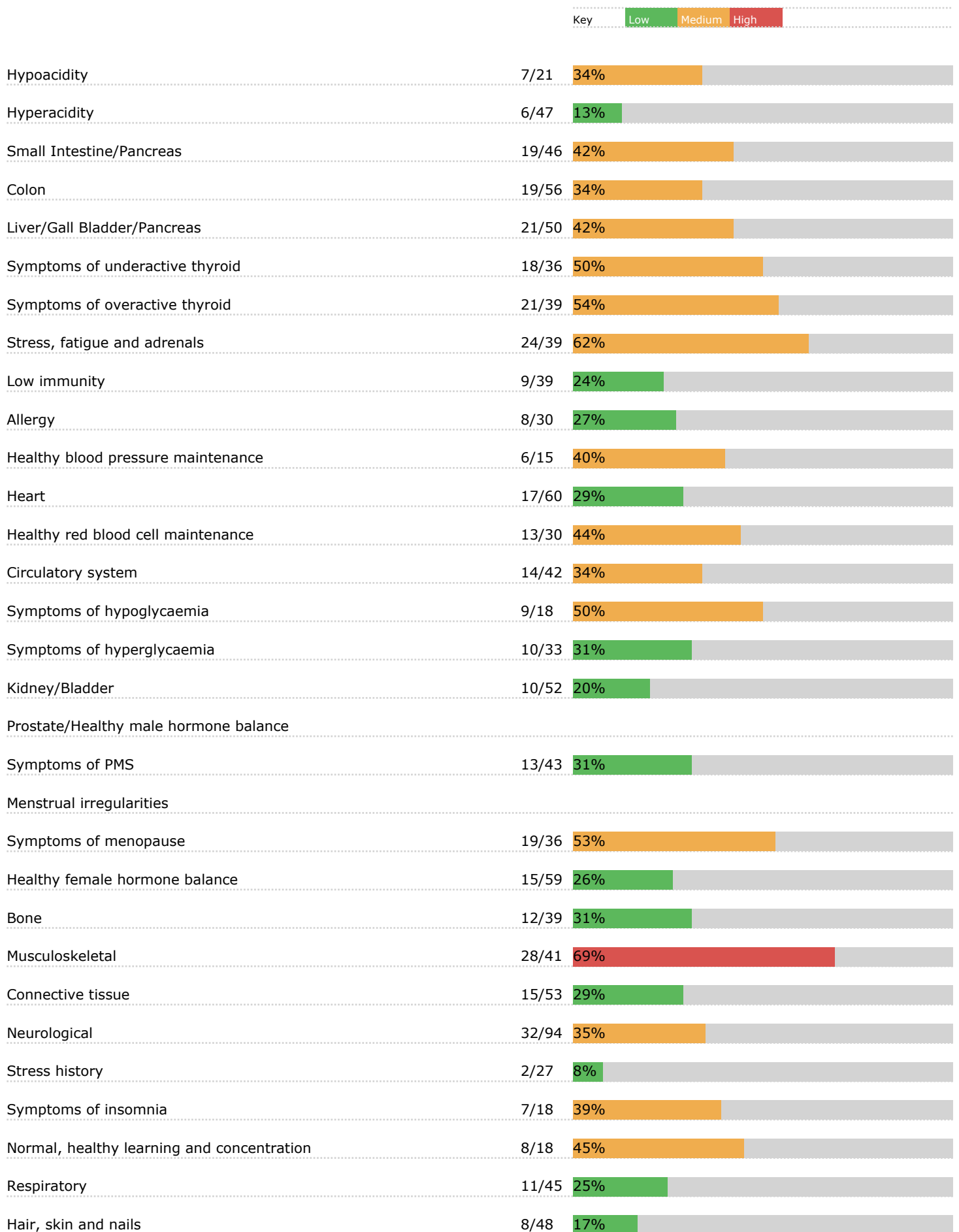


## Health Appraisal Questionnaire, February 16th, 2023

### Lyn Blake (73 years old)



# Health Appraisal Questionnaire - Detail

Hypoacidity

7/21

34%

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

Hyperacidity

6/47

13%

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

Small Intestine/Pancreas

19/46

42%

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

Colon

19/56

34%

Alternating constipation and diarrhoea	Frequently/Daily
Anal itching	Occasionally
Certain foods or stress aggravate lower abdominal pain	Occasionally
Constipation (requiring straining, or a hard, dry or small stool)	Moderately/Often
Diarrhoea (loose, watery or frequent bowel movements)	Frequently/Daily
Excessive gas and bloating	Occasionally
Extremely narrow stools	Moderately/Often
Lower abdominal pain, cramping and/or spasms	Occasionally
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	Occasionally

Liver/Gall Bladder/Pancreas

21/50

42%

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

Symptoms of underactive thyroid

18/36

50%

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

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

Symptoms of overactive thyroid

21/3954%

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

Stress, fatigue and adrenals

24/3962%

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

Low immunity

9/3924%

Cold sores	Occasionally
Cough with mucus	Never
Diarrhoea	Moderately/Often
Ears continuously drain	Never
Excessive loss of hair	Moderately/Often
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	Occasionally
Nasal congestion or discharge	Occasionally
Neck, armpit or groin swelling	Never
Sore throat	Occasionally
Wounds heal slowly	Occasionally

Allergy

8/3027%

Certain foods worsen symptoms, or cause palpitations	Never
Clear watery discharge from nose or eyes	Occasionally
Dark circles under eyes	Never
Irritability, fatigue	Frequently/Daily
localised or general itching - eyes, ears, throat, nose, skin	Moderately/Often
Migraine or non-migraine headache	Occasionally
Rashes or eczema	Occasionally
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

6/1540%

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

Heart

17/6029%

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

History of high blood cholesterol	Occasionally
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	Occasionally
Shortness of breath with exertion	Frequently/Daily
Swelling in feet, ankles or legs	Never
Veins on neck are prominent	Never
Wheezing or dry cough	Never

Healthy red blood cell maintenance

13/3044%

Difficulty concentrating, poor memory	Occasionally
Dizziness, spots before eyes, or ringing in ears	Frequently/Daily
Easy bruising or bleeding	Moderately/Often
Excessive fatigue	Frequently/Daily
Low exercise tolerance, shortness of breath with exertion	Frequently/Daily
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

14/4234%

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...	Occasionally
Difficulty concentrating, poor memory	Occasionally
Faints, or falls with unknown cause	Occasionally
Muscle pain in calves or thighs with walking	Never
Poor circulation in extremities: coldness, or numbness, tingling or pricking sensations in...	Occasionally
Ulcers on feet or legs	Never

Symptoms of hypoglycaemia

9/1850%

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

Symptoms of hyperglycaemia

10/3331%

Blurred vision, failing eyesight	Never
Diagnosis of diabetes	Never
Dizziness when standing from sitting position	Moderately/Often
Excessive, frequent urination	Moderately/Often
Fatigue, drowsiness	Frequently/Daily
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	Frequently/Daily

Kidney/Bladder

10/5220%

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

Prostate/Healthy male hormone balance

Symptoms of PMS

13/4331%

Abdominal bloating	Never
Back pain	Occasionally
Breast tenderness, swelling or lumps	Never

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

Menstrual irregularities

Symptoms of menopause

19/36 53%

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

Healthy female hormone balance

15/59 26%

Acne and/or oily skin	Never
Breast lumps, or a change in breast size or shape	Moderately/Often
Breasts shrinking	Frequently/Daily
Burning or itching of external genitalia	Never
Excess facial hair	Occasionally
Excessive libido	Never
Infertility	Frequently/Daily
Lower abdominal or back pain	Occasionally
Low libido	Frequently/Daily
Swelling under armpit	Never
Thinning body hair	Moderately/Often

Bone

12/39 31%

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

Musculoskeletal

28/41 69%

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

Connective tissue

15/53 29%

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

Limp	Never
Muscle wasting	Frequently/Daily
Numbness, prickling, tingling sensation in neck, shoulders or arms	Moderately/Often
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

32/9435%

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

Stress history

2/278%

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

Symptoms of insomnia

7/1839%

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	Never
Suffer from constant pain or discomfort	Occasionally

Normal, healthy learning and concentration

8/1845%

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

Respiratory

11/4525%

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

Hair, skin and nails

8/4817%

Acne	None
Areas of decreased pigmentation	None
Areas of increased pigmentation	Moderate
Areas of unexplained redness	Mild
Dandruff	None
Discoloured nails	None
Eczema/dermatitis	None
Pitted nails	Mild

Psoriasis	None
Rashes	Moderate
Thickened nails	Moderate
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

5/1436%

Age >50 years	Yes
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

18/3650%

Fevers	Never
Lumps, e.g. breast, armpit, skin	No
Night sweats	Never
Reduced appetite	Frequently/Daily
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...

5/2223%

Antibiotics/antifungals	No
Antidepressants	No
Anti-diabetics/insulin	No
Antihistamines	No
anti-inflammatory/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	Yes
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...	Yes
Any other medications?	No