eWellness Questionnaire

Helping you one question at a time!

EAR ACHE / EAR INFECTION

| 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. |
| | A Consume breads / pastas / starches A Tickle in your throat | 3. R F A Cough / spit clear sputum / phlegm |
| 5. R F 6. R F | A Smoke or use tobacco 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 |
| 12. R F 13. R F 14. R F | A Vertigo / dizziness A Light headedness A Double vision or blurred vision A Watery eyes A Itchy eyes | 16. R F A Pufffy eyes 17. R F A Ear infections 18. R F A Tooth cavities 19. R F A Runny nose / sneezing |
| | A Difficulty going to sleeping A Difficulty staying asleep | 22. R F A Cough / spit green-yellowish sputum / phlegm |
| Section 5 23. R F | A Mood swings | |
| Section 6 24. R F | A High blood pressure | |
| Section 7 25. R F | A Headaches or migraines | 26. R F A Back pain or neck pain |
| Section 8 27. R F | A Brain fog - lack of concentration | |
| Section 9 28. R F | A Problems relaxing | |
| Section 10 29. R F | A Allergies | |
| 31. R F | A Sick more often A Swollen glands A Recently taken antibiotics | 33. R F A Fever blisters or cold sores 34. R F A Sore Throat |
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