## Health Assessment Program

The first part of the program which is the main menu

After choosing what aspect of health the system will give a 10 question that the user will answer.

```
**************
Choose what aspect of health you want to assess:

    Mental Health

2. Physical Health
3. Nutrition
4. Exit
**************
Enter your choice (1-4): 1
Do you often practice stress-reducing activities? (Yes or No): No
Do you maintain a healthy sleep routine? (Yes or No): No
Have you experienced positive changes in your mood recently? (Yes or No): No
Do you prioritize self-care to avoid constant fatigue? (Yes or No): No
Do you actively challenge and replace negative thoughts? (Yes or No): No
Do you enjoy moments of solitude for self-reflection? (Yes or No): No
Are you mindful and intentional in your thinking? (Yes or No): No
Do you practice self-compassion? (Yes or No): No
Do you focus on your personal growth rather than comparisons? (Yes or No): No
Do you recognize and appreciate your strengths? (Yes or No): No
MentalHealth Assessment Completed!
Your MentalHealth Score: 0
Seems like you struggling in this aspect of health.
We would like you to watch this: https://www.youtube.com/watch?v=qT4CwQW0ltw
Press Enter to go to the main menu...
```

The program will also suggest an accessible video based on their score.

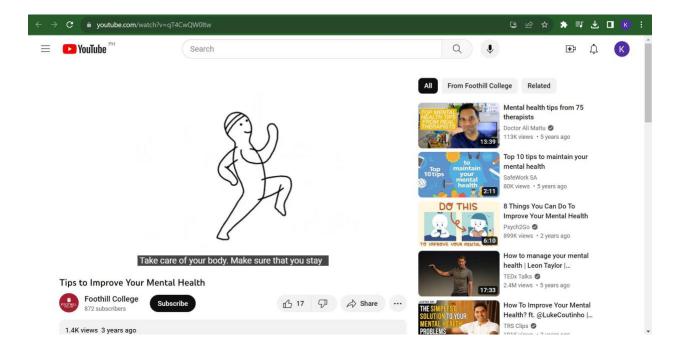
```
Your Nutrition Score: 0

Seems like you struggling in this Follow link (ctrl + click)

We would like you to watch this: <a href="https://www.youtube.com/watch?v=jwWpTAXu-Sg">https://www.youtube.com/watch?v=jwWpTAXu-Sg</a>

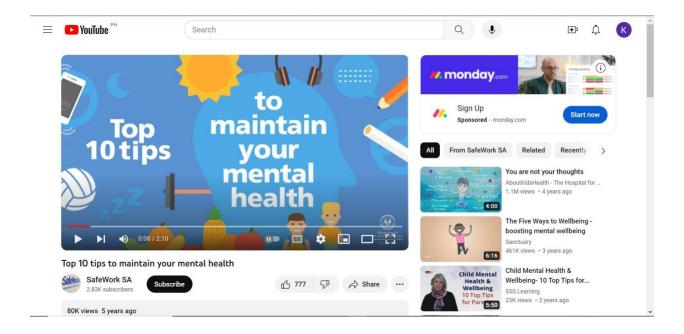
Press Enter to go to the main menu...
```

If you're struggling in mental health, this is the recommended video.



A fine mental health will also recommend a video on how to maintain it.

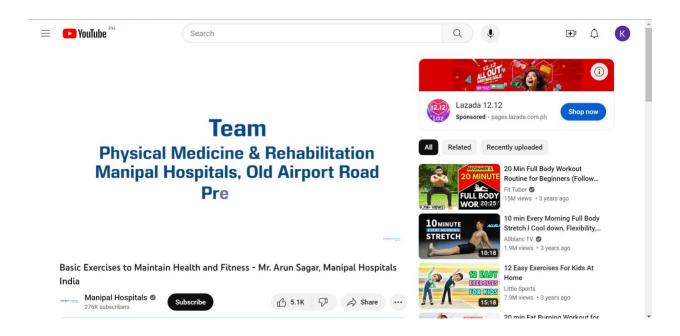
```
***************
Choose what aspect of health you want to assess:
1. Mental Health
2. Physical Health
3. Nutrition
4. Exit
Enter your choice (1-4): 1
Do you often practice stress-reducing activities? (Yes or No): No
Do you maintain a healthy sleep routine? (Yes or No): Yes
Have you experienced positive changes in your mood recently? (Yes or No): Yes
Do you prioritize self-care to avoid constant fatigue? (Yes or No): Yes
Do you actively challenge and replace negative thoughts? (Yes or No): Yes
Do you enjoy moments of solitude for self-reflection? (Yes or No): Yes
Are you mindful and intentional in your thinking? (Yes or No): Yes
Do you practice self-compassion? (Yes or No): Yes
Do you focus on your personal growth rather than comparisons? (Yes or No): Yes
Do you recognize and appreciate your strengths? (Yes or No): Yes
MentalHealth Assessment Completed!
Your MentalHealth Score: 9
Your MentalHealth is fine! Watch: https://www.youtube.com/watch?v=-OAjfrhuwRk
```



After assesing a health aspect the program will ask to user to enter to go to the main menu and the program will ask the user again if he wants to assess another aspect of health.

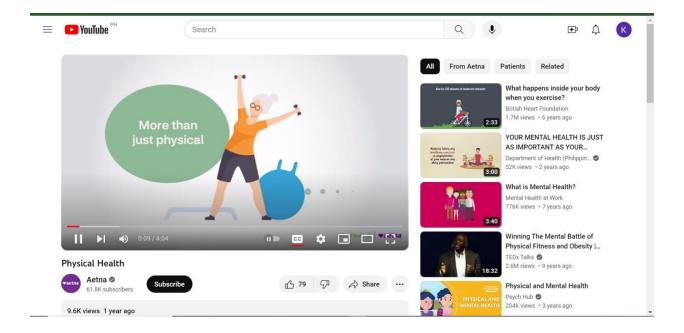
A fine mental health and the recommended video.

```
*************
Choose what aspect of health you want to assess:
1. Mental Health
2. Physical Health
3. Nutrition
4. Exit
Enter your choice (1-4): 2
Do you play any physical sports? (Yes or No): Yes
Do you have a balanced diet. (Yes or No): Yes
Do you get enough quality sleep? (Yes or No): Yes
Do you manage stress physically? (Yes or No): Yes
Do you take breaks when working physically? (Yes or No): Yes
Do you exercise or workout? (Yes or No): Yes
Do you have enough energy for the day? (Yes or No): Yes
Does your body sweat more often from physical activities than from heat? (Yes or No): Yes
Do you practice proper hygiene? (Yes or No): Yes
Are you attentive to any signs of discomfort or pain in your body, seeking appropriate care when needed? (Yes or No): Yes PhysicalHealth Assessment Completed!
Your PhysicalHealth Score: 10
Your PhysicalHealth is fine! Watch: https://www.youtube.com/watch?v=qTHVnGA5rzU
Press Enter to go to the main menu..
```



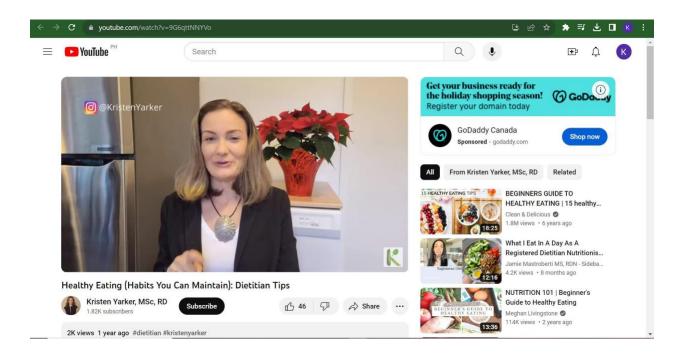
A struggling physical health and the recommended video.

```
*************
Choose what aspect of health you want to assess:
1. Mental Health
2. Physical Health
3. Nutrition
4. Exit
 ************
Enter your choice (1-4): 2
Do you play any physical sports? (Yes or No): No
Do you have a balanced diet. (Yes or No): No
Do you get enough quality sleep? (Yes or No): No
Do you manage stress physically? (Yes or No): No
Do you take breaks when working physically? (Yes or No): No
Do you exercise or workout? (Yes or No): No
Do you have enough energy for the day? (Yes or No): No
Does your body sweat more often from physical activities than from heat? (Yes or No): No
Do you practice proper hygiene? (Yes or No): No
Are you attentive to any signs of discomfort or pain in your body, seeking appropriate care when needed? (Yes or No): No
PhysicalHealth Assessment Completed!
Your PhysicalHealth Score: 0
Seems like you struggling in this aspect of health.
We would like you to watch this: https://www.youtube.com/watch?v=Srvnee0ha3g
Press Enter to go to the main menu...
```



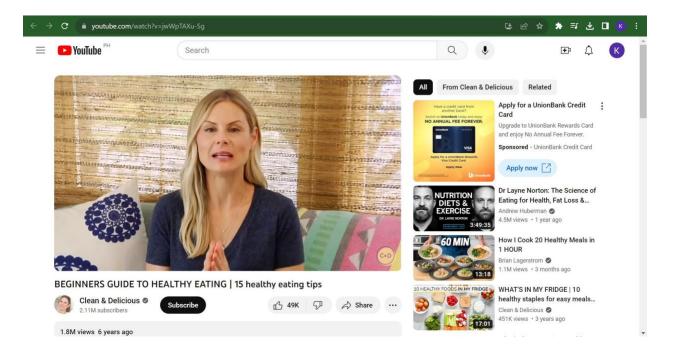
A fine Nutrition and the recommended video.

```
*************
Choose what aspect of health you want to assess:
1. Mental Health
2. Physical Health
3. Nutrition
4. Exit
*************
Enter your choice (1-4): 3
Do you avoid daily intake of junk foods? (Yes or No): Yes
Do you consume a balanced diet? (Yes or No): Yes
Do you include variety of fruits and vegetables in your regular meals? (Yes or No): Yes
Are you mindful of portion sizes? (Yes or No): Yes
Do you stay hydrated throughout the day? (Yes or No): Yes
Do you have a daily meal plan? (Yes or No): Yes
Do you stop eating when you're full? (Yes or No): Yes
Are you taking any food supplement? (Yes or No): Yes
Do you always eat at the right time? (Yes or No): Yes
Do you avoid drinking alcohol? (Yes or No): Yes
Nutrition Assessment Completed!
Your Nutrition Score: 10
Your Nutrition is fine! Watch: https://www.youtube.com/watch?v=9G6qttNNYVo
Press Enter to go to the main menu...
```



## A struggling Nutrition and the recommended video.

```
*************
Choose what aspect of health you want to assess:
1. Mental Health
2. Physical Health
3. Nutrition
4. Exit
***************
Enter your choice (1-4): 3
Do you avoid daily intake of junk foods? (Yes or No): No
Do you consume a balanced diet? (Yes or No): No
Do you include variety of fruits and vegetables in your regular meals? (Yes or No): No
Are you mindful of portion sizes? (Yes or No): No
Do you stay hydrated throughout the day? (Yes or No): No
Do you have a daily meal plan? (Yes or No): No
Do you stop eating when you're full? (Yes or No): No
Are you taking any food supplement? (Yes or No): No
Do you always eat at the right time? (Yes or No): No
Do you avoid drinking alcohol? (Yes or No): No
Nutrition Assessment Completed!
Your Nutrition Score: 0
Seems like you struggling in this aspect of health.
We would like you to watch this: https://www.youtube.com/watch?v=jwWpTAXu-Sg
Press Enter to go to the main menu...
```



And if the user wants to end the program he can input 4 on the choice to end or exit the program.