

1. What state do you live in?

Alabama

2. What is your home address?

lorem ipsum

3. How did you hear about GritWell?

Social Media

4. Who referred you?

Initial appointment

5. What is your date of birth?

1980-05-10

6. What is your weight?

1000

7. What is your height

190cm

8. What is your race or ethnicity?

Asian

9. Have you been diagnosed with any autoimmune conditions? (please include if applicable)

Lorem Ipsum

10. What are your main symptom concerns?

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11. DIGESTIVE TRACT

12. WEIGHT

13. HEAD

14. ENERGY/ACTIVITY

15. EMOTIONS

16. MIND

17. JOINTS/MUSCLES

18. EYES

19. EARS

20. MOUTH

21. NOSE

22. LUNGS

23. HEART

24. SKIN

25. SEX & URINARY

26. OTHER

27. Do you have any feedback about this survey? Or anything else you would like us to know?

Lorem Ipsum

28. How often do you feel burning behind the breastbone/sternum (in the past 7 days)?

One day

29. How often do you feel burning in your throat?

Sometimes

30. How often do you burp?

Once a day

31. How often do you pass gas?

About every 2 hours

32. How often do you feel bloated?

Often

33. In general, how severe was your bloating

Quite a bit

34. How often do you have nausea – that is, a feeling like you could vomit?

Often

35. How often have you thrown up or vomited (in the past 7 days)?

Once a day

36. In a week, how many days do you have loose or watery stools?

3–5 days

37. In a week, how often do you feel like you needed to empty your bowels right away or else you would have an accident?

One time during the past 7 days

38. How often do you pass very hard or lumpy stools?

Once a day

39. How often do you strain while trying to have bowel movements?

Rarely

40. How often have you had belly pain (in the past 7 days)?

One day

41. Which of the following have you experienced in the last 6 months?

None

42. Which of the following have you experienced in the last 6 months?

Craving carbohydrates

43. Over the past 28 days, how often do you compulsively eat?

Everyday

44. How often do you notice water retention?

Often

45. Over the past 28 days, have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?

6-12 Days

46. How often do you notice swelling in your legs?

Often

47. How often in your life have you experienced light-headedness or swimming sensation in the head?

Infrequent

48. How often in your life have you had a headache or migraine?

Infrequent

49. I have difficulty falling asleep...

Somewhat

50. I feel fatigued

A little bit

51. How often do you experience periods of restlessness?

Sometimes

52. How often do you experience mood swings?

Sometimes

53. I feel anxious

Never

54. I feel angry...

Often

55. I feel depressed

Often

56. Which of the following have you experienced in the last 6 months?

Fainting

57. I have been able to remember things as easily as usual without extra effort...

Somewhat

58. I have to work really hard to pay attention or I would make a mistake...

Sometimes (2-3 times)

59. I have trouble concentrating...

Sometimes (2-3 times)

60. I have been able to bring to mind words that I wanted to use while talking to someone...

Very much

61. How often did you slur your words when you spoke?

Always

62. How often has poor coordination impacted your ability to participate in daily activities?

Sometimes

63. How frequently do you have pain or aches in joints?

Rarely

64. How often do you have redness, swelling and/or tenderness of one or more joints? (with or without a diagnosis of arthritis)

Rarely

65. How much of the time do you have stiffness or limitation of movement in a usual month?

Rarely

66. How much of the time do you have muscle weakness in a usual month?

Often

67. Which symptoms have you experienced in the last 6 months?

Muscle stiffness

68. In the past month, how often did your eyes look or feel excessively watery?

Rarely

69. In the past month, how often did your eyes feel discomfort (itchiness, pain, etc)?

Frequently

70. How often do you experience swollen, reddened, or sticky eyelids?

Constantly

71. How often do you notice dark circles or bags under your eyes?

Frequently

72. How often have you experienced double or blurred vision?

Frequent

73. How often do you experience itchiness from your ears?

Infrequent

74. How often do you experience pain in your ears?

Infrequent

75. How often do you experience in fullness or stuffiness your ears?

Infrequent

76. How often do you experience discharge from your ears?

Infrequent

77. How often do you experience noise or ringing from your ears?

Frequent

78. How often do you experience difficulty in hearing?

Frequent

79. How frequently do you get canker sores or lesions in your mouth?

Sometimes

80. How frequently do you have swollen or discolored tongue, gums, or lips?

Sometimes

81. How frequently do you experience coughing?

Sometimes

82. In the last 2 weeks, have you been bothered by sputum (phlegm) production when you cough? (gagging, frequent need to clear throat)

Some of the time

83. In the last 2 weeks, have you suffered from a hoarse voice as a result of your cough?

Some of the time

84. Do you experience nasal stuffiness

Moderate problem



85. During which seasons do you have nasal congestion?

Never

86. How often do you have sneezing attacks?

Often

87. I experience chest congestion

Sometimes

88. I experience asthma or bronchitis

Sometimes

89. I have shortness of breath...

Somewhat

90. Which of the following have you experienced in the last 6 months?

Heart murmur

91. How often does your heart randomly race or feel like it's pounding out of your chest?

Always

92. How often do you experience an irregular or skipped heartbeat?

Always

93. How often do you experience chest pain?

Always

94. Which of the following have you experienced with your nails in the last 6 months?

Curved up

95. In the past 6 months have you had dryness of...

Hair

96. Which of the following have you experienced in the last 6 months?

Facial Acne

97. How often do you experience excessive hair loss?

Rarely

98. How often do you experience flushing and/or hot flashes?

Rarely

99. How often do you experience excessive sweating?

Rarely

100. Which of the following have you experienced in the last 6 months?

Change in sex drive

101. Which of the following have you experienced in the last 6 months?

Poor libido

102. Which of the following have you experienced in the last 6 months?

Kidney disease

103. How often do you experience frequent, painful, or urgent urination?

Sometimes

104. How often do you experience genital itch or abnormal discharge?

Sometimes

105. Which of the following have you experienced in the last 6 months?

Bad odor in the nose

106. Which symptoms have you experienced in the last 6 months?

Eye crusting

107. General - which symptoms have you experienced in the last 6 months?

Daytime sleepiness