

Prescreening Answers

Q1: Have you experienced any recent episodes of dizziness or lightheadedness?

Answer: no

Q2: Do you have a history of high blood pressure or heart problems?

Answer: yes

Q3: Have you noticed any changes in your energy levels or overall health recently?

Answer: yes

Q4: Are you currently taking any medications or supplements that could affect your blood pressure or heart?

Answer: no

Q5: Have you experienced any unusual symptoms such as chest pain or shortness of breath?

Answer: yes