

eWellness Questionnaire

Helping you one question at a time!

SORE THROAT

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

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|---------------------------------------------|---------------------------------------------|
| 1. R F A Consume breads / pastas / starches | 3. R F A Cough / spit clear sputum / phlegm |
| 2. R F A Tickle in your throat | |

Section 2

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

Section 3

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|-------------------------------------------|---------------------------------|
| 15. R F A Vertigo / dizziness | 20. R F A Puffy eyes |
| 16. R F A Double vision or blurred vision | 21. R F A Ear infections |
| 17. R F A Dry or red eyes | 22. R F A Tooth cavities |
| 18. R F A Watery eyes | 23. R F A Bad breath |
| 19. R F A Itchy eyes | 24. R F A Runny nose / sneezing |

Section 4

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|-----------------------------------------|-------------------------------------|
| 25. R F A History of emphysema | 29. R F A Wheezing with breathing |
| 26. R F A History of chronic bronchitis | 30. R F A Asthma |
| 27. R F A Difficulty breathing deeply | 31. R F A Shortness of breath |
| 28. R F A Acute or chronic coughing | 32. R F A Pain when taking a breath |

Section 5

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|--------------------------------------------------------|------------------------------|
| 33. R F A Thyroid problems | 36. R F A Fatigued or tired |
| 34. R F A Too much stress / tension | 37. R F A Thyroid medication |
| 35. R F A Cough / spit green-yellowish sputum / phlegm | |

Section 6

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|-------------------------------------------|--------------------------------------------|
| 38. R F A Chest pain / angina / tightness | 40. R F A History of heart problems |
| 39. R F A High blood pressure | 41. R F A Slow or fast heart beats at rest |

Section 7

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|--------------------------------|-----------------------------------|
| 42. R F A Heart burn or reflux | 45. R F A Pain after eating |
| 43. R F A Upset stomach | 46. R F A Heartburn medication |
| 44. R F A Ulcers | 47. R F A Indigestion or bloating |

Section 8

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|------------------------------------|----------------------------------|
| 48. R F A Headaches or migraines | 51. R F A Back pain or neck pain |
| 49. R F A Fibromyalgia | 52. R F A Muscle weakness |
| 50. R F A Chronic fatigue syndrome | 53. R F A Muscle relaxors |

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Section 9 54. R F A Anti-depressants 55. R F A Pain medications	56. R F A Brain fog - lack of concentration
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Section 10 57. R F A Anxiety / anxiousness

Section 11 58. R F A Allergies

Section 12 59. R F A Sick more often 60. R F A Swollen glands 61. R F A Recently taken antibiotics	62. R F A Fever blisters or cold sores 63. R F A Sore Throat
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