

## **A. Personal History**

1. Age
2. Gender
3. Email ID
4. Residential area (for AQI)
5. Body weight in Kgs
6. Height in meters
7. BMI from 5, 6
8. Blood pressure
9. Pulse: per min, regular/irregular
10. Profession: Work from Home

## **B. Medical History**

1. Hypertension: Y/N, present BP
2. Diabetes: Y/N, present blood sugar, HbA1c
3. Smoking: Y/N, duration
4. Alcohol: Y/N, social/regular
5. Exercise: Y/N, occasional/regular
6. Stress level: PSS (0-4)

## **C. Symptoms:**

1. B- loss of balance
2. E-eye problems
3. D-early morning dizziness
4. F-facial weakness
5. F-extreme fatigue
6. A-arm weakness
7. S-speech disturbances
8. T-terrible headache
9. Do you have brain fog/lack of concentration

## **D. Past History** of brain stroke, heart attack

## **E. Family history** of HT, DM, brain stroke, heart attack