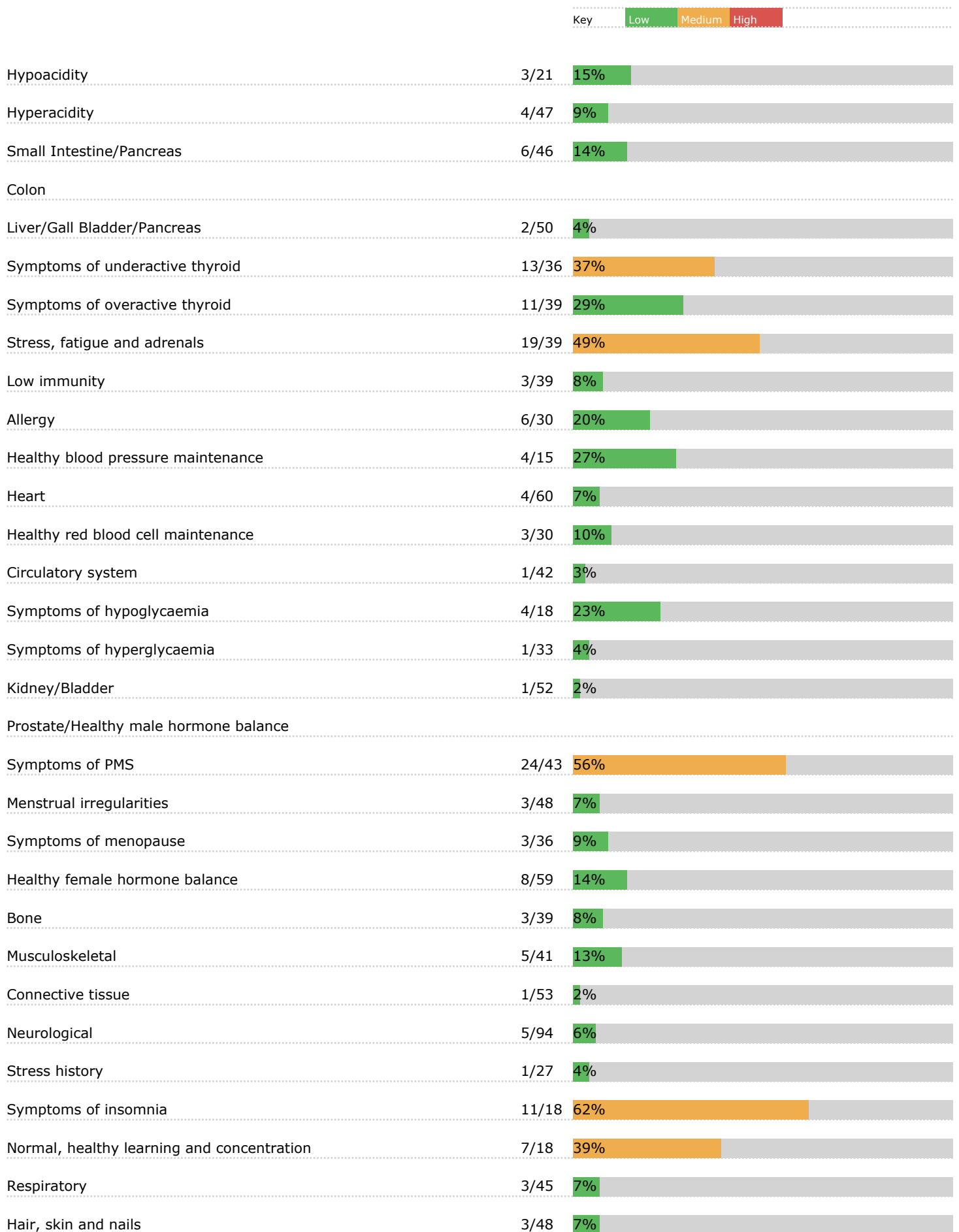


## Health Appraisal Questionnaire, February 28th, 2023

### Ashlee Bridges (27 years old)



# Health Appraisal Questionnaire - Detail

Hypoacidity	3/21	15%
Bad breath	Occasionally	
Bloating or fullness commencing during or shortly after a meal	Moderately/Often	
Excessive belching, burping	Never	
History of anaemia	Never	
Indigestion	Never	
Loss of appetite, or nausea	Never	
Sensation of food sitting in stomach for a prolonged period after a meal	Never	

Hyperacidity	4/47	9%
Antacids, carbonated beverages, milk, cream or food relieve the above symptoms	Never	
Black tarry stools	Occasionally	
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	Never	
Stomach discomfort or pain in response to strong emotions, thoughts, or smell of food	Never	
Stomach pain, burning or aching, 1-4 hours after eating	Never	
Vomiting blood or vomitus has appearance of coffee-grounds	Never	

Small Intestine/Pancreas	6/46	14%
Abdominal cramps or aches	Never	
Alternating constipation and diarrhoea	Never	
Black tarry stools	Occasionally	
Certain foods worsen abdominal symptoms	Never	
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	Moderately/Often	
Excessive passage of gas	Never	
Indigestion, bloating and fullness for several hours after eating	Never	
Nausea and/or vomiting	Never	
Stools greasy, smelly or stick to toilet bowl	Never	
Undigested food in stools	Never	

Colon	
Alternating constipation and diarrhoea	Never
Anal itching	Never
Certain foods or stress aggravate lower abdominal pain	Never
Constipation (requiring straining, or a hard, dry or small stool)	Never
Diarrhoea (loose, watery or frequent bowel movements)	Never
Excessive gas and bloating	Never
Extremely narrow stools	Never
Lower abdominal pain, cramping and/or spasms	Never
Lower abdominal pain relieved by passing gas or stool	Never
Mucus or pus in stool	Never
Rectal pain or cramps	Never
Red blood with bowel movement	Never
Sensation of incomplete emptying of bowel	Never

Liver/Gall Bladder/Pancreas	2/50	4%
Bloating or feeling of fullness after eating	Never	
Dry, flaky skin, or dry hair	Never	
Easy bruising, or bleeding (e.g. of gums)	Never	
Excessive belching or gas	Never	
Fatigue, malaise or weakness	Never	
Fatty foods cause indigestion or nausea	Never	
Fluid retention, oedema	Never	
Loss of appetite	Never	
Loss or thinning of body hair	Moderately/Often	
Nausea and/or vomiting	Never	
Pale clay-coloured stools	Never	
Red skin, particularly on palms	Never	
Unexplained itchy skin	Never	
Upper Abdominal pain, or pain under ribs	Never	
Yellowish discolouration of skin or eyes, or dark coloured urine	Never	

Symptoms of underactive thyroid	13/36	37%
Constipation (requiring straining, or a hard, dry or small stool)	Never	
Difficulty concentrating, poor memory	Moderately/Often	
Dry skin and hair	Moderately/Often	

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

Symptoms of overactive thyroid

11/3929%

Diarrhoea (loose, watery or frequent bowel movements)	Never
Fatigue, notable weakness in limbs	Never
Feeling hot, or intolerance to heat, sweaty	Occasionally
Insomnia	Moderately/Often
Light, infrequent or absent menstrual periods	Never
Nervousness, irritability, restlessness	Moderately/Often
Palpitations	Occasionally
Poor libido	Frequently/Daily
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

19/3949%

Change in appetite	Occasionally
Difficulty concentrating or thinking clearly, memory problems	Moderately/Often
Difficulty staying awake during day	Never
Fatigued, tire easily	Never
Feeling irritable or oversensitive	Frequently/Daily
Feeling overwhelmed, unable to cope	Moderately/Often
Feeling stressed, nervous, or tense, or unable to relax	Moderately/Often
Find it hard to get up and going in the morning	Moderately/Often
Insomnia	Moderately/Often
Low mood, mood swings	Moderately/Often
Nausea, dizziness	Occasionally
Need coffee, tea, tobacco, sugar or chocolate as pick me ups	Occasionally
Palpitations or chest pain	Occasionally

Low immunity

3/398%

Cold sores	Occasionally
Cough with mucus	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	Occasionally
Nasal congestion or discharge	Never
Neck, armpit or groin swelling	Never
Sore throat	Never
Wounds heal slowly	Never

Allergy

6/3020%

Certain foods worsen symptoms, or cause palpitations	Never
Clear watery discharge from nose or eyes	Never
Dark circles under eyes	Moderately/Often
Irritability, fatigue	Moderately/Often
Migraine or non-migraine headache	Moderately/Often
Rashes or eczema	Never
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

4/1527%

Headaches	Moderately/Often
History of high blood pressure	Never
Nosebleeds	Never
Redness in face	Never
Ringing in ears or blurred vision	Moderately/Often

Heart

4/607%

Dizziness	Never
Fatigue easily, poor exercise tolerance	Occasionally
Heartburn, pain or heavy crushing sensation that moves to neck, jaw, left shoulder or arm	Never
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	Occasionally
Shortness of breath lying flat in bed, or sudden shortness of breath in the middle of the night	Moderately/Often
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

3/3010%

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

1/423%

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

Symptoms of hypoglycaemia

4/1823%

Agitation, irritability	Occasionally
Difficulty concentrating, poor memory, confusion	Occasionally
Fatigue and weakness, or feeling shaky	Never
Feeling light-headed or faint	Never
Mild headache	Moderately/Often
Sweating or palpitations	Never

Symptoms of hyperglycaemia

1/334%

Blurred vision, failing eyesight	Never
Diagnosis of diabetes	Never
Dizziness when standing from sitting position	Occasionally
Excessive, frequent urination	Never
Fatigue, drowsiness	Never
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	Never

Kidney/Bladder

1/522%

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

Prostate/Healthy male hormone balance

Symptoms of PMS

24/4356%

Abdominal bloating	Occasionally
Back pain	Moderately/Often
Breast tenderness, swelling or lumps	Moderately/Often
Clumsiness	Occasionally
Diarrhoea or constipation	Never

Feeling aggressive, or feeling suicidal	Moderately/Often
Feeling anxious, irritable, or easily angered	Occasionally
Feeling depressed, teary, or sensitive	Moderately/Often
Fluid retention or weight gain	Occasionally
Food cravings or binge eating	Moderately/Often
Headaches or migraines	Moderately/Often
Insomnia	Moderately/Often

Menstrual irregularities

3/487%

Absense of menstrual flow for more than 5 months	Never
Constipation or diarrhoea with menstruation	Never
Heavy blood flow, or flooding	Never
Irregular intervals between periods	Never
Light blood flow	Never
Long period cycles, greater than 32 days	Never
Nausea and/or vomiting with menstruation	Never
Painful intercourse during menstruation	Never
Painful periods - lower abdomen or back	Occasionally
Pain with periods is worsening	Occasionally
Passage of large or profuse blood clots	Never
Pelvic and/or rectal pressure around menstruation	Never
Prolonged duration of bleeding	Never
Prolonged duration of bleeding: Number of Days	Never
Short period cycles, less than 24 days	Occasionally
Vaginal bleeding between periods	Never

Symptoms of menopause

3/369%

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

Healthy female hormone balance

8/5914%

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

Bone

3/398%

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

Musculoskeletal

5/4113%

Difficulty sleeping	Moderately/Often
Fatigue	Occasionally

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

Connective tissue

1/532%

Creaking (noisy) joints	Occasionally
Difficulty chewing or opening mouth	Never
Difficulty standing up from seated position	Never
Dry mouth, dry, painful eyes	Never
Impaired mobility or function	Never
Injure, strain, sprain easily	Never
Joint pain involves more than one joint	Never
Knobbly joints	Never
Limited range of motion	Never
Limp	Never
Muscle wasting	Never
Numbness, prickling, tingling sensation in neck, shoulders or arms	Never
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

5/946%

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

Stress history

1/274%

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

Symptoms of insomnia

11/1862%

Eat after 8pm	Moderately/Often
Eat chocolate or drink caffeine in the evenings	Moderately/Often
Have an overactive mind, or worry excessively	Frequently/Daily
Have difficulty falling asleep or staying asleep	Moderately/Often
Live or work in a stressful environment	Occasionally
Suffer from constant pain or discomfort	Occasionally

Normal, healthy learning and concentration

7/1839%

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

Respiratory

3/457%

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	Frequently/Daily
Noisy rattling sounds when breathing	Never
Pain in chest	Never
Shallow breathing	Never
Shortness of breath, increased effort to breathe	Never
Thick yellow, greenish or brown sputum	Never
Wheezing	Never

Hair, skin and nails

3/48

7%

Acne	None
Areas of decreased pigmentation	None
Areas of increased pigmentation	None
Areas of unexplained redness	None
Dandruff	Mild
Discoloured nails	None
Eczema/dermatitis	Mild
Pitted nails	None
Psoriasis	None
Rashes	None
Thickened nails	None
Tinea	None
Undiagnosed skin lumps/bumps	None
Unusual or changing moles	Mild
Warts	None
Weak/brittle nails	None

Detoxification

6/35

18%

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?	Yes
Recreational drugs?	Yes

Patient health history

3/14

22%

Age >50 years	No
Frequency of exercise (days per week)	0
Planning to have a baby in the next 3-6 months	No
Pregnant or breastfeeding	No
Vegetarian or vegen	No

High risk symptoms

Fevers	Never
Lumps, e.g. breast, armpit, skin	No
Night sweats	Never
Reduced appetite	Never
Severe fatigue	Never
Unexplained weight loss	No

Weight management

3/6

50%

Are you unhappy with your weight?	Yes
Do you diet often?	No

Which of the following types of medications have you taken...

5/22

23%

Antibiotics/antifungals	No
Antidepressants	No
Anti-diabetics/insulin	No
Antihistamines	Yes
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	Yes

Relaxants/sleeping tablets	No
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