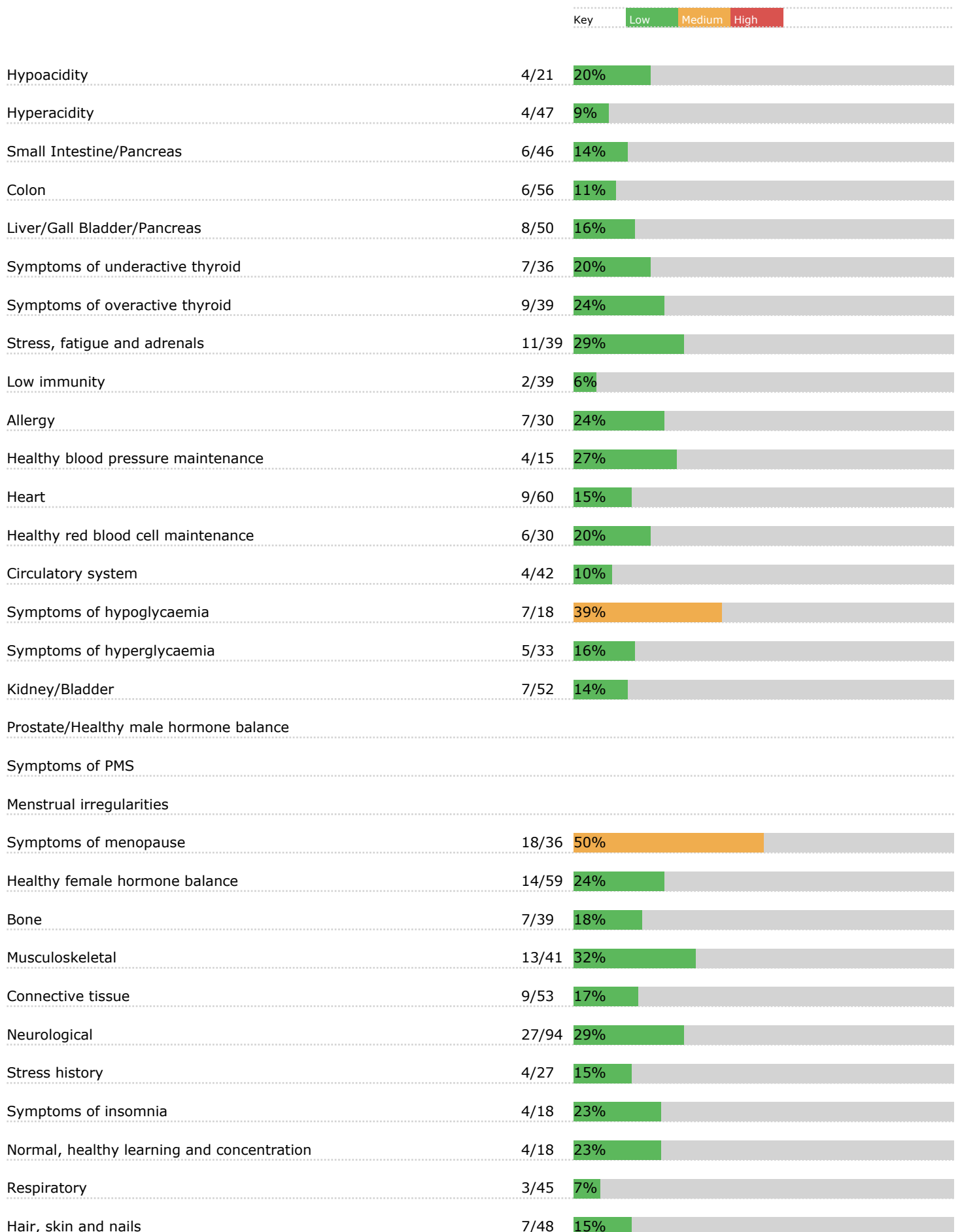


Health Appraisal Questionnaire, October 17th, 2023

Tania Lutan (58 years old)



Health Appraisal Questionnaire - Detail

Hypoacidity	4/21	20%
Bad breath		Never
Bloating or fullness commencing during or shortly after a meal		Occasionally
Excessive belching, burping		Never
History of anaemia		Never
Indigestion		Occasionally
Loss of appetite, or nausea		Occasionally
Sensation of food sitting in stomach for a prolonged period after a meal		Occasionally
Hyperacidity	4/47	9%
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		Never
Heartburn aggravated by lying down or bending forward		Never
Indigestion or heartburn from spicy or fatty food, citrus, alcohol, or caffeine		Occasionally
Stomach discomfort or pain in response to strong emotions, thoughts, or smell of food		Occasionally
Stomach pain, burning or aching, 1-4 hours after eating		Occasionally
Vomiting blood or vomitus has appearance of coffee-grounds		Never
Small Intestine/Pancreas	6/46	14%
Abdominal cramps or aches		Occasionally
Alternating constipation and diarrhoea		Never
Black tarry stools		Never
Certain foods worsen abdominal symptoms		Occasionally
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		Occasionally
Indigestion, bloating and fullness for several hours after eating		Occasionally
Nausea and/or vomiting		Occasionally
Stools greasy, smelly or stick to toilet bowl		Never
Undigested food in stools		Never
Colon	6/56	11%
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)		Never
Excessive gas and bloating		Occasionally
Extremely narrow stools		Occasionally
Lower abdominal pain, cramping and/or spasms		Occasionally
Lower abdominal pain relieved by passing gas or stool		Never
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	8/50	16%
Bloating or feeling of fullness after eating		Occasionally
Dry, flaky skin, or dry hair		Occasionally
Easy bruising, or bleeding (e.g. of gums)		Never
Excessive belching or gas		Never
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		Occasionally
Nausea and/or vomiting		Occasionally
Pale clay-coloured stools		Never
Red skin, particularly on palms		Never
Unexplained itchy skin		Occasionally
Upper Abdominal pain, or pain under ribs		Occasionally
Yellowish discolouration of skin or eyes, or dark coloured urine		Never
Symptoms of underactive thyroid	7/36	20%
Constipation (requiring straining, or a hard, dry or small stool)		Never
Difficulty concentrating, poor memory		Occasionally
Dry skin and hair		Occasionally

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

Symptoms of overactive thyroid

9/39 24%

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

Stress, fatigue and adrenals

11/39 29%

Change in appetite	Occasionally
Difficulty concentrating or thinking clearly, memory problems	Occasionally
Difficulty staying awake during day	Never
Fatigued, tire easily	Occasionally
Feeling irritable or oversensitive	Occasionally
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	Never
Insomnia	Occasionally
Low mood, mood swings	Occasionally
Nausea, dizziness	Moderately/Often
Need coffee, tea, tobacco, sugar or chocolate as pick me ups	Never
Palpitations or chest pain	Occasionally

Low immunity

2/39 6%

Cold sores	Never
Cough with mucus	Never
Diarrhoea	Never
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	Occasionally

Allergy

7/30 24%

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

Healthy blood pressure maintenance

4/15 27%

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

Heart

9/60 15%

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

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	Moderately/Often
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

6/30 20%

Difficulty concentrating, poor memory	Occasionally
Dizziness, spots before eyes, or ringing in ears	Frequently/Daily
Easy bruising or bleeding	Occasionally
Excessive fatigue	Occasionally
Low exercise tolerance, shortness of breath with exertion	Never
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

4/42 10%

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	Occasionally
Poor circulation in extremities: coldness, or numbness, tingling or pricking sensations in...	Moderately/Often
Ulcers on feet or legs	Never

Symptoms of hypoglycaemia

7/18 39%

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

Symptoms of hyperglycaemia

5/33 16%

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

Kidney/Bladder

7/52 14%

Bloody, cloudy or darkened urine, or strong-smelling urine	Occasionally
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	Occasionally
Infrequent urination	Occasionally
Lower back pain	Occasionally
Severe one-sided lower back or groin pain associated with restlessness	Never
Urgency of urination	Occasionally

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

Menstrual irregularities

Symptoms of menopause

18/36 50%

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

Healthy female hormone balance

14/59 24%

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

Bone

7/39 18%

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	Frequently/Daily
Localised bone pain	Occasionally
Low back or hip pain	Occasionally
Recent loss of height	Occasionally
Shins hurt during or after exercise	Occasionally
Stooped posture or hump at base of neck	Never
Unexplained bone fracture	Never
Walking difficulties, or a limp	Never

Musculoskeletal

13/41 32%

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

Connective tissue

9/53 17%

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

Neurological

27/94 29%

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

Stress history

4/27 15%

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	Occasionally
Major personal injury or illness	Never
Marriage	Frequently/Daily
Moving house	Never
Separation from partner	Never
Violations of the law	Never

Symptoms of insomnia

4/18 23%

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	Occasionally

Normal, healthy learning and concentration

4/18 23%

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

Respiratory

3/45 7%

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	Never
Frothy sputum	Never
Loud snoring	Moderately/Often
Noisy rattling sounds when breathing	Never
Pain in chest	Occasionally
Shallow breathing	Never
Shortness of breath, increased effort to breathe	Never
Thick yellow, greenish or brown sputum	Never

Wheezing		Never
Hair, skin and nails	7/48	15%
Acne		None
Areas of decreased pigmentation		None
Areas of increased pigmentation		Mild
Areas of unexplained redness		Mild
Dandruff		None
Discoloured nails		None
Eczema/dermatitis		Mild
Pitted nails		None
Psoriasis		None
Rashes		Mild
Thickened nails		None
Tinea		Mild
Undiagnosed skin lumps/bumps		Mild
Unusual or changing moles		Mild
Warts		None
Weak/brittle nails		None
Detoxification	1/35	3%
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)?		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	3/14	22%
Age >50 years		Yes
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 vegan		No
High risk symptoms	2/36	6%
Fevers		Never
Lumps, e.g. breast, armpit, skin		No
Night sweats		Never
Reduced appetite		Never
Severe fatigue		Occasionally
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...	1/22	5%
Antibiotics/antifungals		No
Antidepressants		No
Anti-diabetics/insulin		No
Antihistamines		No
anti-inflammatories/aspirin		No
Antipsychotics		No
Antiulcer medications, antacids		No
Asthma medications/inhalers		No
Chemotherapy		No
Heart		No
High blood pressure		No
Hormones/oral contraceptives		No
Paracetamol		No
Relaxants/sleeping tablets		Yes
Steroids e.g. cortisone		No
Thyroid		No
Do you have a family history of diabetes, cardiovascular disease, cancer, or any other major...		No
Any other medications?		No