

# eWellness Questionnaire

Helping you one question at a time!

## DIARRHEA

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 | 3. R F A Unexplained weight loss |
| 2. R F A Yeast / Fungal problems            |                                  |

### Section 2

- |   |   |
|---|---|
| 4. R F A Alcohol use extensively            | 9. R F A Drink cow's milk               |
| 5. R F A Do you use street drugs            | 10. R F A Consume refined carbs         |
| 6. R F A Eat fast food                      | 11. R F A Consume wheat or gluten       |
| 7. R F A Eat pre processed / packaged foods | 12. R F A Consume artificial flavorings |
| 8. R F A Use artificial sweeteners          | 13. R F A Family or financial stressors |

### Section 3

- |                     |                |
|---------------------|----------------|
| 14. R F A Oily skin | 15. R F A Acne |
|---------------------|----------------|

### Section 4

- |                               |                                     |
|-------------------------------|-------------------------------------|
| 16. R F A Hungry all the time | 18. R F A Too much stress / tension |
| 17. R F A Can't loose weight  | 19. R F A Fatigued or tired         |

### Section 5

- |                       |   |
|-----------------------|---|
| 20. R F A Mood swings | 21. R F A Sexually transmitted diseases |
|-----------------------|---|

### Section 6

- |                               |
|-------------------------------|
| 22. R F A High blood pressure |
|-------------------------------|

### Section 7

- |                                 |
|---------------------------------|
| 23. R F A Restless leg syndrome |
|---------------------------------|

### Section 8

- |  |                                     |
|--|-------------------------------------|
| 24. R F A Upset stomach                    | 33. R F A Blood streaked stools     |
| 25. R F A Belching                         | 34. R F A Blood on the toilet paper |
| 26. R F A Ulcers                           | 35. R F A Crohn's Disease           |
| 27. R F A Indigestion or bloating          | 36. R F A Ulcerative colitis        |
| 28. R F A Abdominal cramps or pain         | 37. R F A Colon polyps              |
| 29. R F A Irritable bowel syndrome         | 38. R F A Diverticulitis            |
| 30. R F A Diarrhea                         | 39. R F A Constipation              |
| 31. R F A Inflamed intestine - "Leaky gut" | 40. R F A Laxitives                 |
| 32. R F A Dark black / tarry stools        |                                     |

### Section 9

- |                                    |                                  |
|------------------------------------|----------------------------------|
| 41. R F A Chronic fatigue syndrome | 42. R F A Back pain or neck pain |
|------------------------------------|----------------------------------|

### Section 10

- |   |
|---|
| 43. R F A Brain fog - lack of concentration |
|---|

### Section 11

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|---------------------------------|-----------------------------|
| 44. R F A Anxiety / anxiousness | 45. R F A Problems relaxing |
|---------------------------------|-----------------------------|

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	Patient Code:
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Section 12

46. R F A Allergies

Section 13

47. R F A Sick more often

48. R F A Recently taken antibiotics

Section 14

49. R F A Cholesterol medication

50. R F A Gall bladder attacks