## eWellness Questionnaire

Helping you one question at a time!

## PMS / IRREGULAR PERIODS

Name:	First Name MI Last Name	Date of Birth:
		Patient Code:
Select Rar Select Free	not select anything if the answer is no or negative. ely 'R' if this is an uncommon event or symptom. quent 'F' if this is a common event or symptom. eys 'A' if this is a persistent event or symptom. Also r 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.
	A Consume breads / pastas / starches A Yeast / Fungal problems	3. R F A Nervousness or irritable
5. R F 6. R F 7. R F 8. R F 9. R F	A Alcohol socially A Alcohol use extensivily A Drink coffee / soda / ice tea A Smoke or use tobacco A Eat fast food A Eat pre processed / packaged foods A Consume sweets	<ul> <li>11. R F A Drink cow's milk</li> <li>12. R F A Consume white sugar</li> <li>13. R F A Consume refined carbs</li> <li>14. R F A Consume wheat or gluten</li> <li>15. R F A Consume artificial flavorings</li> <li>16. R F A Very little exercise</li> <li>17. R F A Family or financial stressors</li> </ul>
Section 3 18. R F	A Oily skin	19. R F A Acne
21. R F 22. R F 23. R F 24. R F 25. R F	A Difficulty going to sleeping A Difficulty staying asleep A Hungry all the time A Can't loose weight A Slow metabolism A Overweight A Thyroid problems	27. R F A Too much stress / tension 28. R F A Heat / cold intolerance 29. R F A Early aging 30. R F A Trouble sweating 31. R F A Fatigued or tired 32. R F A Unexplained swellings 33. R F A Thyroid medication
35. R F 36. R F 37. R F 38. R F 39. R F 40. R F 41. R F 42. R F 43. R F	A Pre-menopausal A Peri-menopausal A Suffer from PMS A Breast tenderness A Vaginal discharge A Vaginal dryness A Birth control A Irregular periods A Excessive period bleeding A Ovarian cysts A Fibrocystic breasts	<ul> <li>45. R F A Fertility concerns</li> <li>46. R F A Increase in urination</li> <li>47. R F A Pelvic pain or cramping</li> <li>48. R F A Mood swings</li> <li>49. R F A Bouts of depression</li> <li>50. R F A Hot flashes / sweats</li> <li>51. R F A Thinning hair or brittle hair</li> <li>52. R F A Sexually transmitted diseases</li> <li>53. R F A Decrease in sex drive</li> <li>54. R F A Pain with sex</li> <li>55. R F A Hormone replacement</li> </ul>
Section 6 56. R F	A Slow or fast heart beats at rest	
Section 7 57. R F	A Poor circulation in your feet	

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		Patient Code:
Select Rarely Select Freque	select anything if the answer is no or negative. 'R' if this is an uncommon event or symptom. nt 'F' if this is a common event or symptom. 'A' if this is a persistent event or symptom. Also	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 8 58. R F A 59. R F A	Abdominal cramps or pain Constipation	60. R F A Laxitives
62. R F A	History of urinary tract infections Blood in your urine Urinary discharge (abnormal)	<ul><li>64. R F A Over-active bladder</li><li>65. R F A Urinary urgency</li><li>66. R F A Urinary hessitancy</li></ul>
68. R F A	Headaches or migraines Stiffness or muscle spasms Fibromyalgia	<ul> <li>70. R F A Chronic fatigue syndrome</li> <li>71. R F A Back pain or neck pain</li> <li>72. R F A Muscle relaxors</li> </ul>
	Anti-depressants Pain medications	75. R F A Brain fog - lack of concentration
	Anxiety / anxiousness Problems relaxing	78. R F A Feelings of worthlessness
Section 13 79. R F A	Allergies	
Section 14 80. R F A	Sick more often	81. R F A Swollen glands
Section 15 82. R F A	Cholesterol problems	83. R F A Cholesterol medication