

WELLNESS QUESTIONNAIRE

Helping you one question at a time!

DIABETES / METABOLIC SYNDROME PROFILE

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

Section 2

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| 2. R F A A family history of diabetes | 10. R F A Drink cow's milk |
| 3. R F A A family history of heart disease | 11. R F A Consume white sugar |
| 4. R F A Alcohol use extensively | 12. R F A Consume refined carbs |
| 5. R F A Do you use street drugs | 13. R F A Consume wheat or gluten |
| 6. R F A Eat fast food | 14. R F A Consume artificial flavorings |
| 7. R F A Eat pre processed / packaged foods | 15. R F A Very little exercise |
| 8. R F A Consume sweets | 16. R F A Family or financial stressors |
| 9. R F A Use artificial sweeteners | |

Section 3

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|-------------------------------|---|
| 17. R F A Vertigo / dizziness | 20. R F A Cataracts |
| 18. R F A Light headedness | 21. R F A Double vision or blurred vision |
| 19. R F A Glaucoma | |

Section 4

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| 22. R F A Difficulty going to sleeping | 29. R F A Too much stress / tension |
| 23. R F A Can't loose weight | 30. R F A Heat / cold intolerance |
| 24. R F A Slow metabolism | 31. R F A Trouble sweating |
| 25. R F A Overweight | 32. R F A Fatigued or tired |
| 26. R F A Diabetes | 33. R F A Diabetic medications |
| 27. R F A Metabolic syndrome | 34. R F A Thyroid medication |
| 28. R F A Thyroid problems | |

Section 5

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|---------------------------------|---|
| 35. R F A Erectile dysfunction | 41. R F A Bouts of depression |
| 36. R F A Breast tenderness | 42. R F A Loosing your memory |
| 37. R F A Fibrocystic breasts | 43. R F A Thinning hair or brittle hair |
| 38. R F A Fertility concerns | 44. R F A Decrease in sex drive |
| 39. R F A Increase in urination | 45. R F A Pain with sex |
| 40. R F A Mood swings | |

Section 6

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| 46. R F A Poor circulation in your hands | 48. R F A Concerns about a stroke |
| 47. R F A Poor circulation in your feet | |

Section 7

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|--------------------------------|---|
| 49. R F A Heart burn or reflux | 53. R F A Indigestion or bloating |
| 50. R F A Upset stomach | 54. R F A Abdominal cramps or pain |
| 51. R F A Belching | 55. R F A Inflammed intestine - "Leaky gut" |
| 52. R F A Ulcers | 56. R F A Constipation |

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Section 8
57. R F A Blood in your urine 59. R F A Over-active bladder
58. R F A Dark or smelly urine 60. R F A Urinary hesitancy

Section 9
61. R F A Headaches or migraines 64. R F A Back pain or neck pain
62. R F A Bone pains 65. R F A Joint pain
63. R F A Difficulty exercising 66. R F A Muscle weakness

Section 10
67. R F A Anti-depressants 69. R F A Brain fog - lack of concentration
68. R F A Numbness or tingling

Section 11
70. R F A Anxiety / anxiousness 72. R F A Feelings of worthlessness
71. R F A Problems relaxing

Section 12
73. R F A Allergies

Section 13
74. R F A Sick more often