eWellness Questionnaire

Helping you one question at a time!

THYROID PROBLEMS

Name:	First Name MI Last Name	Date of Birth:					
		Patient Code:					
Select Rar	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.					
	A Consume breads / pastas / starches A Unexplained weight loss	3. R F A Nervousness or irritable4. R F A Thinning of skin					
6. R F 7. R F 8. R F 9. R F	A A family history of diabetes A Alcohol use extensivily A Do you use street drugs A Smoke or use tobacco A Consume sweets A Drink cow's milk	 11. R F A Consume white sugar 12. R F A Consume refined carbs 13. R F A Consume wheat or gluten 14. R F A Consume artificial flavorings 15. R F A Very little exercise 					
17 . R F	A Itchy or dry skin A Acne A Eczema	19. R F A Psoriasis 20. R F A History of skin cancer					
22. R F	A Vertigo / dizziness A Light headedness A Glaucoma	24. R F A Cataracts25. R F A Double vision or blurred vision26. R F A Dry or red eyes					
Section 5 27. R F	A Difficulty breathing deeply						
29. R F 30. R F 31. R F 32. R F 33. R F 34. R F 35. R F	A Difficulty going to sleeping A Difficulty staying asleep A Hungry all the time A Can't loose weight A Can't gain weight A Slow metabolism A Overweight A Diabetes	36. R F A Metabolic syndrome 37. R F A Thyroid problems 38. R F A Too much stress / tension 39. R F A Heat / cold intolerance 40. R F A Trouble sweating 41. R F A Fatigued or tired 42. R F A Diabetic medications 43. R F A Thyroid medication					
45. R F 46. R F 47. R F 48. R F 49. R F	A Erectile dysfunction A Pre-menopausal A Peri-menopausal A Suffer from PMS A Breast tenderness A Vaginal dryness A Irregular periods	 51. R F A Excessive period bleeding 52. R F A Mood swings 53. R F A Bouts of depression 54. R F A Hot flashes / sweats 55. R F A Thinning hair or brittle hair 56. R F A Decrease in sex drive 57. R F A Hormone replacement 					

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				Patient Code:				
Select Rare Select Freq	ely ' que ays	select anything if the answer R' if this is an uncommon en nt 'F' if this is a common ex 'A' if this is a persistent exe es	event or symptom. vent or symptom.	each	of	the	se o	e there may seem to be a lot of questions. But e questions were selected because of their directlation to the symptoms mentioned.
		Chest pain / angina / tight High blood pressure	ness	60.	R	F	Α	A Slow or fast heart beats at rest
		Poor circulation in your ha		63.	R	F	Α	A Bruise easily
		Indigestion or bloating Abdominal cramps or pair	١					A Inflammed intestine - "Leaky gut" A Constipation
69. R F	Α	Headaches or migraines Stiffness or muscle spasn Difficulty exercising	าร					A Fibromyalgia A Chronic fatigue syndrome
		Anti-depressants Numbness or tingling		75.	R	F	Α	A Brain fog - lack of concentration
		Anxiety / anxiousness Problems relaxing		78.	R	F	А	A Feelings of worthlessness
Section 14 79. R F	Α	Allergies						
Section 15 80. R F	Α	Sick more often						
Section 16 81. R F	Α	Cholesterol problems		82.	R	F	Α	A Cholesterol medication