

eWellness Questionnaire

Helping you one question at a time!

FOOD INTOLERANCE / FOOD 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 1

- | | |
|---|-----------------------------------|
| 1. R F A Consume breads / pastas / starches | 3. R F A Nervousness or irritable |
| 2. R F A Yeast / Fungal problems | |

Section 2

- | | |
|---|---|
| 4. R F A Alcohol socially | 10. R F A Consume sweets |
| 5. R F A Alcohol use extensively | 11. R F A Drink cow's milk |
| 6. R F A Drink coffee / soda / ice tea | 12. R F A Consume white sugar |
| 7. R F A Smoke or use tobacco | 13. R F A Consume refined carbs |
| 8. R F A Eat fast food | 14. R F A Consume wheat or gluten |
| 9. R F A Eat pre processed / packaged foods | 15. R F A Consume artificial flavorings |

Section 3

- | | |
|----------------|------------------|
| 16. R F A Acne | 17. R F A Eczema |
|----------------|------------------|

Section 4

- | | |
|---|---------------------------------|
| 18. R F A Vertigo / dizziness | 22. R F A Itchy eyes |
| 19. R F A Light headedness | 23. R F A Bad breath |
| 20. R F A Double vision or blurred vision | 24. R F A Runny nose / sneezing |
| 21. R F A Watery eyes | |

Section 5

- | | |
|---|-------------------------------|
| 25. R F A History of chronic bronchitis | 27. R F A Asthma |
| 26. R F A Acute or chronic coughing | 28. R F A Shortness of breath |

Section 6

- | | |
|------------------------------|---------------------------------|
| 29. R F A Can't loose weight | 33. R F A Thyroid problems |
| 30. R F A Slow metabolism | 34. R F A Fatigued or tired |
| 31. R F A Overweight | 35. R F A Unexplained swellings |
| 32. R F A Gout | |

Section 7

- | | |
|-----------------------------|---|
| 36. R F A Breast tenderness | 38. R F A Thinning hair or brittle hair |
| 37. R F A Mood swings | |

Section 8

- | | |
|---|--|
| 39. R F A Chest pain / angina / tightness | 40. R F A Slow or fast heart beats at rest |
|---|--|

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 9

- 41. R F A Heart burn or reflux
- 42. R F A Upset stomach
- 43. R F A Belching
- 44. R F A Ulcers
- 45. R F A Pain after eating
- 46. R F A Indigestion or bloating
- 47. R F A Abdominal cramps or pain
- 48. R F A Irritable bowel syndrome
- 49. R F A Diarrhea
- 50. R F A Inflammed intestine - "Leaky gut"

- 51. R F A Dark black / tarry stools
- 52. R F A Blood streaked stools
- 53. R F A Blood on the toilet paper
- 54. R F A Crohn's Disease
- 55. R F A Ulcerative colitis
- 56. R F A Colon polyps
- 57. R F A Diverticulitis
- 58. R F A Constipation
- 59. R F A Laxitives

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 Fibromyalgia

- 64. R F A Chronic fatigue syndrome
- 65. R F A Back pain or neck pain
- 66. R F A Joint pain
- 67. R F A Arthritis

Section 11

- 68. R F A History of seizures
- 69. R F A ADHD / ADD learning disorders

- 70. R F A Brain fog - lack of concentration

Section 12

- 71. R F A Allergies

Section 13

- 72. R F A Sick more often
- 73. R F A Swollen glands

- 74. R F A Sore Throat