



16 Dec 2024 16:53



Tags



What is your name?

Carol Gu



How old are you?

29



Which of the following best describes your ethnicity?

Asian



What is your current height?

5'10"



What is your current weight in lbs?

155



Are you pregnant?

No



Are you currently trying to conceive?

No



Do you smoke?

No



Do you utilize recreational marijuana?

Occasionally



How often do you drink on average?

I don't drink



Please input the start of your last menstrual cycle.

12/04/2024



Please input the end of your last menstrual cycle.

12/07/2024



What is the average length of your menstrual cycle over the past 6 months?

21-35 days



How regular are your menstrual cycles?

They are regular



Do you currently track your cycle? If so, what do you use?

Flo App



What menstrual symptoms do you commonly experience?

Cramps

Bloating

Constipation



What symptoms do you experience?

Menstrual cramping and PMS symptoms

Constipation

Bloating



Do you have any diagnosed hormonal health conditions?

None

 Have you ever had any of the following tests performed?

Estrogen (Estradiol) Test

Progesterone Test

Follicle-Stimulating Hormone (FSH) Test

Luteinizing Hormone (LH) Test

Testosterone Test


Thyroid Function Test (T3, T4, TSH)

Prolactin Test


Cortisol Test

Sex Hormone-Binding Globulin (SHBG) Test

Insulin Test

 Are you currently on any form of hormonal birth control?

Yes

 What is your primary reason for being on hormonal birth control? Please be specific. If not applicable, write N/A.

Regulate period

 Is there a history of hormonal predispositions/disorders in your family? Please specify. If not applicable, write N/A.

N/A

 Have you ever been diagnosed with high blood pressure?

No

 On a scale from 1 to 10, how concerned are you about your hormonal health?

5 / 10

 What does your daily activity level look like?

Sedentary [Desk Job]

 What does your workout routine look like?

I exercise everyday

 How would you describe your current eating habits?

My eating habits are inconsistent



Do you have any food allergies or sensitivities?

Milk or Lactose



Do you frequently experience anxiety or stress? Please specify the circumstances surrounding your stress. If not applicable, write N/A.

Work and life stress



Please select the option which best aligns with your current quality of sleep.

Fair – My sleep is inconsistent; I may struggle to fall or stay asleep



In the past few months, how often have you felt unable to control important aspects of your life?

Sometimes



Which aspect of Bewell's model are you most interested in?

Sleep Well: Improve sleep patterns and quality



How can Bewell best assist you in achieving hormonal harmony?

By providing personalized diet plans that cater to hormonal balance



Describe your ideal holistic coach

A well-informed and analytical coach who uses data to drive decisions and recommendations



Response ID

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