

PATIENT NAME	Q1	Q2	Q3	Q4	Q5	OUTPUT
Mr Ravi	No	No	No	No	Yes	Awareness
Mrs Shalini	Yes	Yes	Yes	Yes	Yes	Need to be Verified <div>↓</div> <div>After verification</div> <div>Coaching</div>
Mr Thomas	no	No	Yes	No	No	Emergency