

eWellness Questionnaire

Helping you one question at a time!

ABDOMINAL PAIN / CRAMPS

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 Yeast / Fungal problems

Section 2

3. R F A A family history of diabetes

9. R F A Consume white sugar

4. R F A Drink coffee / soda / ice tea

10. R F A Consume refined carbs

5. R F A Eat fast food

11. R F A Consume wheat or gluten

6. R F A Eat pre processed / packaged foods

12. R F A Consume artificial flavorings

7. R F A Consume sweets

13. R F A Family or financial stressors

8. R F A Drink cow's milk

Section 3

14. R F A Bad breath

Section 4

15. R F A Shortness of breath

Section 5

16. R F A Diabetes

19. R F A Diabetic medications

17. R F A Too much stress / tension

20. R F A Diuretics

18. R F A Fatigued or tired

Section 6

21. R F A Pre-menopausal

30. R F A Ovarian cysts

22. R F A Peri-menopausal

31. R F A Fibrocystic breasts

23. R F A Suffer from PMS

32. R F A Increase in urination

24. R F A Breast tenderness

33. R F A Pelvic pain or cramping

25. R F A Vaginal discharge

34. R F A Hot flashes / sweats

26. R F A Vaginal dryness

35. R F A Sexually transmitted diseases

27. R F A Birth control

36. R F A Decrease in sex drive

28. R F A Irregular periods

37. R F A Pain with sex

29. R F A Excessive period bleeding

38. R F A Hormone replacement

Section 7

39. R F A Poor circulation in your feet

40. R F A Restless leg syndrome

Section 8

41. R F A Heart burn or reflux

50. R F A Diarrhea

42. R F A Upset stomach

51. R F A Inflamed intestine - "Leaky gut"

43. R F A Belching

52. R F A Blood streaked stools

44. R F A Ulcers

53. R F A Blood on the toilet paper

45. R F A Pain after eating

54. R F A Ulcerative colitis

46. R F A Heartburn medication

55. R F A Diverticulitis

47. R F A Indigestion or bloating

56. R F A Constipation

48. R F A Abdominal cramps or pain

57. R F A Laxatives

49. R F A Irritable bowel syndrome

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Section 9

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|---|--------------------------------|
| 58. R F A History of urinary tract infections | 62. R F A Dark or smelly urine |
| 59. R F A Blood in your urine | 63. R F A Over-active bladder |
| 60. R F A Bed wetting | 64. R F A Urinary urgency |
| 61. R F A Urinary discharge (abnormal) | 65. R F A Urinary hesitancy |

Section 10

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|--------------------------------------|---------------------------|
| 66. R F A Headaches or migraines | 70. R F A Joint pain |
| 67. R F A Stiffness or muscle spasms | 71. R F A Arthritis |
| 68. R F A Fibromyalgia | 72. R F A Muscle weakness |
| 69. R F A Back pain or neck pain | 73. R F A Muscle relaxors |

Section 11

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| 74. R F A Pain medications | 75. R F A Multiple sclerosis |
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Section 12

76. R F A Anxiety / anxiousness

Section 13

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| 77. R F A Sick more often | 79. R F A Recently taken antibiotics |
| 78. R F A Swollen glands | |