



ULCERATIVE COLITIS QUESTIONNAIRE.

HomeopathicVibes

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First Name _____ **Last Name**

_____ **Age** _____ **Sex** _____

Do you have abdominal pain on your lower left side?

Yes No

Do you have bloating before a bowel movement or passing gas?

Yes No

Do you have abdominal tenderness?

Yes No

Do you have blood in your stools?

Yes No

Have you been experiencing nausea and/or vomiting?

Yes No

Have you been experiencing constipation?

Yes No

Have you been experiencing diarrhea?

Yes No

Have you been experiencing both constipation and diarrhea?

Yes No

Do you feel as if you have to have another bowel movement soon after having one?

Yes No

Do you have mucus or pus in your stools?

Yes No

Is your pain alleviated after a bowel movement?

Yes No

Is your pain on the lower right side of the abdomen just below the bellybutton?

Yes No

Do you have any surgeries recently?

Yes No

How many flare ups you have had recently in last 12 months?

None

1-3

More than 3

How many times you were on steroids in last 12 months?

1-2 3-4

Have you consulted some Homeopathic or alternative consultant recently?

Yes No

Explain how long and where _____
