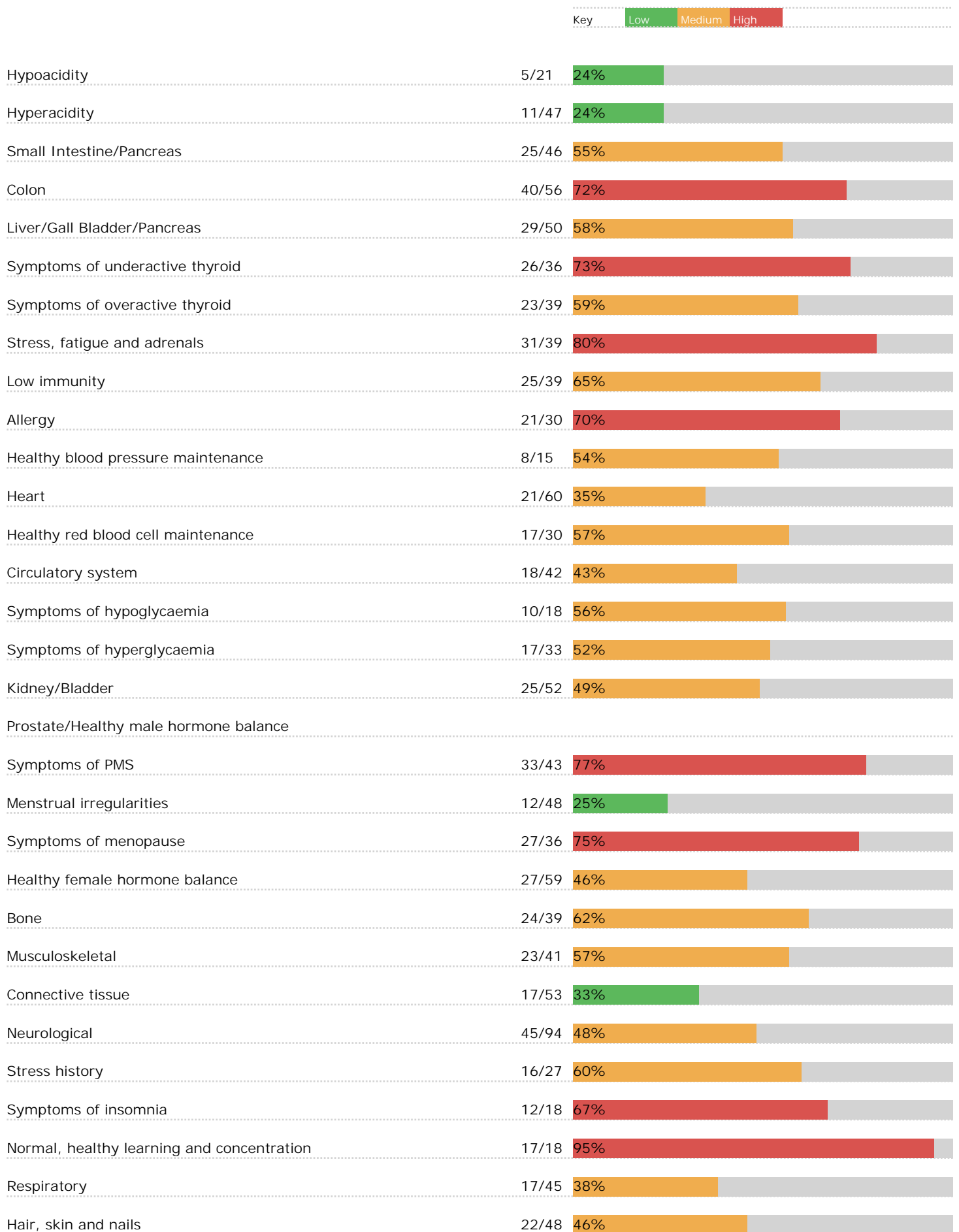


# Health Appraisal Questionnaire, April 22nd, 2020

Angela Conte (36 years old)



# Health Appraisal Questionnaire - Detail

Hypoacidity

5/21

24%

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

Hyperacidity

11/47

24%

Antacids, carbonated beverages, milk, cream or food relieve the above symptoms	Moderately/Often
Black tarry stools	Never
Constipation	Moderately/Often
Difficulty or pain when swallowing	Moderately/Often
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	Moderately/Often
Stomach pain, burning or aching, 1-4 hours after eating	Never
Vomiting blood or vomitus has appearance of coffee-grounds	Never

Small Intestine/Pancreas

25/46

55%

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

Colon

40/56

72%

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

Liver/Gall Bladder/Pancreas

29/50

58%

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

Symptoms of underactive thyroid

26/36

73%

Constipation (requiring straining, or a hard, dry or small stool)	Frequently/Daily
Difficulty concentrating, poor memory	Frequently/Daily
Dry skin and hair	Frequently/Daily

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

Symptoms of overactive thyroid

23/3959%

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

Stress, fatigue and adrenals

31/3980%

Change in appetite	Moderately/Often
Difficulty concentrating or thinking clearly, memory problems	Frequently/Daily
Difficulty staying awake during day	Occasionally
Fatigued, tire easily	Frequently/Daily
Feeling irritable or oversensitive	Frequently/Daily
Feeling overwhelmed, unable to cope	Frequently/Daily
Feeling stressed, nervous, or tense, or unable to relax	Frequently/Daily
Find it hard to get up and going in the morning	Frequently/Daily
Insomnia	Frequently/Daily
Low mood, mood swings	Frequently/Daily
Nausea, dizziness	Occasionally
Need coffee, tea, tobacco, sugar or chocolate as pick me ups	Moderately/Often
Palpitations or chest pain	Occasionally

Low immunity

25/3965%

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

Allergy

21/3070%

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

Healthy blood pressure maintenance

8/1554%

Headaches	Occasionally
History of high blood pressure	Never
Nosebleeds	Moderately/Often
Redness in face	Frequently/Daily
Ringing in ears or blurred vision	Moderately/Often

Heart

21/6035%

Dizziness	Occasionally
Fatigue easily, poor exercise tolerance	Moderately/Often
Heartburn, pain or heavy crushing sensation that moves to neck, jaw, left shoulder or arm	Moderately/Often

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

Healthy red blood cell maintenance

17/3057%

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

Circulatory system

18/4243%

Brief periods of difficulty speaking, swallowing, or understanding speech or written word	Occasionally
Brief periods of loss of whole or part of vision, double vision, impaired coordination, or...	Moderately/Often
Difficulty concentrating, poor memory	Frequently/Daily
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...	Frequently/Daily
Ulcers on feet or legs	Never

Symptoms of hypoglycaemia

10/1856%

Agitation, irritability	Frequently/Daily
Difficulty concentrating, poor memory, confusion	Frequently/Daily
Fatigue and weakness, or feeling shaky	Occasionally
Feeling light-headed or faint	Occasionally
Mild headache	Occasionally
Sweating or palpitations	Occasionally

Symptoms of hyperglycaemia

17/3352%

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

Kidney/Bladder

25/5249%

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

Prostate/Healthy male hormone balance

Symptoms of PMS

33/4377%

Abdominal bloating	Occasionally
Back pain	Moderately/Often
Breast tenderness, swelling or lumps	Moderately/Often

Clumsiness	Moderately/Often
Diarrhoea or constipation	Moderately/Often
Feeling aggressive, or feeling suicidal	Moderately/Often
Feeling anxious, irritable, or easily angered	Frequently/Daily
Feeling depressed, teary, or sensitive	Frequently/Daily
Fluid retention or weight gain	Frequently/Daily
Food cravings or binge eating	Frequently/Daily
Headaches or migraines	Occasionally
Insomnia	Frequently/Daily

Menstrual irregularities

12/4825%

Absense of menstrual flow for more than 5 months	Never
Constipation or diarrhoea with menstruation	Occasionally
Heavy blood flow, or flooding	Never
Irregular intervals between periods	Occasionally
Light blood flow	Frequently/Daily
Long period cycles, greater than 32 days	Never
Nausea and/or vomiting with menstruation	Never
Painful intercourse during menstruation	Never
Painful periods - lower abdomen or back	Frequently/Daily
Pain with periods is worsening	Never
Passage of large or profuse blood clots	Never
Pelvic and/or rectal pressure around menstruation	Moderately/Often
Prolonged duration of bleeding	Never
Prolonged duration of bleeding: Number of Days	Never
Short period cycles, less than 24 days	Moderately/Often
Vaginal bleeding between periods	Never

Symptoms of menopause

27/3675%

Breasts reducing in size and starting to sag	Moderately/Often
Difficulty concentrating, poor memory, or confusion	Frequently/Daily
Dry skin, hair or vagina	Frequently/Daily
Headaches or dizziness	Occasionally
Hot flushes	Moderately/Often
Insomnia	Frequently/Daily
Irregular menstrual cycle and/or changes in menstrual flow (heavier or lighter)	Frequently/Daily
Low libido	Occasionally
Mood swings, irritability, depression, nervousness, anxiety	Frequently/Daily
Night sweats	Frequently/Daily
Painful intercourse	Occasionally
Thinning of armpit and pubic hair, or increased hair growth on upper lip	Moderately/Often

Healthy female hormone balance

27/5946%

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

Bone

24/3962%

Abnormal spinal curvature	Frequently/Daily
Bone deformity or swelling	Frequently/Daily
Bowed legs	Never
Diagnosis of osteoporosis	Never
Generalised bone tenderness or achiness	Frequently/Daily
Hearing loss, headaches, ringing in ears	Moderately/Often
Localised bone pain	Frequently/Daily
Low back or hip pain	Frequently/Daily
Recent loss of height	Frequently/Daily
Shins hurt during or after exercise	Never
Stooped posture or hump at base of neck	Frequently/Daily
Unexplained bone fracture	Never
Walking difficulties, or a limp	Occasionally

Musculoskeletal

23/4157%

Difficulty sleeping	Frequently/Daily
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Fatigue	Frequently/Daily
Headaches	Occasionally
Muscle aches and pains	Frequently/Daily
Muscle cramps or spasms	Moderately/Often
Muscle loss and wasting	Occasionally
Muscle stiffness, tension	Moderately/Often
Muscles twitch or tremble	Occasionally
Muscle weakness	Moderately/Often
Specific body points are tender to touch	Occasionally
Upper or lower back pain	Moderately/Often

Connective tissue

17/5333%

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

Neurological

45/9448%

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

Stress history

16/2760%

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

Symptoms of insomnia

12/1867%

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

Normal, healthy learning and concentration

17/1895%

Experience mental confusion or sluggishness	Frequently/Daily
Find it difficult to keep still or are fidgety	Moderately/Often
Find it difficult to relax	Frequently/Daily
Have a short attention span	Frequently/Daily
Have food allergies	Frequently/Daily
Have or had learning difficulties	Frequently/Daily

Respiratory

17/4538%

Bad breath or sputum smells offensive	Occasionally
Blood in sputum	Occasionally

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

Hair, skin and nails

22/48

46%

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

Detoxification

18/35

52%

The preservatives sodium benzoate or potassium benzoate	Mild
Tyramine (red wine, cheese, bananas, chocolate)	Moderate
Caffeine	Moderate
Chemicals such as fragrances, exhaust fumes, cigarette smoke or other strong odours	Severe
Even small amounts of alcohol	Moderate
Do you have a history of exposure to chemicals such as herbicides, insecticides, pesticides...	Never
Alcohol (number of drinks per week)	15+
Coffee or other caffeinated drinks (number per day)?	0
Smoking (number per day)?	9 - 19
If not currently smoking, have you quit smoking in the last year?	Yes
Recreational drugs?	No

Patient health history

2/14

15%

Age >50 years	No
Frequency of exercise (days per week)	1 - 2
Planning to have a baby in the next 3-6 months	No
Pregnant or breastfeeding	No
Vegetarian or vegen	No

High risk symptoms

22/36

62%

Fevers	Occasionally
Lumps, e.g. breast, armpit, skin	No
Night sweats	Frequently/Daily
Reduced appetite	Occasionally
Severe fatigue	Frequently/Daily
Unexplained weight loss	Yes

Weight management

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

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

6/22

28%

Antibiotics/antifungals	No
Antidepressants	No
Anti-diabetics/insulin	No
Antihistamines	No
anti-inflammatories/aspirin	No
Antipsychotics	No
Asthma medications/inhalers	No
Chemotherapy	No
Heart	No
High blood pressure	No
Hormones/oral contraceptives	No
Paracetamol	No
Relaxants/sleeping tablets	No

Steroids e.g. cortisone  
Thyroid  
Do you have a family history of diabetes, cardiovascular disease, cancer, or any other major...  
Any other medications?

No  
No  
Yes  
Yes