

eWellness Questionnaire

Helping you one question at a time!

SINUS / NASAL CONGESTION

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 Cough / spit clear sputum / phlegm

Section 2

3. R F A Drink coffee / soda / ice tea 6. R F A Eat pre processed / packaged foods
4. R F A Smoke or use tobacco 7. R F A Drink cow's milk
5. R F A Eat fast food

Section 3

8. R F A Vertigo / dizziness 13. R F A Itchy eyes
9. R F A Light headedness 14. R F A Puffy eyes
10. R F A Double vision or blurred vision 15. R F A Ear infections
11. R F A Dry or red eyes 16. R F A Tooth cavities
12. R F A Watery eyes 17. R F A Runny nose / sneezing

Section 4

18. R F A History of COPD / lung disease 23. R F A Wheezing with breathing
19. R F A History of emphysema 24. R F A Asthma
20. R F A History of chronic bronchitis 25. R F A Shortness of breath
21. R F A Difficulty breathing deeply 26. R F A Pain when taking a breath
22. R F A Acute or chronic coughing

Section 5

27. R F A Difficulty going to sleeping 29. R F A Fatigued or tired
28. R F A Cough / spit green-yellowish sputum / phlegm

Section 6

30. R F A Headaches or migraines

Section 7

31. R F A Brain fog - lack of concentration

Section 8

32. R F A Anxiety / anxiousness 33. R F A Problems relaxing

Section 9

34. R F A Allergies

Section 10

35. R F A Sick more often 38. R F A Fever blisters or cold sores
36. R F A Swollen glands 39. R F A Sore Throat
37. R F A Recently taken antibiotics