

The following is a complete list of all the questions and possible answers in the Health Compass application.

Your Health Details

- **What is your Name?**
 - *Input type:* Text
- **What is your age?**
 - *Input type:* Number
- **What is your biological sex?**
 - Male
 - Female
- **What is your height in cm?**
 - *Input type:* Number
- **What is your weight in kg?**
 - *Input type:* Number
- **What is your activity level?**
 - Intense
 - Active
 - Mod. Active
 - Sedentary
- **What is your general stress level?**
 - Extreme Severe
 - Severe
 - Moderate
 - Mild
 - No
- **What is your work?**
 - Mining
 - Coal
 - Asbestos
 - Textile
 - Doesn't involve above
- **Do you currently smoke tobacco products?**
 - Yes
 - No
 - Stopped (less than 1 year ago)
 - Stopped (more than 1 year ago)
 - Passive smoker
- **Do you consume alcohol?**
 - No
 - 1-2/week
 - 3-5/week

- 6+/week
- Stopped
- **Have you been diagnosed with any of these conditions?**
 - Diabetes
 - Hypertension (Blood Pressure)
 - Asthma/COPD
 - Thyroid problem
 - High Cholesterol
 - Heart related problems
 - Kidney problems
 - Arthritis
 - Liver problems
 - High acid reflux
 - Stroke/CVA
 - Cancer
 - None
- **If you selected "Cancer" above, please specify the type(s).**
 - *Input type:* Text (Conditional on previous answer)
- **Do you have a family history of any of the following?**
 - Diabetes
 - Hypertension (Blood Pressure)
 - Thyroid problem
 - Heart related problems
 - High Cholesterol
 - Liver problems
 - Dementia/Memory loss
 - Stroke
 - Kidney problems
 - Lung disease
 - Osteoporosis/Weak bones
 - Any Cancer
 - None
- **If you selected "Any Cancer" above, please specify the type(s).**
 - *Input type:* Text (Conditional on previous answer)
- **Are you experiencing any of these general symptoms?**
 - Headache
 - Swelling in legs
 - Disturbed sleep
 - Dizziness
 - Chest pain
 - Weight loss
 - Cough
 - Difficulty in swallowing
 - Blood in phlegm/spit

- Breast swelling
- Change in breast size/shape
- Loss of appetite
- Constipation
- Diarrhea
- Rectal bleeding
- Difficulty in urinating
- Blood in urine
- Swelling/discharge from genitals
- None
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