eWellness Questionnaire

Helping you one question at a time!

FIBROMYALGIA

Name:		Date of Birth:			
		Patient Code:			
Please do r	not select anything if the answer is no or negative.	At first glance there may seem to be a lot of questions. But			
	ely 'R' if this is an uncommon event or symptom.	each of these questions were selected because of their direct			
1	quent 'F' if this is a common event or symptom.	or indirect relation to the symptoms mentioned.			
	ays 'A' if this is a persistent event or symptom. Also				
select 'A' fo					
Section 1					
	A Consume breads / pastas / starches	3. R F A Nervousness or irritable			
	A Yeast / Fungal problems				
Section 2	A Smoke or use tobacco	O. P. E. A. Congumo white sugar			
	A Eat fast food	9. R F A Consume white sugar 10. R F A Consume refined carbs			
	A Eat pre processed / packaged foods	11. R F A Consume wheat or gluten			
	A Consume sweets	12. R F A Very little exercise			
	A Drink cow's milk	13. R F A Family or financial stressors			
Section 3					
14. R F	A Difficulty breathing deeply	16. R F A Shortness of breath			
15. R F	A Acute or chronic coughing				
Section 4					
	A Difficulty going to sleeping	23. R F A Thyroid problems			
	A Difficulty staying asleep	24. R F A Too much stress / tension			
	A Hungry all the time A Can't loose weight	25. R F A Trouble sweating 26. R F A Fatigued or tired			
	A Slow metabolism	27. R F A Thyroid medication			
	A Overweight	277 K 1 7 Myrola Modioalion			
Section 5					
	A Erectile dysfunction	39. R F A Fibrocystic breasts			
	A Pre-menopausal	40. R F A Pelvic pain or cramping			
	A Peri-menopausal	41. R F A Mood swings			
	A Suffer from PMS A Breast tenderness	42. R F A Bouts of depression 43. R F A Hot flashes / sweats			
	A Vaginal discharge	44. R F A Thinning hair or brittle hair			
	A Vaginal dryness	45. R F A Sexually transmitted diseases			
	A Birth control	46. R F A Decrease in sex drive			
	A Irregular periods	47. R F A Pain with sex			
	A Excessive period bleeding	48. R F A Hormone replacement			
38. R F	A Ovarian cysts				
Section 6	A 18.4	50 D E A III			
	A History of a heart attack	53. R F A History of A-fib or arrhythmias			
	A History of heart surgery A Chast pain / angina / tightness	54. R F A History of heart problems 55. R F A Slow or fast heart beats at rest			
	A Chest pain / angina / tightness A High blood pressure	JJ. IX IF A SIOW OF IAST HEALT DEALS AT 1851			
Section 7	0 ·				
	A History of deep vein thrombosis	58. R F A Poor circulation in your feet			
	A Poor circulation in your hands				
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Name:	First Name MI	Last Name	Date of Birth:			
			Patie	nt (Co	de:
Please do not select anything if the answer is no or negative.		At first glance there may seem to be a lot of questions. But				
Select Rarely 'R' if this is an uncommon event or symptom.			each of these questions were selected because of their direct			
Select Frequent 'F' if this is a common event or symptom.			or indirect relation to the symptoms mentioned.			
Select Always 'A' if this is a persistent event or symptom. Also						, ,
select 'A' fo	, , ,					
Section 8	A Heart burn or reflux		62 D	_	٨	Irritable bowel syndrome
	A Indigestion or bloating		62. R 63. R			Inflammed intestine - "Leaky gut"
	A Abdominal cramps or pair	า				Constipation
Section 9						
	A Headaches or migraines		70. R			Back pain or neck pain
	A Stiffness or muscle spasm	ns	71. R			Joint pain
	A Difficulty exercising A Fibromyalgia		72. R			Arthritis Muscle relaxors
69. R F		!	73. K	Г	Α	Muscle relaxors
Section 10	<u> </u>					
74. R F			77 . R	F	Α	Numbness or tingling
75. R F			78. R	-		Poor coordination
76. R F	A Multiple sclerosis		79. R	F	Α	Brain fog - lack of concentration
Section 11						
80. R F	,		82. R	F	Α	Feelings of worthlessness
81. R F	ŭ .					
Section 12						
83. R F	<u> </u>					
Section 13			0F D	_	Λ	Cuallan alanda
84. R F	A Sick more often		85. R	F	А	Swollen glands