A Family or financial stressors

Section 3

- 16. R F A Vertigo / dizziness
- 17. R F A Light headedness
- 18. R F A Double vision or blurred vision
- 19. R F A Watery eyes

- 20. R F A Itchy eyes
- 21. R F A Ear infections
- 22. R F A Runny nose / sneezing

Section 4

- 23. R F A History of COPD / lung disease
- 24. R F A History of chronic bronchitis
- 25. R F A Difficulty breathing deeply
- 26. R F A Acute or chronic coughing

- 27. R F A Wheezing with breathing
- 28. R F A Asthma
- 29. R F A Shortness of breath
- 30. R F A Pain when taking a breath

Section 5

- 31. R F A Difficulty going to sleeping
- 32. R F A Difficulty staying asleep
- 33. R F A Gout
- 34. R F A Thyroid problems
- 35. R F A Too much stress / tension
- 36. R F A Heat / cold intolerance

- 37. R F A Cough / spit green-yellowish sputum / phlegm
- 38. R F A Early aging
- 39. R F A Trouble sweating
- 40. R F A Fatigued or tired
- 41. R F A Thyroid medication

Section 6

- 42. R F A Pre-menopausal
- 43. R F A Peri-menopausal
- 44. R F A Suffer from PMS
- 45. R F A Breast tenderness
- 46. R F A Vaginal discharge
- 47. R F A Vaginal dryness
- 48. R F A Irregular periods
- 49. R F A Excessive period bleeding
- 50. R F A Ovarian cysts

- 51. R F A Fibrocystic breasts
- 52. R F A Increase in urination
- 53. R F A Pelvic pain or cramping
- 54. R F A Mood swings
- 55. R F A Hot flashes / sweats
- 56. R F A Thinning hair or brittle hair
- 57. R F A Sexually transmitted diseases
- 58. R F A Hormone replacement

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 7			
59. R F A	History of a heart attack	63. R F A	History of A-fib or arrhythmias
60. R F A	History of heart surgery	64. R F A	History of heart problems
61. R F A	Chest pain / angina / tightness	65. R F A	Slow or fast heart beats at rest
62. R F A	High blood pressure		
Section 8			
66. R F A	Poor circulation in your feet	67. R F A	Restless leg syndrome
Section 9			
68. R F A	Heart burn or reflux	72. R F A	Indigestion or bloating
69. R F A	Upset stomach	73. R F A	Abdominal cramps or pain
70. R F A	Ulcers	74. R F A	Irritable bowel syndrome
71. R F A	Pain after eating	75. R F A	Constipation
Section 10			
76. R F A	History of urinary tract infections	78. R F A	Urinary hesitancy
77. R F A	Bed wetting		
Section 11			
79. R F A	Headaches or migraines	86. R F A	Joint pain
80. R F A	Stiffness or muscle spasms	87. R F A	Arthritis
81. R F A	Bone pains	88. R F A	Rheumatoid arthritis
82. R F A	Difficulty exercising	89. R F A	Muscle weakness
83. R F A	Fibromyalgia	90. R F A	Osteoporosis
84. R F A	Chronic fatigue syndrome	91. R F A	Muscle relaxors
85. R F A	Back pain or neck pain		
Section 12			
92. R F A	Anti-depressants	94. R F A	Numbness or tingling
93. R F A	Multiple sclerosis		
Section 13			
95. R F A	Anxiety / anxiousness	96. R F A	Problems relaxing
Section 14			
97. R F A	Allergies		
Section 15			
98. R F A	Sick more often	100. R F A	Sore Throat
99. R F A	Recently taken antibiotics		