eWellness Questionnaire

Helping you one question at a time!

PAIN / INFLAMMATION

Name:	First Name MI Last Name	Date of Birth:
		Patient Code:
Select Rarely Select Freque	select anything if the answer is no or negative. 'R' if this is an uncommon event or symptom. ent 'F' if this is a common event or symptom. s 'A' if this is a persistent event or symptom. Also es	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	
3. R F A 4. R F A	Drink coffee / soda / ice tea Smoke or use tobacco Eat fast food Eat pre processed / packaged foods	 6. R F A Drink cow's milk 7. R F A Consume refined carbs 8. R F A Consume wheat or gluten 9. R F A Very little exercise
Section 3 10. R F A	Double vision or blurred vision	11. R F A Watery eyes
Section 4 12. R F A 13. R F A	Difficulty breathing deeply Asthma	14. R F A Shortness of breath15. R F A Pain when taking a breath
	Slow metabolism Gout	18. R F A Too much stress / tension 19. R F A Fatigued or tired
21. R F A	Breast tenderness Fibrocystic breasts Mood swings	23. R F A Thinning hair or brittle hair 24. R F A Hormone replacement
Section 7 25. R F A	High blood pressure	26. R F A Slow or fast heart beats at rest
Section 8 27. R F A	Poor circulation in your hands	28. R F A Restless leg syndrome
30. R F A	Indigestion or bloating Abdominal cramps or pain Irritable bowel syndrome	32. R F A Inflammed intestine - "Leaky gut" 33. R F A Constipation
35. R F A 36. R F A 37. R F A 38. R F A	Headaches or migraines Stiffness or muscle spasms Bone pains Difficulty exercising Fibromyalgia Chronic fatigue syndrome	40. R F A Back pain or neck pain 41. R F A Joint pain 42. R F A Arthritis 43. R F A Rheumatoid arthritis 44. R F A Osteoporosis 45. R F A Muscle relaxors

Name: First Name		Date of Birth:
		Patient Code:
Please do not select anything Select Rarely 'R' if this is an Select Frequent 'F' if this is a Select Always 'A' if this is a p elect 'A' for Yes	uncommon event or sympton common event or sympton	each of these questions were selected because of their direct om. or indirect relation to the symptoms mentioned.
Section 11 46. R F A Anti-depress 47. R F A Pain medicat 48. R F A Multiple scler	tions	49. R F A Numbness or tingling 50. R F A Poor coordination 51. R F A Brain fog - lack of concentration
Section 12 52. R F A Anxiety / anx		53. R F A Problems relaxing
Section 13 54. R F A Allergies		
55. R F A Sick more off		