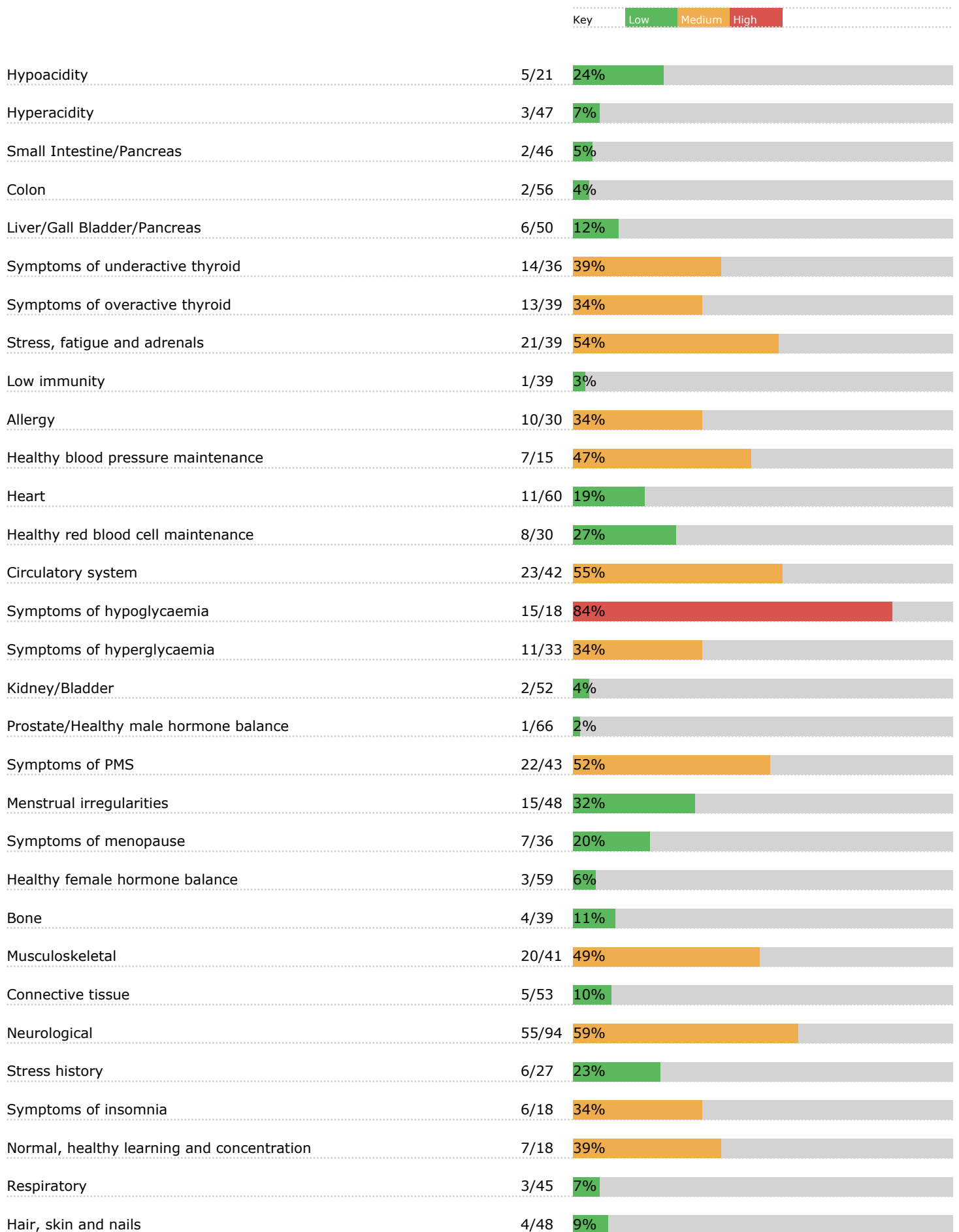


# Health Appraisal Questionnaire, December 15th, 2020

april ireland (30 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

3/47

7%

Antacids, carbonated beverages, milk, cream or food relieve the above symptoms	Never
Black tarry stools	Never
Constipation	Never
Difficulty or pain when swallowing	Never
Feeling hungry just an hour or two after eating	Frequently/Daily
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

2/46

5%

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

Colon

2/56

4%

Alternating constipation and diarrhoea	Never
Anal itching	Never
Certain foods or stress aggravate lower abdominal pain	Never
Constipation (requiring straining, or a hard, dry or small stool)	Never
Diarrhoea (loose, watery or frequent bowel movements)	Never
Excessive gas and bloating	Never
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	Occasionally
Red blood with bowel movement	Never
Sensation of incomplete emptying of bowel	Never

Liver/Gall Bladder/Pancreas

6/50

12%

Bloating or feeling of fullness after eating	Occasionally
Dry, flaky skin, or dry hair	Occasionally
Easy bruising, or bleeding (e.g. of gums)	Occasionally
Excessive belching or gas	Never
Fatigue, malaise or weakness	Frequently/Daily
Fatty foods cause indigestion or nausea	Never
Fluid retention, oedema	Never
Loss of appetite	Never
Loss or thinning of body hair	Never
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

14/36

39%

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

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

Symptoms of overactive thyroid

13/3934%

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

Stress, fatigue and adrenals

21/3954%

Change in appetite	Never
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	Moderately/Often
Feeling stressed, nervous, or tense, or unable to relax	Moderately/Often
Find it hard to get up and going in the morning	Occasionally
Insomnia	Never
Low mood, mood swings	Moderately/Often
Nausea, dizziness	Frequently/Daily
Need coffee, tea, tobacco, sugar or chocolate as pick me ups	Never
Palpitations or chest pain	Occasionally

Low immunity

1/393%

Cold sores	Never
Cough with mucus	Never
Diarrhoea	Never
Ears continuously drain	Never
Excessive loss of hair	Never
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	Occasionally
Wounds heal slowly	Never

Allergy

10/3034%

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

Healthy blood pressure maintenance

7/1547%

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

Heart

11/6019%

Dizziness	Frequently/Daily
Fatigue easily, poor exercise tolerance	Moderately/Often
Heartburn, pain or heavy crushing sensation that moves to neck, jaw, left shoulder or arm	Never

History of high blood cholesterol	Never
Pain or heaviness in central chest	Occasionally
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	Occasionally
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

8/3027%

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

Circulatory system

23/4255%

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

Symptoms of hypoglycaemia

15/1884%

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

Symptoms of hyperglycaemia

11/3334%

Blurred vision, failing eyesight	Frequently/Daily
Diagnosis of diabetes	Never
Dizziness when standing from sitting position	Moderately/Often
Excessive, frequent urination	Occasionally
Fatigue, drowsiness	Moderately/Often
Increased thirst and appetite	Moderately/Often
Profuse sweating	Occasionally
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

2/524%

Bloody, cloudy or darkened urine, or strong-smelling urine	Never
Burning with urination	Never
Excessive urination	Never
Fluid retention throughout body	Never
Frequent urination	Moderately/Often
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

Prostate/Healthy male hormone balance

1/662%

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
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...	Occasionally
Testicles uneven in size, texture or hardness	Never

Symptoms of PMS

22/4352%

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

Menstrual irregularities

15/4832%

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

Symptoms of menopause

7/3620%

Breasts reducing in size and starting to sag	Never
Difficulty concentrating, poor memory, or confusion	Never
Dry skin, hair or vagina	Never
Headaches or dizziness	Frequently/Daily
Hot flushes	Moderately/Often
Insomnia	Never
Irregular menstrual cycle and/or changes in menstrual flow (heavier or lighter)	Never
Low libido	Never
Mood swings, irritability, depression, nervousness, anxiety	Moderately/Often
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	Never
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	Occasionally
Infertility	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	Occasionally

Bone

4/3911%

Abnormal spinal curvature	Never
Bone deformity or swelling	Never
Bowed legs	Never
Diagnosis of osteoporosis	Never
Generalised bone tenderness or achiness	Never

Hearing loss, headaches, ringing in ears	Moderately/Often
Localised bone pain	Never
Low back or hip pain	Moderately/Often
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	Never

Musculoskeletal

20/4149%

Difficulty sleeping	Occasionally
Fatigue	Frequently/Daily
Headaches	Frequently/Daily
Muscle aches and pains	Moderately/Often
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
Restless legs	Occasionally
Specific body points are tender to touch	Never
Upper or lower back pain	Never

Connective tissue

5/5310%

Creaking (noisy) joints	Never
Difficulty chewing or opening mouth	Never
Difficulty standing up from seated position	Occasionally
Dry mouth, dry, painful eyes	Moderately/Often
Impaired mobility or function	Never
Injure, strain, sprain easily	Never
Joint pain involves more than one joint	Never
Knobbly joints	Never
Limited range of motion	Never
Limp	Never
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	Occasionally
Tender, red, swollen, and stiff joints	Never

Neurological

55/9459%

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

Stress history

6/2723%

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

Symptoms of insomnia

6/1834%

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

Normal, healthy learning and concentration

7/1839%

Find it difficult to keep still or are fidgety	Moderately/Often
Find it difficult to relax	Occasionally
Have a short attention span	Moderately/Often
Have food allergies	Never
Have or had learning difficulties	Never

Respiratory

3/457%

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

Hair, skin and nails

4/489%

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

Detoxification

10/3529%

The preservatives sodium benzoate or potassium benzoate	None
Tyramine (red wine, cheese, bananas, chocolate)	Severe
Caffeine	Severe
Chemicals such as fragrances, exhaust fumes, cigarette smoke or other strong odours	None
Even small amounts of alcohol	Severe
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)?	0
Smoking (number per day)?	0
If not currently smoking, have you quit smoking in the last year?	NA
Recreational drugs?	No

Patient health history

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	No

High risk symptoms

8/3623%

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

Weight management

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

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

9/2241%

Antibiotics/antifungals	No
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Antidepressants	Yes
Anti-diabetics/insulin	No
Antihistamines	No
anti-inflammatories/aspirin	Yes
Antipsychotics	No
Antiulcer medications, antacids	No
Asthma medications/inhalers	No
Chemotherapy	No
Heart	No
High blood pressure	No
Hormones/oral contraceptives	No
Paracetamol	Yes
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