

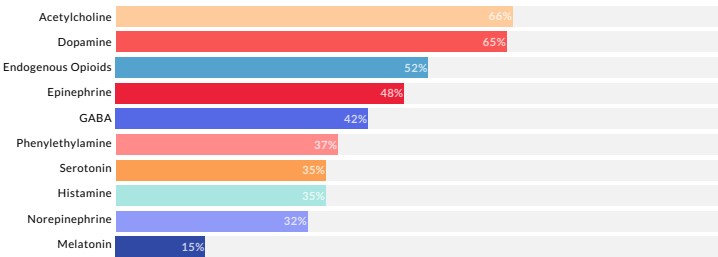
MDA Results

Patient: Melody Freestone (/patients/98133)
Date completed: 30 Jul 2024

Message sent to patient

Hi melody, please fill in based on your current symptoms x

Analysis



Neurotransmitter	Deficiency (%)	Change (%) since last appraisal	Last result
Acetylcholine	66%	3%	Last appraisal (/mda/appraisals/872... 69%
Dopamine	65%	12%	Last appraisal (/mda/appraisals/872... 53%
Endogenous Opioids	52%	21%	Last appraisal (/mda/appraisals/872... 31%

Epinephrine	48%	0%	Last appraisal (/mda/appraisals/872... 48%
GABA	42%	11%	Last appraisal (/mda/appraisals/872... 31%
Phenylethylamine	37%	0%	Last appraisal (/mda/appraisals/872... 37%
Serotonin	35%	5%	Last appraisal (/mda/appraisals/872... 30%
Histamine	35%	8%	Last appraisal (/mda/appraisals/872... 43%
Norepinephrine	32%	4%	Last appraisal (/mda/appraisals/872... 36%
Melatonin	15%	12%	Last appraisal (/mda/appraisals/872... 3%

Results

- Do you find it difficult to make decisions?

Very Often (Greater than 15 times a month)
- Do you experience digestive symptoms or digestive discomfort and find these symptoms have increased as you have aged?

Sometimes (3-5 times a month)
- Do you suffer from long-term constipation?

Sometimes (3-5 times a month)
- Are you a light sleeper and wake frequently during the night?

Never
- Do you experience poor coordination or balance?

Often (6-15 times a month)
- Have you been diagnosed with dementia or Alzheimer's disease?

Never
- Do you find it difficult to rapidly process new information?

Often (6-15 times a month)

Do your muscles ever feel tight?

Very Often (Greater than 15 times a month)

Do you experience vague or plain dreams?

Often (6-15 times a month)

Do you ever feel unmotivated and struggle to get into what each day has to offer?

Often (6-15 times a month)

Do you find it challenging to learn new things?

Often (6-15 times a month)

Do you feel there is significantly high stress in your life?

Occasionally (twice or less a month)

If applicable, do you feel you have a low sex drive?

Sometimes

Do you ever have difficulty remembering the details of what happened yesterday?

Very Often (Greater than 15 times a month)

Do you ever misplace objects?

Very Often (Greater than 15 times a month)

Do you ever experience insomnia?

Never

Do you experience panic attacks?

Occasionally (twice or less a month)

Do you experience manic episodes or feelings of mania?

Never

Do you experience seizures?

Never

Do you ever crave alcohol?

Never

Do you experience nervousness or worry about doing something you haven't done before?

Very Often (Greater than 15 times a month)

Excluding the use of anticoagulant (blood thinning) medications, do you find that cuts or injuries take a while to heal?

Often (cuts or sores can take several weeks to heal)

Do you experience hallucinations (or see things that are not actually there)?

Occasionally (twice or less a month)

Do you have hyperactive tendencies?

Never

Do you find it challenging to concentrate?

Very Often (Greater than 15 times a month)

Do you feel constantly fatigued?

Occasionally (twice or less a month)

Do you have difficulty waking in the morning?

Never

Do you seem to need more sleep than others?

Sometimes (3-5 times a month)

Do you experience feelings of anxiety?

Very Often (Greater than 15 times a month)

Do you often have a relatively high tolerance to pain?

Sometimes (3-5 times a month)

Do you often feel fatigued for no particular reason?

Sometimes (3-5 times a month)

Do you experience hypotension (low blood pressure)?

Often (6-15 times a month)

Do you experience hypoglycaemia (low blood sugar)?

Often (6-15 times a month)

Do you find it difficult to fall asleep at night?

Never

Do you experience headaches or migraines?

Sometimes (3-5 times a month)

Do you experience frequent or long standing insomnia?

Never

Do you experience hypertension (high blood pressure)? Answer very often if you are taking prescribed blood pressure medication/s, even if your blood pressure is not

Never

Do you find it difficult to remember what happened a long time ago (poor long term memory)?

Very Often (Greater than 15 times a month)

Do you experience chronic pain? E.g. Pain that has lasted longer than 6 weeks

Never

Do you suffer from stress urinary incontinence?

Occasionally (twice or less a month)

Do you put on weight easily and find it difficult to lose weight?

Occasionally

Do you use, or have you previously used, large amounts of stimulants? E.g. Caffeine, Amphetamines, Nicotine, Cocaine

Sometimes (3-5 times a month)

Have you experienced chronic stress coupled with fatigue currently or in the past?

Never

Do you have a short attention span and find it difficult to concentrate?

Very Often (Greater than 15 times a month)

Do your legs jump when you are asleep?

Often (6-15 times a month)

Do you avoid regular exercise?

Occasionally (I exercise twice per week most weeks)

Do you have overtly negative reactions to stress or dwell over stressful situations?

Very Often (Greater than 15 times a month)

Do you feel tense, anxious and worried?

Very Often (Greater than 15 times a month)

Do you smoke more than one packet of cigarettes a day? Answer never if you do not smoke at all.

Never

Do you crave or actively seek behaviour such as gambling, extreme sports, recreational drug use, frequent excess alcohol use?

Never

Do you experience constipation?

Sometimes (3-5 times a month)

Do you constantly worry about your body size?

Occasionally (twice or less a month)

Do you feel aggressive when drinking alcohol?

Never

Are you more sensitive to pain than others (low pain tolerance)?

Occasionally (twice or less a month)

Do you ever find yourself repeating certain actions constantly such as hand washing, counting things or checking that the door is locked?

Occasionally (twice or less a month)

Do you crave sugary foods or foods high in carbohydrates?

Very Often (Greater than 15 times a month)

Do you dwell for an extended period of time over a major personal life event e.g. relationship breakup, financial worries?

Never

Do you have problems with self esteem?

Never

Do you suffer from headaches?

Occasionally (twice or less a month)

Do you avoid situations where there will be a large amount of people?

Sometimes (3-5 times a month)

Do you feel nervous when you have to go to public places?

Often (6-15 times a month)

Do you feel angry or aggressive?

Occasionally (twice or less a month)

Do you feel more depressed or down during the winter months?

Never

Do you have panic attacks or anxiety?

Very Often (Greater than 15 times a month)

Do you suffer from feelings of being down or depressed?

Sometimes (3-5 times a month)

Do you have impulsive tendencies?

Never