eWellness Questionnaire

Helping you one question at a time!

HEARTBURN / REFLUX / GERD

Name:

Date of Birth:

Marrio.	Date of Birtin.
	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 2. R F A Alcohol use extensivily 3. R F A Do you use street drugs 4. R F A Drink coffee / soda / ice tea 5. R F A Eat fast food 6. R F A Eat pre processed / packaged foods 7. R F A Consume sweets 8. R F A Use artificial sweetners	 9. R F A Drink cow's milk 10. R F A Consume white sugar 11. R F A Consume refined carbs 12. R F A Consume wheat or gluten 13. R F A Consume artificial flavorings 14. R F A Very little exercise 15. R F A Family or financial stressors
Section 3 16. R F A Vertigo / dizziness 17. R F A Light headedness	18. R F A Bad breath
Section 4 19. R F A Difficulty breathing deeply	
Section 5 20. R F A Difficulty going to sleeping 21. R F A Can't loose weight 22. R F A Slow metabolism	23. R F A Too much stress / tension 24. R F A Fatigued or tired
Section 6 25. R F A Chest pain / angina / tightness 26. R F A High blood pressure	27. R F A History of heart problems
Section 7 28. R F A Heart burn or reflux 29. R F A Upset stomach 30. R F A Ulcers 31. R F A Pain after eating 32. R F A Heartburn medication	 33. R F A Indigestion or bloating 34. R F A Abdominal cramps or pain 35. R F A Inflammed intestine - "Leaky gut" 36. R F A Constipation 37. R F A Laxitives
Section 8 38. R F A Difficulty exercising 39. R F A Fibromyalgia	40. R F A Chronic fatigue syndrome 41. R F A Back pain or neck pain
Section 9 42. R F A Pain medications	43. R F A Brain fog - lack of concentration
Section 10 44. R F A Anxiety / anxiousness 45. R F A Problems relaxing	46. R F A Feelings of worthlessness

Name: First Name MI	Last Name	Date of Birth:
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Diagon do not refer to and the Wife	vania na seressiti s	Patient Code:
Please do not select anything if the answ Select Rarely 'R' if this is an uncommon Select Frequent 'F' if this is a common of Select Always 'A' if this is a persistent e select 'A' for Yes	event or symptom.	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 11 47. R F A Allergies		
Section 12 48. R F A Sick more often		
Section 13 49. R F A Cholesterol problems		50. R F A Gall bladder attacks