

eWellness Questionnaire

Helping you one question at a time!

OSTEOPOROSIS 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 Consume breads / pastas / starches

2. R F A Yeast / Fungal problems

Section 2

3. R F A Smoke or use tobacco

6. R F A Consume wheat or gluten

4. R F A Drink cow's milk

7. R F A Very little exercise

5. R F A Consume refined carbs

Section 3

8. R F A Difficulty breathing deeply

9. R F A Pain when taking a breath

Section 4

10. R F A Gout

14. R F A Early aging

11. R F A Thyroid problems

15. R F A Trouble sweating

12. R F A Too much stress / tension

16. R F A Fatigued or tired

13. R F A Heat / cold intolerance

17. R F A Thyroid medication

Section 5

18. R F A Pre-menopausal

26. R F A Ovarian cysts

19. R F A Peri-menopausal

27. R F A Fibrocystic breasts

20. R F A Suffer from PMS

28. R F A Pelvic pain or cramping

21. R F A Breast tenderness

29. R F A Hot flashes / sweats

22. R F A Vaginal discharge

30. R F A Thinning hair or brittle hair

23. R F A Vaginal dryness

31. R F A Sexually transmitted diseases

24. R F A Irregular periods

32. R F A Pain with sex

25. R F A Excessive period bleeding

33. R F A Hormone replacement

Section 6

34. R F A Chest pain / angina / tightness

35. R F A High blood pressure

Section 7

36. R F A Abdominal cramps or pain

38. R F A Constipation

37. R F A Inflamed intestine - "Leaky gut"

Section 8

39. R F A History of kidney stones

Section 9

40. R F A Stiffness or muscle spasms

45. R F A Back pain or neck pain

41. R F A Bone pains

46. R F A Joint pain

42. R F A Difficulty exercising

47. R F A Arthritis

43. R F A Fibromyalgia

48. R F A Osteoporosis

44. R F A Chronic fatigue syndrome

49. R F A Muscle relaxors

Section 10

50. R F A Numbness or tingling

51. R F A Brain fog - lack of concentration

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 11

52. R F A Anxiety / anxiousness

Section 12

53. R F A Allergies

Section 13

54. R F A Sick more often