

eWellness Questionnaire

Helping you one question at a time!

WEIGHT GAIN

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 Nervousness or irritable

Section 2

3. R F A A family history of diabetes

10. R F A Drink cow's milk

4. R F A Alcohol use extensively

11. R F A Consume white sugar

5. R F A Drink coffee / soda / ice tea

12. R F A Consume refined carbs

6. R F A Smoke or use tobacco

13. R F A Consume wheat or gluten

7. R F A Eat fast food

14. R F A Consume artificial flavorings

8. R F A Eat pre processed / packaged foods

15. R F A Very little exercise

9. R F A Consume sweets

16. R F A Family or financial stressors

Section 3

17. R F A Vertigo / dizziness

19. R F A Double vision or blurred vision

18. R F A Light headedness

Section 4

20. R F A Difficulty breathing deeply

22. R F A Pain when taking a breath

21. R F A Shortness of breath

Section 5

23. R F A Hungry all the time

31. R F A Trouble with edema / swelling

24. R F A Slow metabolism

32. R F A Trouble sweating

25. R F A Overweight

33. R F A Fatigued or tired

26. R F A Diabetes

34. R F A Unexplained swellings

27. R F A Metabolic syndrome

35. R F A Diabetic medications

28. R F A Thyroid problems

36. R F A Thyroid medication

29. R F A Too much stress / tension

37. R F A Diuretics

30. R F A Heat / cold intolerance

Section 6

38. R F A Erectile dysfunction

47. R F A Fibrocystic breasts

39. R F A Pre-menopausal

48. R F A Increase in urination

40. R F A Peri-menopausal

49. R F A Pelvic pain or cramping

41. R F A Suffer from PMS

50. R F A Mood swings

42. R F A Breast tenderness

51. R F A Hot flashes / sweats

43. R F A Birth control

52. R F A Thinning hair or brittle hair

44. R F A Irregular periods

53. R F A Sexually transmitted diseases

45. R F A Excessive period bleeding

54. R F A Decrease in sex drive

46. R F A Ovarian cysts

55. R F A Hormone replacement

Section 7

56. R F A Heart medication

59. R F A History of A-fib or arrhythmias

57. R F A Chest pain / angina / tightness

60. R F A History of heart problems

58. R F A High blood pressure

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Section 8			
61. R F A	History of deep vein thrombosis	63. R F A	Poor circulation in your feet
62. R F A	Poor circulation in your hands		
Section 9			
64. R F A	Heart burn or reflux	70. R F A	Abdominal cramps or pain
65. R F A	Upset stomach	71. R F A	Irritable bowel syndrome
66. R F A	Belching	72. R F A	Inflamed intestine - "Leaky gut"
67. R F A	Pain after eating	73. R F A	Ulcerative colitis
68. R F A	Heartburn medication	74. R F A	Constipation
69. R F A	Indigestion or bloating	75. R F A	Laxitives
Section 10			
76. R F A	Dark or smelly urine	78. R F A	Urinary hessitancy
77. R F A	Urinary urgency		
Section 11			
79. R F A	Stiffness or muscle spasms	82. R F A	Chronic fatigue syndrome
80. R F A	Difficulty exercising	83. R F A	Back pain or neck pain
81. R F A	Fibromyalgia	84. R F A	Muscle relaxors
Section 12			
85. R F A	Anti-depressants	88. R F A	Poor coordination
86. R F A	Pain medications	89. R F A	Brain fog - lack of concentration
87. R F A	Numbness or tingling		
Section 13			
90. R F A	Anxiety / anxiousness		
Section 14			
91. R F A	Allergies		
Section 15			
92. R F A	Sick more often	93. R F A	Swollen glands
Section 16			
94. R F A	Cholesterol problems	95. R F A	Cholesterol medication