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**WELLNESS QUESTIONNAIRE**

Directions: Circle one option for each symptom to indicate whether that symptom applies to you right now.

1. General Discomfort.....None.....Slight.....Moderate.....Severe
2. Fatigue .....None.....Slight.....Moderate.....Severe
3. Headache .....None.....Slight.....Moderate.....Severe
4. Eye Strain .....None.....Slight.....Moderate.....Severe
5. Difficulty Focusing .....None.....Slight.....Moderate.....Severe
6. Salivation Increased .....None.....Slight.....Moderate.....Severe
7. Sweating .....None.....Slight.....Moderate.....Severe
8. Nausea .....None.....Slight.....Moderate.....Severe
9. Difficulty Concentrating .....None.....Slight.....Moderate.....Severe
10. \*"Fullness of the Head" .....None.....Slight.....Moderate.....Severe
11. Blurred Vision .....None.....Slight.....Moderate.....Severe
12. Dizziness with Eyes Open .....None.....Slight.....Moderate.....Severe
13. Dizziness with Eyes Closed .....None.....Slight.....Moderate.....Severe
14. \*\*Vertigo .....None.....Slight.....Moderate.....Severe
15. \*\*\*Stomach Awareness .....None.....Slight.....Moderate.....Severe
16. Burping.....None.....Slight.....Moderate.....Severe
17. Vomiting.....None.....Slight.....Moderate.....Severe
18. Other \_\_\_\_\_ .....None.....Slight.....Moderate.....Severe

\* Fullness of the head is an awareness of pressure in the head.

\*\*Vertigo is experienced as loss of orientation with respect to vertical upright.

\*\*\*Stomach awareness is a feeling of discomfort which is just short of nausea.