eWellness Questionnaire

Helping you one question at a time!

RASH / WARTS / SKIN CONDITIONS

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	3. R F A Unexplained weight loss 4. R F A Thinning of skin
Section 2 5. R F A Alcohol socially 6. R F A Alcohol use extensivily 7. R F A Do you use street drugs 8. R F A Drink coffee / soda / ice tea 9. R F A Smoke or use tobacco 10. R F A Eat fast food 11. R F A Eat pre processed / packaged foods	 12. R F A Consume sweets 13. R F A Drink cow's milk 14. R F A Consume white sugar 15. R F A Consume refined carbs 16. R F A Consume wheat or gluten 17. R F A Family or financial stressors
Section 3 18. R F A Rashes 19. R F A Rosacea 20. R F A Itchy or dry skin 21. R F A Oily skin	22. R F A Acne 23. R F A Eczema 24. R F A Psoriasis 25. R F A History of skin cancer
Section 4 26. R F A Watery eyes 27. R F A Itchy eyes	28. R F A Tooth cavities 29. R F A Runny nose / sneezing
Section 5 30. R F A Slow metabolism 31. R F A Overweight 32. R F A Diabetes 33. R F A Metabolic syndrome 34. R F A Thyroid problems 35. R F A Too much stress / tension 36. R F A Heat / cold intolerance	 37. R F A Trouble with edema / swelling 38. R F A Early aging 39. R F A Trouble sweating 40. R F A Fatigued or tired 41. R F A Thyroid medication 42. R F A Diuretics
Section 6 43. R F A Vaginal dryness 44. R F A Athlete's Foot 45. R F A Fibrocystic breasts 46. R F A Pelvic pain or cramping	47. R F A Hot flashes / sweats 48. R F A Thinning hair or brittle hair 49. R F A Sexually transmitted diseases 50. R F A Hormone replacement
Section 7 51. R F A Heart medication	
Section 8 52. R F A Poor circulation in your feet	53. R F A Bruise easily

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		Patient Code:
Select Rare 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. ays '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.
55. R F 56. R F	A Indigestion or bloating A Abdominal cramps or pain A Irritable bowel syndrome A Inflammed intestine - "Leaky gut"	58. R F A Dark black / tarry stools 59. R F A Blood streaked stools 60. R F A Constipation
Section 10 61. R F 62. R F	A Fibromyalgia A Chronic fatigue syndrome	63. R F A Arthritis
	A Anti-depressants A Pain medications	66. R F A Brain fog - lack of concentration
Section 12 67. R F	A Anxiety / anxiousness	68. R F A Problems relaxing
Section 13 69. R F	A Allergies	
Section 14 70. R F 71. R F	A Sick more often A Recently taken antibiotics	72. R F A Fever blisters or cold sores 73. R F A Warts
Section 15 74. R F	A Cholesterol problems	