

WELLNESS QUESTIONNAIRE

Helping you one question at a time!

ENERGY WITH PROBLEMS / FATIGUE

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

Section 2

3. R F A Alcohol use extensively

9. R F A Drink cow's milk

4. R F A Do you use street drugs

10. R F A Consume white sugar

5. R F A Smoke or use tobacco

11. R F A Consume refined carbs

6. R F A Eat fast food

12. R F A Consume wheat or gluten

7. R F A Eat pre processed / packaged foods

13. R F A Very little exercise

8. R F A Consume sweets

14. R F A Family or financial stressors

Section 3

15. R F A Vertigo / dizziness

17. R F A Double vision or blurred vision

16. R F A Light headedness

Section 4

18. R F A History of COPD / lung disease

22. R F A Wheezing with breathing

19. R F A History of emphysema

23. R F A Asthma

20. R F A History of chronic bronchitis

24. R F A Shortness of breath

21. R F A Difficulty breathing deeply

25. R F A Pain when taking a breath

Section 5

26. R F A Difficulty staying asleep

32. R F A Too much stress / tension

27. R F A Can't loose weight

33. R F A Heat / cold intolerance

28. R F A Slow metabolism

34. R F A Early aging

29. R F A Overweight

35. R F A Trouble sweating

30. R F A Diabetes

36. R F A Fatigued or tired

31. R F A Thyroid problems

37. R F A Thyroid medication

Section 6

38. R F A Erectile dysfunction

49. R F A Increase in urination

39. R F A Pre-menopausal

50. R F A Pelvic pain or cramping

40. R F A Peri-menopausal

51. R F A Mood swings

41. R F A Suffer from PMS

52. R F A Bouts of depression

42. R F A Breast tenderness

53. R F A Loosing your memory

43. R F A Vaginal discharge

54. R F A Hot flashes / sweats

44. R F A Vaginal dryness

55. R F A Thinning hair or brittle hair

45. R F A Irregular periods

56. R F A Sexually transmitted diseases

46. R F A Excessive period bleeding

57. R F A Decrease in sex drive

47. R F A Ovarian cysts

58. R F A Pain with sex

48. R F A Fibrocystic breasts

59. R F A Hormone replacement

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Section 7			
60. R F A Heart medication	64. R F A High blood pressure		
61. R F A History of a heart attack	65. R F A History of A-fib or arrhythmias		
62. R F A History of heart surgery	66. R F A History of heart problems		
63. R F A Chest pain / angina / tightness	67. R F A Slow or fast heart beats at rest		
Section 8			
68. R F A History of deep vein thrombosis	69. R F A Poor circulation in your feet		
Section 9			
70. R F A Ulcers	73. R F A Irritable bowel syndrome		
71. R F A Indigestion or bloating	74. R F A Inflamed intestine - "Leaky gut"		
72. R F A Abdominal cramps or pain	75. R F A Constipation		
Section 10			
76. R F A Blood in your urine			
Section 11			
77. R F A Headaches or migraines	82. R F A Joint pain		
78. R F A Difficulty exercising	83. R F A Arthritis		
79. R F A Fibromyalgia	84. R F A Muscle weakness		
80. R F A Chronic fatigue syndrome	85. R F A Muscle relaxors		
81. R F A Back pain or neck pain			
Section 12			
86. R F A Anti-depressants	88. R F A Brain fog - lack of concentration		
87. R F A Numbness or tingling			
Section 13			
89. R F A Anxiety / anxiousness	90. R F A Feelings of worthlessness		
Section 14			
91. R F A Allergies			
Section 15			
92. R F A Sick more often			