## eWellness Questionnaire

Helping you one question at a time!

## NAUSEA / VOMITING

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.
Section 1  1. R F A Consume breads / pastas / starches 2. R F A Tickle in your throat	3. R F A Cough / spit clear sputum / phlegm
Section 2 4. R F A Drink coffee / soda / ice tea 5. R F A Smoke or use tobacco 6. R F A Eat fast food 7. R F A Eat pre processed / packaged foods 8. R F A Consume sweets	<ul> <li>9. R F A Drink cow's milk</li> <li>10. R F A Consume white sugar</li> <li>11. R F A Consume refined carbs</li> <li>12. R F A Consume wheat or gluten</li> <li>13. R F A Family or financial stressors</li> </ul>
Section 3 14. R F A Vertigo / dizziness 15. R F A Light headedness	<ul><li>16. R F A Double vision or blurred vision</li><li>17. R F A Ear infections</li></ul>
Section 4  18. R F A Difficulty breathing deeply  19. R F A Acute or chronic coughing	20. R F A Shortness of breath 21. R F A Pain when taking a breath
Section 5  22. R F A Difficulty going to sleeping  23. R F A Thyroid problems  24. R F A Too much stress / tension  25. R F A Cough / spit green-yellowish sputum / phlegm	<ul><li>26. R F A Fatigued or tired</li><li>27. R F A Diabetic medications</li><li>28. R F A Thyroid medication</li></ul>
Section 6 29. R F A Hot flashes / sweats	30. R F A Hormone replacement
Section 7 31. R F A Heart medication	32. R F A Chest pain / angina / tightness
Section 8 33. R F A Poor circulation in your hands	
Section 9  34. R F A Heart burn or reflux  35. R F A Upset stomach  36. R F A Belching  37. R F A Ulcers  38. R F A Heartburn medication  39. R F A Indigestion or bloating  40. R F A Abdominal cramps or pain	<ul> <li>41. R F A Irritable bowel syndrome</li> <li>42. R F A Inflammed intestine - "Leaky gut"</li> <li>43. R F A Blood streaked stools</li> <li>44. R F A Ulcerative colitis</li> <li>45. R F A Diverticulitis</li> <li>46. R F A Laxitives</li> </ul>
Section 10 47. R F A Headaches or migraines 48. R F A Stiffness or muscle spasms	49. R F A Difficulty exercising 50. R F A Back pain or neck pain
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53. R F A Brain fog - lack of concentration
55. R F A Problems relaxing
59. R F A Recently taken antibiotics 60. R F A Sore Throat