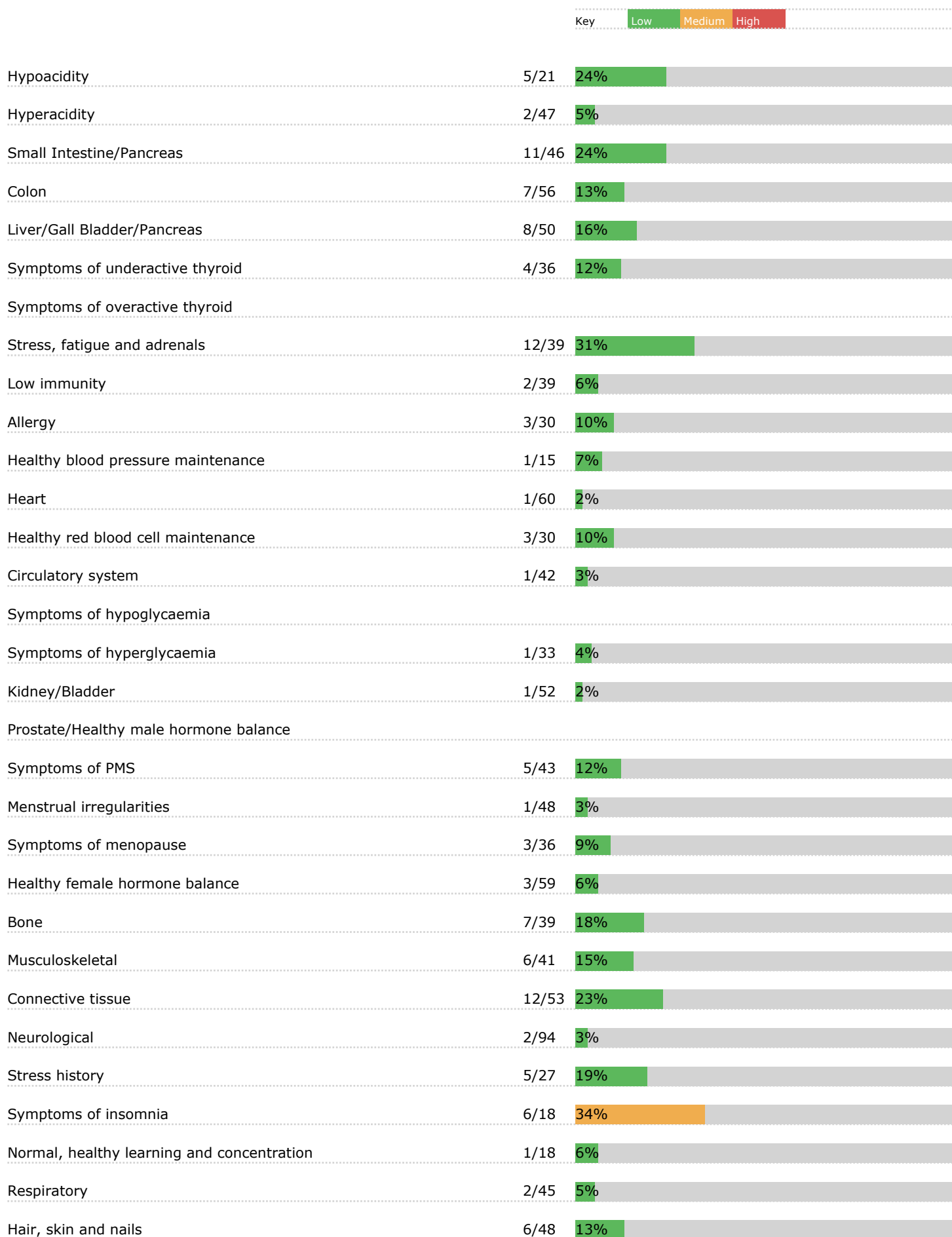


# Health Appraisal Questionnaire, September 22nd, 2020

## Alycia Lang (19 years old)



# Health Appraisal Questionnaire - Detail

Hypoacidity

5/21

24%

Bad breath	Occasionally
Bloating or fullness commencing during or shortly after a meal	Frequently/Daily
Excessive belching, burping	Never
History of anaemia	Never
Indigestion	Occasionally
Loss of appetite, or nausea	Never
Sensation of food sitting in stomach for a prolonged period after a meal	Never

Hyperacidity

2/47

5%

Antacids, carbonated beverages, milk, cream or food relieve the above symptoms	Occasionally
Black tarry stools	Never
Constipation	Never
Difficulty or pain when swallowing	Never
Feeling hungry just an hour or two after eating	Occasionally
Heartburn aggravated by lying down or bending forward	Never
Indigestion or heartburn from spicy or fatty food, citrus, alcohol, or caffeine	Never
Stomach discomfort or pain in response to strong emotions, thoughts, or smell of food	Never
Stomach pain, burning or aching, 1-4 hours after eating	Never
Vomiting blood or vomitus has appearance of coffee-grounds	Never

Small Intestine/Pancreas

11/46

24%

Abdominal cramps or aches	Never
Alternating constipation and diarrhoea	Never
Black tarry stools	Never
Certain foods worsen abdominal symptoms	Moderately/Often
Constipation (requiring straining, or a hard, dry or small stool)	Never
Diarrhoea (loose, watery or frequent bowel movements)	Occasionally
Difficulty gaining weight	Never
Dry flaky skin and dry brittle hair	Never
Excessive passage of gas	Frequently/Daily
Indigestion, bloating and fullness for several hours after eating	Moderately/Often
Nausea and/or vomiting	Never
Stools greasy, smelly or stick to toilet bowl	Moderately/Often
Undigested food in stools	Occasionally

Colon

7/56

13%

Alternating constipation and diarrhoea	Never
Anal itching	Never
Certain foods or stress aggravate lower abdominal pain	Occasionally
Constipation (requiring straining, or a hard, dry or small stool)	Never
Diarrhoea (loose, watery or frequent bowel movements)	Occasionally
Excessive gas and bloating	Moderately/Often
Extremely narrow stools	Never
Lower abdominal pain, cramping and/or spasms	Never
Lower abdominal pain relieved by passing gas or stool	Occasionally
Mucus or pus in stool	Never
Rectal pain or cramps	Never
Red blood with bowel movement	Never
Sensation of incomplete emptying of bowel	Moderately/Often

Liver/Gall Bladder/Pancreas

8/50

16%

Bloating or feeling of fullness after eating	Moderately/Often
Dry, flaky skin, or dry hair	Never
Easy bruising, or bleeding (e.g. of gums)	Never
Excessive belching or gas	Moderately/Often
Fatigue, malaise or weakness	Occasionally
Fatty foods cause indigestion or nausea	Occasionally
Fluid retention, oedema	Never
Loss of appetite	Never
Loss or thinning of body hair	Moderately/Often
Nausea and/or vomiting	Never
Pale clay-coloured stools	Never
Red skin, particularly on palms	Never
Unexplained itchy skin	Never
Upper Abdominal pain, or pain under ribs	Never
Yellowish discolouration of skin or eyes, or dark coloured urine	Never

Symptoms of underactive thyroid

4/36

12%

Constipation (requiring straining, or a hard, dry or small stool)	Never
Difficulty concentrating, poor memory	Never
Dry skin and hair	Never

Fatigue, sluggishness	Occasionally
Feeling cold, or intolerance to cold	Never
Gaining of weight, or decreased appetite	Occasionally
Heavier or more frequent menstrual periods	Never
Infertility	Never
Low libido	Occasionally
Low mood	Occasionally
Puffy face, hands or feet	Never
Swelling or tightness in front of neck	Never

Symptoms of overactive thyroid

Diarrhoea (loose, watery or frequent bowel movements)	Never
Fatigue, notable weakness in limbs	Never
Feeling hot, or intolerance to heat, sweaty	Never
Insomnia	Never
Light, infrequent or absent menstrual periods	Never
Nervousness, irritability, restlessness	Never
Palpitations	Never
Poor libido	Never
Swelling or tightness in front of neck	Never
Tremor	Never
Visual disturbance, problems with eyes, or development of staring gaze	Never
Weight loss, possibly with increased appetite	Never

Stress, fatigue and adrenals

12/39 31%

Change in appetite	Occasionally
Difficulty concentrating or thinking clearly, memory problems	Occasionally
Difficulty staying awake during day	Moderately/Often
Fatigued, tire easily	Moderately/Often
Feeling irritable or oversensitive	Never
Feeling overwhelmed, unable to cope	Occasionally
Feeling stressed, nervous, or tense, or unable to relax	Occasionally
Find it hard to get up and going in the morning	Occasionally
Insomnia	Never
Low mood, mood swings	Never
Nausea, dizziness	Never
Need coffee, tea, tobacco, sugar or chocolate as pick me ups	Frequently/Daily
Palpitations or chest pain	Never

Low immunity

2/39 6%

Cold sores	Never
Cough with mucus	Never
Diarrhoea	Occasionally
Ears continuously drain	Never
Excessive loss of hair	Occasionally
Frequent colds or 'flu	Never
Frequent infections in other locations (e.g. bladder, skin)	Never
Inflamed or bleeding gums, or swollen, red lips or tongue	Never
Nasal congestion or discharge	Never
Neck, armpit or groin swelling	Never
Sore throat	Never
Wounds heal slowly	Never

Allergy

3/30 10%

Certain foods worsen symptoms, or cause palpitations	Moderately/Often
Clear watery discharge from nose or eyes	Never
Dark circles under eyes	Never
Irritability, fatigue	Occasionally
localised or general itching - eyes, ears, throat, nose, skin	Never
Migraine or non-migraine headache	Never
Rashes or eczema	Never
Sensitivity to light (skin or eyes)	Never
Sneezing, coughing or wheezing	Never
Swollen eyes, lips, face, or other body parts	Never

Healthy blood pressure maintenance

1/15 7%

Headaches	Occasionally
History of high blood pressure	Never
Nosebleeds	Never
Redness in face	Never
Ringing in ears or blurred vision	Never

Heart

1/60 2%

Dizziness	Never
Fatigue easily, poor exercise tolerance	Occasionally
Heartburn, pain or heavy crushing sensation that moves to neck, jaw, left shoulder or arm	Never

History of high blood cholesterol	Never
Pallor or sweating with chest discomfort or with unusual indigestion	Never
Palpitations	Never
Shortness of breath lying flat in bed, or sudden shortness of breath in the middle of the night	Never
Shortness of breath with exertion	Never
Swelling in feet, ankles or legs	Never
Veins on neck are prominent	Never
Wheezing or dry cough	Never

Healthy red blood cell maintenance

3/3010%

Difficulty concentrating, poor memory	Never
Dizziness, spots before eyes, or ringing in ears	Never
Easy bruising or bleeding	Never
Excessive fatigue	Moderately/Often
Low exercise tolerance, shortness of breath with exertion	Never
Pale eyelids, lips, gums, nails	Never
Prolonged recovery after exercise	Occasionally
Red sore tongue	Never
Sores in corner of mouth	Never
Yellowing of eyes or skin	Never

Circulatory system

1/423%

Brief periods of difficulty speaking, swallowing, or understanding speech or written word	Never
Brief periods of loss of whole or part of vision, double vision, impaired coordination, or...	Never
Difficulty concentrating, poor memory	Occasionally
Faints, or falls with unknown cause	Never
Muscle pain in calves or thighs with walking	Never
Poor circulation in extremities: coldness, or numbness, tingling or pricking sensations in...	Never
Ulcers on feet or legs	Never

Symptoms of hypoglycaemia

Agitation, irritability	Never
Difficulty concentrating, poor memory, confusion	Never
Fatigue and weakness, or feeling shaky	Never
Feeling light-headed or faint	Never
Mild headache	Never
Sweating or palpitations	Never

Symptoms of hyperglycaemia

1/334%

Blurred vision, failing eyesight	Never
Diagnosis of diabetes	Never
Dizziness when standing from sitting position	Never
Excessive, frequent urination	Never
Fatigue, drowsiness	Occasionally
Increased thirst and appetite	Never
Profuse sweating	Never
Recurrent or persistent infections (e.g. bladder, skin)	Never
Slow wound healing	Never
Ulcers or sores on legs or feet	Never
Unintentional weight loss, or excessive weight gain	Never

Kidney/Bladder

1/522%

Bloody, cloudy or darkened urine, or strong-smelling urine	Never
Burning with urination	Never
Excessive urination	Never
Excessive urination during night	Never
Fluid retention throughout body	Never
Frequent urination	Occasionally
Grey cast to skin	Never
History of kidney stones	Never
Incontinence	Never
Infrequent urination	Never
Lower back pain	Never
Severe one-sided lower back or groin pain associated with restlessness	Never
Urgency of urination	Never

Prostate/Healthy male hormone balance

Blood in semen	Never
Both testicles appear smaller	Never
Development of breasts or nipple tenderness	Never
Difficulty attaining or maintaining an erection	Never
Difficulty starting urine flow, or poor flow of urine	Never
Dripping after urination	Never
Ejaculation causes pain	Never
Genital or groin rash, irritation, itchiness or infection	Never
Infertility, low sperm count or poor motility	Never

Inflammation of penis, or unusual discharge from penis	Never
Loss or thinning of body or facial hair, or slow hair growth	Never
Low energy level or stamina	Never
Low libido	Never
Painful testicle(s)	Never
Premature ejaculation	Never
Sense of bladder fullness, incomplete emptying, or needing to strain with small amounts of...	Never
Testicles uneven in size, texture or hardness	Never

Symptoms of PMS

5/4312%

Abdominal bloating	Frequently/Daily
Back pain	Never
Breast tenderness, swelling or lumps	Never
Clumsiness	Never
Diarrhoea or constipation	Occasionally
Feeling aggressive, or feeling suicidal	Never
Feeling anxious, irritable, or easily angered	Never
Feeling depressed, teary, or sensitive	Never
Fluid retention or weight gain	Never
Food cravings or binge eating	Occasionally
Headaches or migraines	Never
Insomnia	Never

Menstrual irregularities

1/483%

Absense of menstrual flow for more than 5 months	Never
Constipation or diarrhoea with menstruation	Never
Heavy blood flow, or flooding	Never
Irregular intervals between periods	Never
Light blood flow	Never
Nausea and/or vomiting with menstruation	Never
Painful intercourse during menstruation	Never
Pain with periods is worsening	Never
Passage of large or profuse blood clots	Never
Pelvic and/or rectal pressure around menstruation	Never
Prolonged duration of bleeding	Never
Prolonged duration of bleeding: Number of Days	Never
Short period cycles, less than 24 days	Occasionally
Vaginal bleeding between periods	Never

Symptoms of menopause

3/369%

Breasts reducing in size and starting to sag	Never
Difficulty concentrating, poor memory, or confusion	Occasionally
Dry skin, hair or vagina	Never
Headaches or dizziness	Never
Hot flushes	Never
Insomnia	Never
Irregular menstrual cycle and/or changes in menstrual flow (heavier or lighter)	Occasionally
Low libido	Occasionally
Mood swings, irritability, depression, nervousness, anxiety	Never
Night sweats	Never
Painful intercourse	Never
Thinning of armpit and pubic hair, or increased hair growth on upper lip	Never

Healthy female hormone balance

3/596%

Acne and/or oily skin	Moderately/Often
Breast lumps, or a change in breast size or shape	Never
Breasts shrinking	Never
Burning or itching of external genitalia	Never
Excess facial hair	Never
Excessive libido	Never
Infertility	Never
Lower abdominal or back pain	Never
Low libido	Occasionally
Milk production (not nursing), or engorged breasts	Never
Miscarriage	Never
Nipple discharge, or change in appearance of nipple	Never
Painful intercourse	Never
Swelling under armpit	Never
Thinning body hair	Never
Vaginal bleeding after intercourse, or between periods	Never
Vaginal discharge: excessive, smelly, or coloured	Never
Vaginal dryness or pain	Never

Bone

7/3918%

Abnormal spinal curvature	Never
Bone deformity or swelling	Moderately/Often
Bowed legs	Never
Diagnosis of osteoporosis	Never

Generalised bone tenderness or achiness	Moderately/Often
Hearing loss, headaches, ringing in ears	Never
Localised bone pain	Moderately/Often
Low back or hip pain	Never
Recent loss of height	Never
Shins hurt during or after exercise	Never
Stooped posture or hump at base of neck	Never
Unexplained bone fracture	Never
Walking difficulties, or a limp	Occasionally

Musculoskeletal

6/4115%

Difficulty sleeping	Occasionally
Fatigue	Moderately/Often
Headaches	Never
Muscle aches and pains	Occasionally
Muscle cramps or spasms	Never
Muscle loss and wasting	Never
Muscle stiffness, tension	Never
Muscles twitch or tremble	Never
Muscle weakness	Never
Restless legs	Never
Specific body points are tender to touch	Moderately/Often
Upper or lower back pain	Never

Connective tissue

12/5323%

Creaking (noisy) joints	Occasionally
Difficulty chewing or opening mouth	Moderately/Often
Difficulty standing up from seated position	Never
Dry mouth, dry, painful eyes	Never
Injure, strain, sprain easily	Never
Joint pain involves more than one joint	Frequently/Daily
Knobbly joints	Occasionally
Limited range of motion	Moderately/Often
Limp	Occasionally
Muscle wasting	Never
Numbness, prickling, tingling sensation in neck, shoulders or arms	Never
Red, painless skin lumps on elbows, knees, toes	Never
Shooting, aching, tingling pain down back of leg	Never
Tender, red, swollen, and stiff joints	Moderately/Often

Neurological

2/943%

Convulsions, seizures or funny turns	Never
Difficulty concentrating, confused, poor memory	Never
Drooping eyelid(s)	Never
Easily fatigued	Occasionally
Headache	Never
Impaired hearing, eyesight, sense of touch, smell or taste	Never
Incontinence	Never
Light-headedness, fainting	Never
Numbness, pins and needles, or tingling in limbs	Never
Poor hand coordination	Never
Ringing or buzzing in ears	Occasionally
Slow or slurred speech	Never
Trembling hands	Never
Unsteady on feet	Never
Weakness	Never

Stress history

5/2719%

Bankruptcy, or a major change in finances	Never
Death of close family member or friend	Never
Loss of work, retirement or starting a new job	Never
Major personal injury or illness	Frequently/Daily
Marriage	Never
Moving house	Moderately/Often
Separation from partner	Never
Violations of the law	Never

Symptoms of insomnia

6/1834%

Eat after 8pm	Occasionally
Eat chocolate or drink caffeine in the evenings	Moderately/Often
Have an overactive mind, or worry excessively	Occasionally
Have difficulty falling asleep or staying asleep	Never
Live or work in a stressful environment	Never
Suffer from constant pain or discomfort	Moderately/Often

Normal, healthy learning and concentration

1/186%

Experience mental confusion or sluggishness	Never
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Find it difficult to keep still or are fidgety	Never
Find it difficult to relax	Never
Have a short attention span	Never
Have food allergies	Occasionally
Have or had learning difficulties	Never

Respiratory

2/455%

Bad breath or sputum smells offensive	Moderately/Often
Blood in sputum	Never
Bluish nails or lips	Never
Colds always "go to the chest"	Never
Cough, dry or moist	Never
Frothy sputum	Never
Loud snoring	Never
Noisy rattling sounds when breathing	Never
Pain in chest	Never
Shallow breathing	Never
Shortness of breath, increased effort to breathe	Never
Thick yellow, greenish or brown sputum	Never
Wheezing	Never

Hair, skin and nails

6/4813%

Acne	Moderate
Areas of decreased pigmentation	Mild
Areas of increased pigmentation	Mild
Areas of unexplained redness	None
Dandruff	None
Discoloured nails	Mild
Eczema/dermatitis	None
Pitted nails	None
Psoriasis	None
Rashes	None
Thickened nails	Mild
Tinea	None
Undiagnosed skin lumps/bumps	None
Unusual or changing moles	None
Warts	None
Weak/brittle nails	None

Detoxification

2/356%

The preservatives sodium benzoate or potassium benzoate	None
Tyramine (red wine, cheese, bananas, chocolate)	None
Caffeine	None
Chemicals such as fragrances, exhaust fumes, cigarette smoke or other strong odours	None
Even small amounts of alcohol	None
Do you have a history of exposure to chemicals such as herbicides, insecticides, pesticides...	Never
Alcohol (number of drinks per week)	1 - 7
Coffee or other caffeinated drinks (number per day)?	1 - 2
Smoking (number per day)?	0
If not currently smoking, have you quit smoking in the last year?	NA
Recreational drugs?	No

Patient health history

2/1415%

Age >50 years	No
Frequency of exercise (days per week)	6 - 7
Planning to have a baby in the next 3-6 months	No
Pregnant or breastfeeding	No
Vegetarian or vegen	Yes

High risk symptoms

2/366%

Fevers	Never
Lumps, e.g. breast, armpit, skin	No
Night sweats	Never
Reduced appetite	Never
Severe fatigue	Occasionally
Unexplained weight loss	No

Weight management

3/650%

Are you unhappy with your weight?	No
Do you diet often?	Yes

Which of the following types of medications have you taken...

8/2237%

Antibiotics/antifungals	No
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Antidepressants	No
Anti-diabetics/insulin	No
Antihistamines	No
anti-inflammatories/aspirin	No
Antipsychotics	No
Antiulcer medications, antacids	Yes
Asthma medications/inhalers	No
Chemotherapy	No
Heart	No
High blood pressure	No
Hormones/oral contraceptives	Yes
Paracetamol	No
Relaxants/sleeping tablets	No
Steroids e.g. cortisone	No
Thyroid	No
Do you have a family history of diabetes, cardiovascular disease, cancer, or any other major...	Yes
Any other medications?	Yes