eWellness Questionnaire

Helping you one question at a time!

ALLERGIES / ASTHMA

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 Cough / spit clear sputum / phlegm
4. R F 5. R F 6. R F	A Smoke or use tobacco A Eat fast food A Eat pre processed / packaged foods A Consume sweets A Drink cow's milk	 8. R F A Consume white sugar 9. R F A Consume refined carbs 10. R F A Consume wheat or gluten 11. R F A Very little exercise
13. R F	A Rashes A Itchy or dry skin A Oily skin	15. R F A Eczema 16. R F A Psoriasis
18. R F 19. R F	A Vertigo / dizziness A Light headedness A Dry or red eyes A Watery eyes	21. R F A Itchy eyes 22. R F A Ear infections 23. R F A Runny nose / sneezing
25. R F 26. R F	A History of COPD / lung disease A History of chronic bronchitis A Difficulty breathing deeply A Acute or chronic coughing	 28. R F A Wheezing with breathing 29. R F A Asthma 30. R F A Shortness of breath 31. R F A Pain when taking a breath
	A Difficulty going to sleeping A Difficulty staying asleep	34. R F A Cough / spit green-yellowish sputum / phlegm 35. R F A Fatigued or tired
Section 7 36. R F	A Chest pain / angina / tightness	
Section 8 37. R F	A Upset stomach	38. R F A Abdominal cramps or pain
Section 9 39. R F	A Headaches or migraines	40. R F A Back pain or neck pain
Section 10 41. R F	A Brain fog - lack of concentration	
Section 11 42. R F	A Allergies	
Section 12 43. R F	A Sick more often	44. R F A Recently taken antibiotics
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