## **eWellness Questionnaire**

Helping you one question at a time!

EDEMA	
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	3. R F A Thinning of skin
Section 2 4. R F A A family history of heart disease 5. R F A Smoke or use tobacco 6. R F A Eat fast food 7. R F A Eat pre processed / packaged foods 8. R F A Consume sweets	<ul> <li>9. R F A Drink cow's milk</li> <li>10. R F A Consume white sugar</li> <li>11. R F A Consume refined carbs</li> <li>12. R F A Consume wheat or gluten</li> <li>13. R F A Very little exercise</li> </ul>
Section 3 14. R F A Cataracts 15. R F A Double vision or blurred vision	16. R F A Runny nose / sneezing
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	<ul><li>20. R F A Shortness of breath</li><li>21. R F A Pain when taking a breath</li></ul>
Section 5 22. R F A Difficulty going to sleeping 23. R F A Can't loose weight 24. R F A Slow metabolism 25. R F A Overweight 26. R F A Diabetes 27. R F A Thyroid problems 28. R F A Too much stress / tension	<ul> <li>29. R F A Heat / cold intolerance</li> <li>30. R F A Trouble with edema / swelling</li> <li>31. R F A Fatigued or tired</li> <li>32. R F A Unexplained swellings</li> <li>33. R F A Diabetic medications</li> <li>34. R F A Thyroid medication</li> </ul>
Section 6 35. R F A Suffer from PMS 36. R F A Breast tenderness 37. R F A Irregular periods 38. R F A Fibrocystic breasts 39. R F A Mood swings	<ul> <li>40. R F A Loosing your memory</li> <li>41. R F A Hot flashes / sweats</li> <li>42. R F A Thinning hair or brittle hair</li> <li>43. R F A Sexually transmitted diseases</li> <li>44. R F A Hormone replacement</li> </ul>
Section 7 45. R F A Heart medication 46. R F A History of a heart attack 47. R F A History of heart surgery 48. R F A Chest pain / angina / tightness	<ul> <li>49. R F A High blood pressure</li> <li>50. R F A History of A-fib or arrhythmias</li> <li>51. R F A History of heart problems</li> <li>52. R F A Slow or fast heart beats at rest</li> </ul>
Section 8 53. R F A History of deep vein thrombosis 54. R F A Poor circulation in your hands	<ul><li>55. R F A Poor circulation in your feet</li><li>56. R F A Concerns about a stroke</li></ul>

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<ul> <li>61. R F A Inflammed intestine - "Leaky gut"</li> <li>62. R F A Colon polyps</li> <li>63. R F A Constipation</li> <li>64. R F A Laxitives</li> </ul>
<ul> <li>70. R F A Back pain or neck pain</li> <li>71. R F A Joint pain</li> <li>72. R F A Arthritis</li> <li>73. R F A Rheumatoid arthritis</li> <li>74. R F A Muscle relaxors</li> </ul>
77. R F A Brain fog - lack of concentration
79. R F A Problems relaxing
83. R F A Scleroderma or Sjogrens disease 84. R F A Sore Throat
86. R F A Cholesterol medication