

eWellness Questionnaire

Helping you one question at a time!

DIZZINESS / VERTIGO / LIGHT HEADED

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

- 4. R F A Unexplained weight loss
- 5. R F A Nervousness or irritable

Section 2

- 6. R F A Alcohol use extensively
- 7. R F A Do you use street drugs
- 8. R F A Eat pre processed / packaged foods
- 9. R F A Drink cow's milk
- 10. R F A Consume white sugar

- 11. R F A Consume refined carbs
- 12. R F A Consume wheat or gluten
- 13. R F A Very little exercise
- 14. R F A Family or financial stressors

Section 3

- 15. R F A Vertigo / dizziness
- 16. R F A Light headedness
- 17. R F A Glaucoma
- 18. R F A Cataracts
- 19. R F A Double vision or blurred vision
- 20. R F A Dry or red eyes

- 21. R F A Macular degeneration
- 22. R F A Watery eyes
- 23. R F A Itchy eyes
- 24. R F A Puffy eyes
- 25. R F A Ear infections
- 26. R F A Runny nose / sneezing

Section 4

- 27. R F A Difficulty breathing deeply
- 28. R F A Acute or chronic coughing
- 29. R F A Wheezing with breathing

- 30. R F A Asthma
- 31. R F A Shortness of breath
- 32. R F A Pain when taking a breath

Section 5

- 33. R F A Difficulty going to sleeping
- 34. R F A Slow metabolism
- 35. R F A Overweight
- 36. R F A Thyroid problems
- 37. R F A Too much stress / tension

- 38. R F A Heat / cold intolerance
- 39. R F A Fatigued or tired
- 40. R F A Unexplained swellings
- 41. R F A Thyroid medication
- 42. R F A Diuretics

Section 6

- 43. R F A Excessive period bleeding
- 44. R F A Mood swings
- 45. R F A Bouts of depression

- 46. R F A Loosing your memory
- 47. R F A Thinning hair or brittle hair

Section 7

- 48. R F A History of a heart attack
- 49. R F A History of heart surgery
- 50. R F A Chest pain / angina / tightness
- 51. R F A High blood pressure

- 52. R F A History of A-fib or arrhythmias
- 53. R F A History of heart problems
- 54. R F A Slow or fast heart beats at rest

Section 8

- 55. R F A History of deep vein thrombosis

- 56. R F A Concerns about a stroke

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Section 9

- 57. R F A Upset stomach
- 58. R F A Indigestion or bloating

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

Section 10

- 60. R F A Headaches or migraines
- 61. R F A Stiffness or muscle spasms
- 62. R F A Difficulty exercising

- 63. R F A Back pain or neck pain
- 64. R F A Muscle weakness
- 65. R F A Muscle relaxors

Section 11

- 66. R F A Anti-depressants
- 67. R F A Pain medications
- 68. R F A Numbness or tingling

- 69. R F A Poor coordination
- 70. R F A Brain fog - lack of concentration

Section 12

- 71. R F A Anxiety / anxiousness

- 72. R F A Problems relaxing

Section 13

- 73. R F A Allergies

Section 14

- 74. R F A Sick more often
- 75. R F A Recently taken antibiotics

- 76. R F A Sore Throat