

View results

Respondent

23

Anonymous

12:04

Time to complete

1. Name *

Tory Anton

2. Upper GIT *

	Frequently	Often	Sometimes
Indigestion	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive Burping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foods sits for long periods after a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stomach pain/burning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn after spicy, citrus, alcohol, caffeine or fatty foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark or Black tarry stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper abdominal cramps or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Lower GIT *

Frequently	Often	Sometimes
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Lower abdominal pain or cramps	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive gas, flatulence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diarrhoea, loose watery bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, straining, hard dry stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undigested food in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensation of incomplete emptying of bowel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme narrow stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mucus or pus in stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red blood with bowel movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Black or dark colour patches in stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal pain or cramps	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Anal itching	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Liver, Gall Bladder, Pancreas *

	Frequently	Often	Sometimes
Abdominal pain or pain under ribs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty foods cause indigestion or nausea	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unexplained itchy skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow cast to skin, eyes or dark coloured urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clay coloured stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malaise or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluid retention, oedema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy bruising or bleeding e.g gums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red skin, particularly palms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry skin and or hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Endocrine - Thyroid *

	Frequently	Often	Sometimes
Fatigue, sluggishness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feel cold or intolerance to cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hot, intolerance to heat, sweaty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puffy face, hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unintentional weight gain or weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling or tightness in front of neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Low libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue or notable weakness in limbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness, irritability, restlessness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Visual disturbance or development of a staring gaze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Endocrine - Adrenals *

	Frequently	Often	Sometimes
Feeling stressed, nervous, tense, unable to relax	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feeling oversensitive and overwhelmed, unable to cope	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Low mood, mood swings	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficulty concentrating or thinking straight	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Need stimulants like coffee, tea, sugar, tobacco as pick me ups	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feel fatigued after stressful day or event	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Find it hard to get up and going in morning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficulty staying awake during the day	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Nausea or dizziness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Palpitations and/or chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Endocrine - Male Reproductive *

	Frequently	Often	Sometimes
Difficulty starting or poor urine flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of bladder fullness, incomplete emptying, or strain with small amounts of urine passed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dripping after urination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ejaculation causes pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood in semen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty attaining or maintaining an erection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Premature ejaculation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Low energy, stamina	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Development of breasts or nipple tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infertility, low sperm count or poor sperm mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testicles uneven in size, texture or hardness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflammation of penis or unusual discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital or groin rash, itchiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painful testicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss, thinning or slow growing body or facial hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Glucose Tolerance *

Frequently

Often

Sometimes

Skiping meals causes fatigue, weakness or headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skiping meals causes sweating, palpitations, light headedness or faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult concentration if miss meals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feel agitated, irritable if miss meals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred Vision, failing eyesight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue, drowsiness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Profuse sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness when stand from seated position	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
unintentional weight loss or weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diagnosis of diabetes or pre diabetic

9. Allergy, Immune *

Frequently

Often

Sometimes

Frequent colds and flus

Frequent infections in other areas e.g. ears, skin, bladder

Nasal congestion or discharge

History of inflamed throat, or tonsillitis

Scratchy throat

Persistent or frequent cough

Cold sores

Mouth Ulcers

Wounds heal slowly

Excessive loss of hair

Swollen glands in neck, armpit, groin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine or headaches	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sensitivity to light	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Localised general itching - eyes, ears, throat, nose, skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sneezing, coughing or wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certain foods worsen symptoms or cause heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Respiratory *

	Frequently	Often	Sometimes
Increased effort to breathe, wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough dry or moist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thick yellow, greenish or brown or blood stained sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frothy sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noisy rattling sounds when breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Urinary *

	Frequently	Often	Sometimes
Frequent fluid retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower back pain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive, frequent urination, waking through night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buring with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency of urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloody, cloudy or darkened or strong smelling urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe one sided lower back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Haematological - Anaemia *

	Frequently	Often	Sometimes
Prolonged recovery after exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low exercise tolerance, shortness of breath with exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult to think straight	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pale eyelids, lips, gums, nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red sore tongue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sores in corner of mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy bruising or bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless legs at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Cardiovascular, Circulation *

	Frequently	Often	Sometimes
Headaches	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nosebleeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Redness in face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ringing in ears or blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pain or heaviness in central chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pallor or sweating with chest discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath lying flat or on sudden waking in middle of night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheezing or dry cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling in feet, ankles or legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of high blood cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cold extremities, numbness, tingling or pricking sensations in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White or blueish tinge to lips, fingers or toes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faints or falls for unknown reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief loss of vision, co-ordination difficult speaking, swallowing or understanding speech or written word	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Musculoskeletal, Connective Tissue *

	Frequently	Often	Sometimes
Bone tenderness, pain or achiness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Lower back or hip pain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Walking difficulties or a limp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diagnosis of Osteoporosis or unexplained bone fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal curvature, Stooped posture or hump at base of neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tightness, tension	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Specific body points tender to touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramps or spasms	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Muscle twitch or tremble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle loss and wasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tender red, swollen, stiff joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth, dry painful eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creaking noisy joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Joint pain involving multiple joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited range of motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty standing from seated position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty chewing or opening mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Neurological, Brain, Sleep *

	Frequently	Often	Sometimes
Lightheadedness, fainting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ringing or buzzing in ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trembling hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness, pins and needles or tingling in limbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsteady on feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hand coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Convulsions, seizures or funny turns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drooping eyelids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impaired hearing, eyesight, sense of touch, smell or taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow or slurred speech	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficulty falling asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficulty staying asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Find it difficult to keep still or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a short attention span	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Experience mental confusion or sluggishness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Have or had learning difficulties	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

16. Skin *

	Frequently	Often	Sometimes
Eczema, Dermatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dandruff, Tinea or fungal infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pigmentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin rashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>