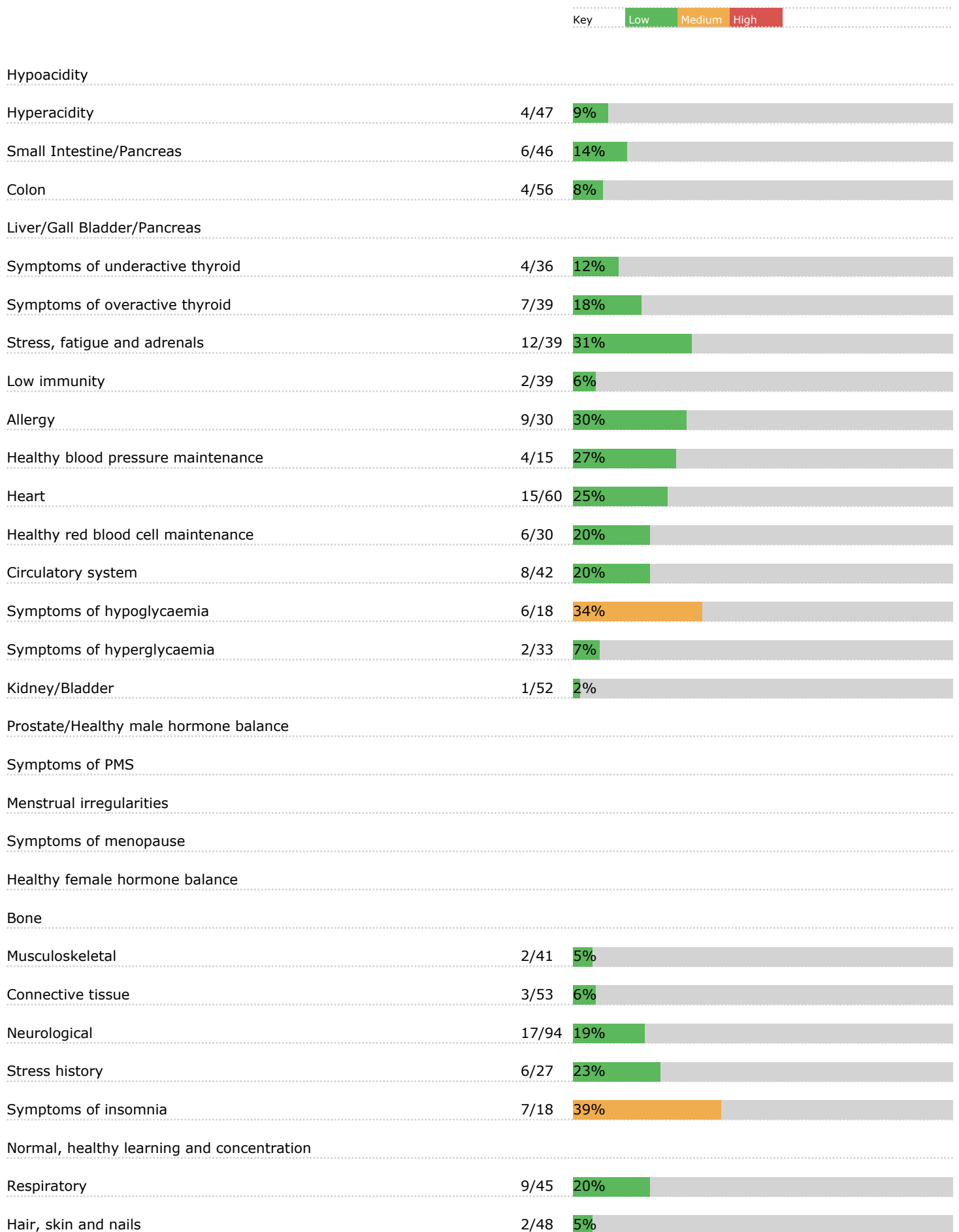


Health Appraisal Questionnaire, March 29th, 2021

Ann Knowles (78 years old)



Health Appraisal Questionnaire - Detail

Hypoacidity

Bad breath	Never
Bloating or fullness commencing during or shortly after a meal	Never
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	Never
Constipation	Frequently/Daily
Difficulty or pain when swallowing	Never
Feeling hungry just an hour or two after eating	Never
Heartburn aggravated by lying down or bending forward	Occasionally
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	Occasionally
Black tarry stools	Never
Certain foods worsen abdominal symptoms	Never
Constipation (requiring straining, or a hard, dry or small stool)	Frequently/Daily
Diarrhoea (loose, watery or frequent bowel movements)	Moderately/Often
Difficulty gaining weight	Never
Dry flaky skin and dry brittle hair	Never
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

4/56 8%

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)	Frequently/Daily
Diarrhoea (loose, watery or frequent bowel movements)	Occasionally
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

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	Never
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

4/36 12%

Constipation (requiring straining, or a hard, dry or small stool)	Frequently/Daily
Difficulty concentrating, poor memory	Occasionally
Dry skin and hair	Never

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

Symptoms of overactive thyroid7/3918%

Diarrhoea (loose, watery or frequent bowel movements)	Never
Fatigue, notable weakness in limbs	Occasionally
Feeling hot, or intolerance to heat, sweaty	Never
Insomnia	Frequently/Daily
Light, infrequent or absent menstrual periods	Never
Nervousness, irritability, restlessness	Occasionally
Palpitations	Never
Poor libido	Never
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 adrenals12/3931%

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

Low immunity2/396%

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

Allergy9/3030%

Certain foods worsen symptoms, or cause palpitations	Never
Clear watery discharge from nose or eyes	Never
Dark circles under eyes	Occasionally
Irritability, fatigue	Occasionally
localised or general itching - eyes, ears, throat, nose, skin	Never
Migraine or non-migraine headache	Occasionally
Rashes or eczema	Never
Sensitivity to light (skin or eyes)	Frequently/Daily
Sneezing, coughing or wheezing	Frequently/Daily
Swollen eyes, lips, face, or other body parts	Never

Healthy blood pressure maintenance4/1527%

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

Heart15/6025%

Dizziness	Moderately/Often
Fatigue easily, poor exercise tolerance	Never
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	Never
Shortness of breath lying flat in bed, or sudden shortness of breath in the middle of the night	Never
Shortness of breath with exertion	Frequently/Daily
Swelling in feet, ankles or legs	Never
Veins on neck are prominent	Never
Wheezing or dry cough	Frequently/Daily

Healthy red blood cell maintenance

6/3020%

Difficulty concentrating, poor memory	Moderately/Often
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	Frequently/Daily
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

8/4220%

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...	Occasionally
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...	Frequently/Daily
Ulcers on feet or legs	Never

Symptoms of hypoglycaemia

6/1834%

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

Symptoms of hyperglycaemia

2/337%

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

Abdominal bloating	Never
Back pain	Never

Menstrual irregularities

Symptoms of menopause

Healthy female hormone balance

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	Never
Excessive libido	Never
Infertility	Never
Lower abdominal or back pain	Never
Low libido	Never
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	Never
Vaginal bleeding after intercourse, or between periods	Never
Vaginal discharge: excessive, smelly, or coloured	Never
Vaginal dryness or pain	Never

Bone

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

Musculoskeletal



Difficulty sleeping	Never
Fatigue	Never
Headaches	Never
Muscle aches and pains	Never
Muscle cramps or spasms	Moderately/Often
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



Creaking (noisy) joints	Never
Difficulty chewing or opening mouth	Never
Difficulty standing up from seated position	Never
Dry mouth, dry, painful eyes	Never
Impaired mobility or function	Frequently/Daily
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



Clumsy	Occasionally
Convulsions, seizures or funny turns	Never
Difficulty concentrating, confused, poor memory	Never
Drooping eyelid(s)	Never
Easily fatigued	Never
Headache	Occasionally

Impaired hearing, eyesight, sense of touch, smell or taste	Never
Incontinence	Never
Light-headedness, fainting	Occasionally
Numbness, pins and needles, or tingling in limbs	Moderately/Often
Poor hand coordination	Never
Ringing or buzzing in ears	Occasionally
Slow or slurred speech	Never
Trembling hands	Never
Unsteady on feet	Frequently/Daily
Weakness	Never

Stress history

6/27

23%

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	Frequently/Daily
Marriage	Never
Moving house	Frequently/Daily
Separation from partner	Never
Violations of the law	Never

Symptoms of insomnia

7/18

39%

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

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

Respiratory

9/45

20%

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	Moderately/Often
Frothy sputum	Never
Loud snoring	Never
Noisy rattling sounds when breathing	Occasionally
Pain in chest	Occasionally
Shallow breathing	Never
Shortness of breath, increased effort to breathe	Occasionally
Thick yellow, greenish or brown sputum	Moderately/Often
Wheezing	Moderately/Often

Hair, skin and nails

2/48

5%

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

Detoxification

4/35

12%

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	Severe

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?	NA
Recreational drugs?	No

Patient health history

8/1458%

Age >50 years	Yes
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	Yes

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

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

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

7/2232%

Antibiotics/antifungals	Yes
Antidepressants	No
Anti-diabetics/insulin	No
Antihistamines	No
anti-inflammatories/aspirin	No
Antipsychotics	No
Antiulcer medications, antacids	No
Asthma medications/inhalers	Yes
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...	No
Any other medications?	Yes