eWellness Questionnaire

Helping you one question at a time!

CONSTIPATION

Name:	First Name MI Last N	ame Date of Birth:
		Patient Code:
Select Rar Select Fre	not select anything if the answer is no or ely 'R' if this is an uncommon event or s quent 'F' if this is a common event or sy ays 'A' if this is a persistent event or syr r Yes	ymptom. 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 / starche	s
3. R F 4. R F 5. R F	A Alcohol use extensivily A Do you use street drugs A Eat fast food A Eat pre processed / packaged food A Consume sweets	7. R F 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 Family or financial stressors
Section 3 12. R F	A Oily skin	13. R F A Acne
15. R F 16. R F 17. R F	A Slow metabolism A Overweight A Diabetes A Thyroid problems	 18. R F A Too much stress / tension 19. R F A Fatigued or tired 20. R F A Diabetic medications 21. R F A Thyroid medication
23. R F 24. R F	A Pre-menopausal A Peri-menopausal A Suffer from PMS A Increase in urination	26. R F A Mood swings 27. R F A Loosing your memory 28. R F A Hormone replacement
Section 6 29. R F	A Poor circulation in your feet	
31. R F 32. R F 33. R F	A Heart burn or reflux A Upset stomach A Belching A Indigestion or bloating A Abdominal cramps or pain A Irritable bowel syndrome A Diarrhea	37. R F A Inflammed intestine - "Leaky gut" 38. R F A Blood streaked stools 39. R F A Ulcerative colitis 40. R F A Diverticulitis 41. R F A Constipation 42. R F A Laxitives
	A Headaches or migraines A Difficulty exercising A Chronic fatigue syndrome	46. R F A Joint pain 47. R F A Arthritis
Section 9 48. R F	A Brain fog - lack of concentration	
Section 10 49. R F	A Anxiety / anxiousness	50. R F A Problems relaxing
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<u> </u>	Patient Code:
Please do not select anything if the answer is no or n Select Rarely 'R' if this is an uncommon event or syn Select Frequent 'F' if this is a common event or symp Select Always 'A' if this is a persistent event or symp select 'A' for Yes	ptom. each of these questions were selected because of their direct or indirect relation to the symptoms mentioned.
Section 11 51. R F A Allergies	
Section 12 52. R F A Sick more often	
Section 13 53. R F A Cholesterol problems 54. R F A Cholesterol medication	55. R F A Gall bladder attacks