ew results

Respondent

16 Anonymous

18:42
Time to complete

Name *

asha redden

Upper GIT *

	Frequently	Often	Sometimes	Never
Indigestion	○	○	◉	○
Excessive Burping	○	◉	○	○
Foods sits for long periods after a meal	◉	○	○	○
Bad breath	○	○	◉	○
Loss of appetite	○	◉	○	○
Stomach pain/burning	○	○	◉	○
Heartburn after spicy, citrus, alcohol, caffeine or fatty foods	○	○	○	◉
Dark or Black tarry stools	○	○	○	◉
Upper abdominal cramps or aches	○	○	◉	○

Lower GIT *

	Frequently	Often	Sometimes	Never
Lower abdominal pain or cramps	○	○	◉	○
Excessive gas, flatulence	○	○	◉	○
Nausea and/or vomiting	○	○	○	◉
Diarrhoea, loose watery bowel movements	○	○	○	◉
Constipation, straining, hard dry stools	○	○	○	◉
Alternating constipation and diarrhoea	○	○	○	◉
Undigested food in stools	○	○	○	◉
Sensation of incomplete emptying of bowel	○	○	◉	○
Extreme narrow stools	○	○	○	◉

Mucus or pus in stool	○	○	○	◉
Red blood with bowel movement	○	○	○	◉
Black or dark colour patches in stool	○	○	○	◉
Rectal pain or cramps	○	○	◉	○
Anal itching	○	○	◉	○

.iver, Gall Bladder, Pancreas *

	Frequently	Often	Sometimes	Never
Abdominal pain or pain under ribs	○	○	○	◉
Fatty foods cause indigestion or nausea	○	○	◉	○
Unexplained itchy skin	◉	○	○	○
Yellow cast to skin, eyes or dark coloured urine	○	○	○	◉

Clay coloured stools	○	○	○	◉
Malaise or weakness	○	○	○	◉
Fluid retention, oedema	○	○	○	◉
Easy bruising or bleeding e.g gums	○	○	○	◉
Red skin, particularly palms	◉	○	○	○
Dry skin and or hair	◉	○	○	○

Endocrine - Thyroid *

	Frequently	Often	Sometimes	Never
Fatigue, sluggishness	○	◉	○	○
Feel cold or intolerance to cold	○	○	◉	○
Feeling hot, intolerance to heat, sweaty	○	○	◉	○

Puffy face, hands or feet	○	○	◉	○
Unintentional weight gain or weight loss	○	○	○	◉
Swelling or tightness in front of neck	○	○	○	◉
Low mood	○	○	◉	○
Low libido	○	○	○	◉
Heavier or more frequent menstrual periods	○	○	○	◉
Light infrequent or absent menstrual periods	○	○	○	◉
Fatigue or notable weakness in limbs	○	○	○	◉
Nervousness, irritability, restlessness	○	○	◉	○

Visual disturbance or development of a staring gaze	◉	○	○	○

Endocrine - Adrenals *

	Frequently	Often	Sometimes	Never
Feeling stressed, nervous, tense, unable to relax	○	○	○	◉
Feeling oversensitive and overwhelmed, unable to cope	○	○	◉	○
Low mood, mood swings	○	○	◉	○
Difficulty concentrating or thinking straight	◉	○	○	○
Need stimulants like coffee, tea, sugar, tobacco as pick me ups	○	◉	○	○

Feel fatigued after stressful day or event	○	○	○	◉
Find it hard to get up and going in morning	○	○	◉	○
Difficulty staying awake during the day	○	○	○	◉
Nausea or dizziness	○	○	◉	○
Palpitations and/or chest pain	○	○	○	◉

Endocrine - Female Hormones ***Experience 3-14 days prior to period*** *

	Frequently	Often	Sometimes	Never
Abdominal bloating	○	○	◉	○
Breast tenderness, selling or lumps	○	○	◉	○
Feeling depressed, anxious, teary or sensitive or easily angered	○	○	○	◉
Diarrhoea or constipation	○	○	○	◉
Headache or migraines	○	○	◉	○
Food cravings or binge eating	○	◉	○	○
Fluid retention or weight gain	○	○	○	◉
Clumsiness	○	○	○	◉
Feeling aggressive or suicidal	○	○	◉	○

:ndocrine - Female Reproductive ***Experienced in last 6 months during menstruation*** *

	Freuenty	Often	Sometimes	Never
Irregular intervals between periods	○	○	○	◉
Vaginal bleeding between periods	○	○	○	◉
Painful periods	○	○	◉	○
Pelvic or rectal pressure	○	○	◉	○
Nausea and/or vomiting with menses	○	○	○	◉
Light blood flow	○	◉	○	○
Heavy blood flow or flooding	○	○	○	◉
Larger blood clots	○	○	○	◉
Prolonged duration of bleeding	○	○	○	◉

Absence of menses for longer than 3 months	○	○	○	◉

Endocrine - Female Reproductive *

	Frequently	Often	Sometimes	Never
Cycle becoming irratic	○	○	○	◉
Menses becoming heavier or lighter in flow	○	○	○	◉
Dry skin, hair and/or vagina	○	◉	○	○
Low libido	○	○	○	◉
Hot flushes, Night sweats	○	○	○	◉
Painful intercourse	○	○	○	◉
Increased facial hair eg. upper lip	○	○	○	◉
Milk production (not nursing)	○	○	○	◉

Excessive Libido	○	○	◉	○
Miscarriage	○	○	○	◉
Infertility	○	○	○	◉
Vaginal discharge, smelly or coloured	○	○	○	◉
Burning or itching of external genitalia	○	○	○	◉
Vaginal bleeding after intercourse	○	○	○	◉
Breast lumps or change in breast size or shape	○	○	○	◉
Change in nipple appearance and/or discharge	○	○	○	◉

Glucose Tolerance *

Frequently	Often	Sometimes	Never

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	○	○	○	◉

Allergy, Immune *

	Frequently	Often	Sometimes	Never
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	○	○	○	◉

Respiratory *

	Frequently	Often	Sometimes	Never
Increased effort to breathe, wheezing	○	○	○	◉
Cough dry or moist	○	○	○	◉
Thick yellow, greenish or brown or blood stained sputum	○	○	○	◉
Frothy sputum	○	○	○	◉
Noisy rattling sounds when breathing	○	○	○	◉
Loud snoring	○	○	○	◉

Urinary *

	Frequently	Often	Sometimes	Never
Frequent fluid retention	○	○	○	◉
Lower back pain	○	○	◉	○
Excessive, frequent urination, waking through night	○	○	○	◉
Buring with urination	○	○	○	◉
Urgency of urination	○	○	○	◉
Bloody, cloudy or darkened or strong smelling urine	○	○	○	◉
Incontinence	○	○	○	◉
Infrequent urination	○	○	○	◉
Severe one sided lower back pain	○	◉	○	○
History of kidney stones	○	○	○	◉

Haematological - Anaemia *

	Frequently	Often	Sometimes	Never
Prolonged recovery after exercise	○	○	○	◉
Low exercise tolerance, shortness of breath with exertion	○	○	○	◉
Difficult to think straight	○	○	○	◉
Pale eyelids, lips, gums, nails	○	○	○	◉
Red sore tongue	○	○	○	◉
Sores in corner of mouth	○	○	○	◉
Easy bruising or bleeding	○	○	○	◉
Restless legs at night	○	○	○	◉

Cardiovascular, Circulation *

	Frequently	Often	Sometimes	Never
Headaches	○	○	○	◉
Nosebleeds	○	○	○	◉
Redness in face	○	○	◉	○
Ringing in ears or blurred vision	○	○	○	◉
History of high blood pressure	○	○	○	◉
Palpitations	○	○	○	◉
Dizziness	○	○	○	◉
Pain or heaviness in central chest	○	○	○	◉
Pallor or sweating with chest discomfort	○	○	○	◉
Shortness of breath lying flat or on sudden waking in middle of night	○	○	○	◉
Wheezing or dry cough	○	○	○	◉

Swelling in feet, ankles or legs	○	○	○	◉
History of high blood cholesterol	○	○	○	◉
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 understandin g speech or written word	○	○	○	◉

Musculoskeletal, Connective Tissue *

Frequently	Often	Sometimes	Never

Bone tenderness, pain or achiness	○	○	○	◉
Lower back or hip pain	◉	○	○	○
Walking difficulties or a limp	○	○	○	◉
Diagnosis of Osteoporosis or unexplained bone fracture	○	○	○	◉
Spinal curvature, Sto oped 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	○	○	○	◉

Neurological, Brain, Sleep *

	Frequently	Often	Sometimes	Never

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	○	○	◉	○

Skin *

	Frequently	Often	Sometimes	Never
Eczema, Dermatitis	◉	○	○	○
Psoriasis	◉	○	○	○
Dandruff, Tinea or fungal infections	○	◉	○	○
Acne	○	◉	○	○
Pigmentation	○	○	○	◉
Skin rashes	◉	○	○	○