

## View results

Respondent

30

Anonymous

11:03

Time to complete

1. Name \*

Tory

## 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 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 checked="" 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
------------	-------	-----------

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 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 checked="" 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

☐☐☐

Rectal pain or  
cramps

☐☐☐

Anal itching

☐☐☒

## 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 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 checked="" type="radio"/>	<input type="radio"/>
Feeling hot, intolerance to heat, sweaty	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling oversensitive and overwhelmed, unable to cope	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Low mood, mood swings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating or thinking straight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need stimulants like coffee, tea, sugar, tobacco as pick me ups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel fatigued after stressful day or event	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>

Nausea or  
dizziness

☐☒☐

Palpitations  
and/or chest  
pain

☐☐☐

## 7. Endocrine - Male Reproductive \*

Frequently

Often

Sometimes

Difficulty  
starting or poor  
urine flow

☐☐☐

Sense of  
bladder  
fullness,  
incomplete  
emptying, or  
strain with small  
amounts of  
urine passed

☐☐☐

Dripping after  
urination

☐☐☒

Ejaculation  
causes pain

☐☐☐

Blood in semen

☐☐☐

Low Libido

☐☐☐

Difficulty  
attaining or  
maintaining an  
erection

☐☐☐

Premature ejaculation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Low energy, stamina	<input type="radio"/>	<input checked="" type="radio"/>	<input 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

Skipping meals  
causes fatigue,  
weakness or  
headaches

☐☐☐

Skipping meals  
causes  
sweating,  
palpitations,  
light  
headedness or  
faint

☐☐☐

Difficult  
concentration if  
miss meals

☐☐☐

Feel agitated,  
irritable if miss  
meals

☐☐☐

Excessive  
frequent  
urination

☐☐☐

Increased thirst  
and appetite

☐☐☐

Blurred Vision,  
failing eyesight

☐☐☐

Fatigue,  
drowsiness

☐☒☐

Profuse  
sweating

☐☐☐

Dizziness when  
stand from  
seated position

☐☐☐

unintentional  
weight loss or  
weight gain

☐☐☐

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

☐☐☐

Migraine or  
headaches

☐☒☐

Sensitivity to  
light

☐☐☒

Localised  
general itching  
- eyes, ears,  
throat, nose,  
skin

☐☐☒

Sneezing,  
coughing or  
wheezing

☐☐☒

Certain foods  
worsen  
symptoms or  
cause heart  
palpitations

☐☐☐

## 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 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 checked="" 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 checked="" type="radio"/>	<input 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 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

☐☐☐

White or  
blueish tinge to  
lips, fingers or  
toes

☐☐☐

Faints or falls  
for unknown  
reason

☐☐☐

Brief loss of  
vision, co-  
ordination  
difficult  
speaking,  
swallowing or  
understanding  
speech or  
written word

☐☐☐

#### 14. Musculoskeletal, Connective Tissue \*

Frequently

Often

Sometimes

Bone  
tenderness,  
pain or  
achiness

☐☐☐

Lower back or  
hip pain

☐☐☐

Walking  
difficulties or a  
limp

☐☐☐

Diagnosis of  
Osteoporosis or  
unexplained  
bone fracture

☐☐☐

Spinal  
curvature, Stoo  
ped posture or  
hump at base  
of neck

☐☐☐

Muscle  
tightness,  
tension

☐☐☐

Specific body  
points tender to  
touch

☐☐☐

Muscle cramps  
or spasms

☐☒☐

Muscle twitch  
or tremble

☐☐☐

Muscle  
weakness

☐☐☐

Muscle loss and  
wasting

☐☐☐

Tender red,  
swollen, stiff  
joints

☐☐☐

Dry mouth, dry  
painful eyes

☐☐☐

Creaking noisy  
joints

☐☐☒

Joint pain  
involving  
multiple joints

☐☐☐

Limited range  
of motion

☐☐☐

Difficulty  
standing from  
seated position

☐☐☐

Difficulty  
chewing or  
opening mouth

☐☐☐

## 15. Neurological, Brain, Sleep \*

Frequently

Often

Sometimes

Lightheadedness,  
fainting

☐☐☐

Ringing or  
buzzing in ears

☐☐☐

Trembling  
hands

☐☐☐

Numbness, pins  
and needles or  
tingling in limbs

☐☐☐

Unsteady on  
feet

☐☐☐

Poor hand co-  
ordination

☐☐☐

Convulsions,  
seizures or  
funny turns

☐☐☐

Drooping  
eyelids

☐☐☐

Impaired  
hearing,  
eyesight, sense  
of touch, smell  
or taste

☐☐☐

Slow or slurred  
speech

☐☐☐

Difficulty falling  
asleep

☒☐☐

Difficulty  
staying asleep

☐☐☐

Find it difficult  
to keep still or  
fidgety

☐☐☐

Have a short  
attention span

☐☐☒

Experience  
mental  
confusion or  
sluggishness

☐☒☐

Have or had  
learning  
difficulties

☐☒☐

## 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"/>