eWellness Questionnaire

Helping you one question at a time!

IRRITABLE BOWEL

Name: First Name MI L	Last Name Date of Birth:
	Patient Code:
Please do not select anything if the answer is Select Rarely 'R' if this is an uncommon even Select Frequent 'F' if this is a common event Select Always 'A' if this is a persistent event of select 'A' for Yes	nt or symptom. each of these questions were selected because of their direct or symptom. or indirect relation to the symptoms mentioned.
Section 1 1. R F A Consume breads / pastas / st 2. R F A Yeast / Fungal problems	tarches 3. R F A Unexplained weight loss 4. R F A Nervousness or irritable
Section 2 5. R F A A family history of heart disea 6. R F A Alcohol use extensivily 7. R F A Eat fast food 8. R F A Eat pre processed / packaged 9. R F A Consume sweets 10. R F A Drink cow's milk	12. R F A Consume refined carbs13. R F A Consume wheat or gluten
Section 3 16. R F A Difficulty going to sleeping 17. R F A Difficulty staying asleep 18. R F A Can't loose weight 19. R F A Slow metabolism 20. R F A Overweight	 21. R F A Thyroid problems 22. R F A Too much stress / tension 23. R F A Fatigued or tired 24. R F A Thyroid medication
Section 4 25. R F A Erectile dysfunction 26. R F A Pre-menopausal 27. R F A Peri-menopausal 28. R F A Suffer from PMS 29. R F A Vaginal discharge 30. R F A Birth control 31. R F A Irregular periods 32. R F A Excessive period bleeding 33. R F A Ovarian cysts 34. R F A Fibrocystic breasts	35. R F A Increase in urination 36. R F A Pelvic pain or cramping 37. R F A Loosing your memory 38. R F A Hot flashes / sweats 39. R F A Thinning hair or brittle hair 40. R F A Sexually transmitted diseases 41. R F A Decrease in sex drive 42. R F A Pain with sex 43. R F A Hormone replacement
Section 5 44. R F A High blood pressure	
Section 6 45. R F A Restless leg syndrome	

Name:	First Name MI Last Name	Date of Birth:
		Patient Code:
Select Rarely 'R' if this is an uncommon 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.
47. R F A 48. R F A 49. R F A 50. R F A 51. R F A 52. R F A 53. R F A 54. R F A	Ulcers Heartburn medication Indigestion or bloating Abdominal cramps or pain Irritable bowel syndrome	 56. R F A Dark black / tarry stools 57. R F A Blood streaked stools 58. R F A Blood on the toilet paper 59. R F A Crohn's Disease 60. R F A Ulcerative colitis 61. R F A Colon polyps 62. R F A Diverticulitis 63. R F A Constipation 64. R F A Laxitives
Section 8 65. R F A	Blood in your urine	
67. R F A	Headaches or migraines Difficulty exercising Fibromyalgia	69. R F A Chronic fatigue syndrome 70. R F A Back pain or neck pain 71. R F A Muscle relaxors
Section 10 72. R F A	Anti-depressants	73. R F A Brain fog - lack of concentration
Section 11 74. R F A	Anxiety / anxiousness	75. R F A Problems relaxing
Section 12 76. R F A	Allergies	
Section 13 77. R F A	Sick more often	78. R F A Recently taken antibiotics