

eWellness Questionnaire

Helping you one question at a time!

AUTOIMMUNE DISEASE

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

Section 2

2. R F A Alcohol socially

3. R F A Eat fast food

4. R F A Eat pre processed / packaged foods

5. R F A Consume sweets

6. R F A Drink cow's milk

7. R F A Consume white sugar

8. R F A Consume refined carbs

9. R F A Consume wheat or gluten

Section 3

10. R F A Watery eyes

11. R F A Itchy eyes

12. R F A Runny nose / sneezing

Section 4

13. R F A Wheezing with breathing

14. R F A Asthma

Section 5

15. R F A Difficulty going to sleeping

16. R F A Difficulty staying asleep

17. R F A Fatigued or tired

Section 6

18. R F A Breast tenderness

19. R F A Fibrocystic breasts

20. R F A Increase in urination

21. R F A Mood swings

22. R F A Loosing your memory

23. R F A Thinning hair or brittle hair

Section 7

24. R F A Heart burn or reflux

25. R F A Indigestion or bloating

26. R F A Abdominal cramps or pain

27. R F A Irritable bowel syndrome

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

29. R F A Constipation

Section 8

30. R F A History of kidney stones

Section 9

31. R F A Headaches or migraines

32. R F A Stiffness or muscle spasms

33. R F A Fibromyalgia

34. R F A Chronic fatigue syndrome

35. R F A Back pain or neck pain

36. R F A Arthritis

37. R F A Rheumatoid arthritis

38. R F A Muscle weakness

Section 10

39. R F A Pain medications

40. R F A Numbness or tingling

41. R F A Poor coordination

42. R F A Brain fog - lack of concentration

Section 11

43. R F A Anxiety / anxiousness

44. R F A Problems relaxing

Section 12

45. R F A Allergies

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 13

46. R F A Sick more often