

View results

Respondent

29

Anonymous

14:11

Time to complete

1. Name *

Alexander Danilov

2. Upper GIT *

	Frequently	Often	Sometimes
Indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive Burping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foods sits for long periods after a meal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bad breath	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach pain/burning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Heartburn after spicy, citrus, alcohol, caffeine or fatty foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark or Black tarry stools	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Upper abdominal cramps or aches	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Lower GIT *

Frequently	Often	Sometimes
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Lower abdominal pain or cramps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive gas, flatulence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea, loose watery bowel movements	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Constipation, straining, hard dry stools	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Alternating constipation and diarrhoea	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Undigested food in stools	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sensation of incomplete emptying of bowel	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Extreme narrow stools	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mucus or pus in stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red blood with bowel movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Black or dark
colour patches
in stool

☐☐☒

Rectal pain or
cramps

☐☐☐

Anal itching

☐☒☐

4. Liver, Gall Bladder, Pancreas *

	Frequently	Often	Sometimes
Abdominal pain or pain under ribs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fatty foods cause indigestion or nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow cast to skin, eyes or dark coloured urine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Clay coloured stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malaise or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluid retention, oedema	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Easy bruising or bleeding e.g gums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red skin, particularly palms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry skin and or hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Endocrine - Thyroid *

	Frequently	Often	Sometimes
Fatigue, sluggishness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel cold or intolerance to cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hot, intolerance to heat, sweaty	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Puffy face, hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unintentional weight gain or weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling or tightness in front of neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Low libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue or notable weakness in limbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness, irritability, restlessness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Visual disturbance or development of a staring gaze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Endocrine - Adrenals *

	Frequently	Often	Sometimes
Feeling stressed, nervous, tense, unable to relax	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling oversensitive and overwhelmed, unable to cope	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Low mood, mood swings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating or thinking straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need stimulants like coffee, tea, sugar, tobacco as pick me ups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel fatigued after stressful day or event	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find it hard to get up and going in morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying awake during the day	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Nausea or
dizziness

☐☐☐

Palpitations
and/or chest
pain

☐☐☐

7. Endocrine - Male Reproductive *

Frequently

Often

Sometimes

Difficulty
starting or poor
urine flow

☐☐☐

Sense of
bladder
fullness,
incomplete
emptying, or
strain with small
amounts of
urine passed

☒☐☐

Dripping after
urination

☒☐☐

Ejaculation
causes pain

☒☐☐

Blood in semen

☐☐☐

Low Libido

☐☐☐

Difficulty
attaining or
maintaining an
erection

☐☐☒

Premature ejaculation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Low energy, stamina	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Development of breasts or nipple tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infertility, low sperm count or poor sperm mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testicles uneven in size, texture or hardness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflammation of penis or unusual discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital or groin rash, itchiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painful testicles	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Loss, thinning or slow growing body or facial hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Glucose Tolerance *

Frequently

Often

Sometimes

Skipping meals
causes fatigue,
weakness or
headaches

☐☐☐

Skipping meals
causes
sweating,
palpitations,
light
headedness or
faint

☐☐☐

Difficult
concentration if
miss meals

☐☐☐

Feel agitated,
irritable if miss
meals

☐☐☐

Excessive
frequent
urination

☒☐☐

Increased thirst
and appetite

☐☒☐

Blurred Vision,
failing eyesight

☐☐☐

Fatigue,
drowsiness

☐☐☒

Profuse
sweating

☒☐☐

Dizziness when
stand from
seated position

☐☐☒

unintentional
weight loss or
weight gain

☐☐☐

Diagnosis of
diabetes or pre
diabetic

☐☐☐

9. Allergy, Immune *

Frequently

Often

Sometimes

Frequent colds
and flus

☐☐☒

Frequent
infections in
other areas e.g.
ears, skin,
bladder

☐☐☒

Nasal
congestion or
discharge

☐☒☐

History of
inflamed throat,
or tonsillitis

☐☐☐

Scratchy throat

☐☐☐

Persistent or
frequent cough

☐☐☒

Cold sores

☐☐☐

Mouth Ulcers

☐☐☒

Wounds heal
slowly

☐☒☐

Excessive loss of
hair

☐☐☐

Swollen glands
in neck, armpit,
groin

☐☐☐

Migraine or
headaches

☐☐☐

Sensitivity to
light

☐☐☐

Localised
general itching
- eyes, ears,
throat, nose,
skin

☐☐☒

Sneezing,
coughing or
wheezing

☐☐☒

Certain foods
worsen
symptoms or
cause heart
palpitations

☐☐☒

10. Respiratory *

	Frequently	Often	Sometimes
Increased effort to breathe, wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough dry or moist	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Thick yellow, greenish or brown or blood stained sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frothy sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noisy rattling sounds when breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loud snoring	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

11. Urinary *

	Frequently	Often	Sometimes
Frequent fluid retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Lower back pain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Excessive, frequent urination, waking through night	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Buring with urination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Urgency of urination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloody, cloudy or darkened or strong smelling urine	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe one sided lower back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Haematological - Anaemia *

	Frequently	Often	Sometimes
Prolonged recovery after exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low exercise tolerance, shortness of breath with exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult to think straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pale eyelids, lips, gums, nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red sore tongue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sores in corner of mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy bruising or bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless legs at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Cardiovascular, Circulation *

	Frequently	Often	Sometimes
Headaches	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nosebleeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Redness in face

☐☐☐Ringing in ears
or blurred
vision☐☐☐History of high
blood pressure☐☐☐

Palpitations

☐☐☐

Dizziness

☐☐☐Pain or
heaviness in
central chest☐☐☐Pallor or
sweating with
chest
discomfort☐☐☐Shortness of
breath lying flat
or on sudden
waking in
middle of night☐☐☐Wheezing or
dry cough☐☐☐Swelling in feet,
ankles or legs☐☐☐History of high
blood
cholesterol☐☐☐

Cold
extremities,
numbness,
tingling or
pricking
sensations in
hands or feet

☐☐☐

White or
blueish tinge to
lips, fingers or
toes

☐☐☐

Faints or falls
for unknown
reason

☐☐☐

Brief loss of
vision, co-
ordination
difficult
speaking,
swallowing or
understanding
speech or
written word

☐☐☐

14. Musculoskeletal, Connective Tissue *

Frequently

Often

Sometimes

Bone
tenderness,
pain or
achiness

☐☐☐

Lower back or
hip pain

☒☐☐

Walking
difficulties or a
limp

☐☐☐

Diagnosis of
Osteoporosis or
unexplained
bone fracture

☐☐☐

Spinal
curvature, Stoo
ped posture or
hump at base
of neck

☐☐☐

Muscle
tightness,
tension

☒☐☐

Specific body
points tender to
touch

☐☐☐

Muscle cramps
or spasms

☐☐☒

Muscle twitch
or tremble

☐☐☐

Muscle
weakness

☐☐☐

Muscle loss and
wasting

☐☐☐

Tender red,
swollen, stiff
joints

☐☐☐

Dry mouth, dry
painful eyes

☐☐☐

Creaking noisy
joints

☐☐☒

Joint pain
involving
multiple joints

☐☐☐

Limited range
of motion

☐☐☒

Difficulty
standing from
seated position

☐☐☐

Difficulty
chewing or
opening mouth

☐☐☐

15. Neurological, Brain, Sleep *

Frequently

Often

Sometimes

Lightheadedness,
fainting

☐☐☐

Ringing or
buzzing in ears

☐☐☐

Trembling
hands

☐☐☐

Numbness, pins
and needles or
tingling in limbs

☐☐☐

Unsteady on
feet

☐☐☐

Poor hand co-
ordination

☐☐☐

Convulsions,
seizures or
funny turns

☐☐☐

Drooping
eyelids

☐☐☐

Impaired
hearing,
eyesight, sense
of touch, smell
or taste

☐☐☐

Slow or slurred
speech

☐☐☐

Difficulty falling
asleep

☐☒☐

Difficulty
staying asleep

☐☐☐

Find it difficult
to keep still or
fidgety

☐☒☐

Have a short
attention span

☐☐☐

Experience
mental
confusion or
sluggishness

☐☐☐

Have or had
learning
difficulties

☐☐☐

16. Skin *

	Frequently	Often	Sometimes
Eczema, Dermatitis	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dandruff, Tinea or fungal infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pigmentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin rashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>