



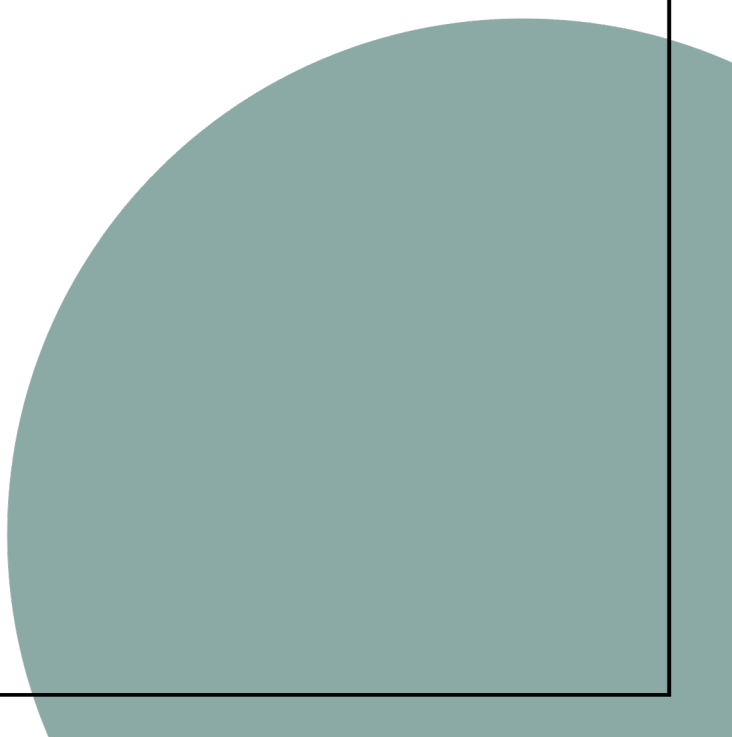
Project Report

TOPIC:

Disease Identification Application:
An Intelligent Healthcare Solution

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OUTPUT WINDOWS

```
*****
** WELCOME TO DISEASE IDENTIFYING SYSTEM **
*****

Enter your user ID or mobile number: 9871992789
Enter your password: password**

*****
** LOGIN SUCCESSFUL!! WELCOME, Avni Rastogi **
*****
```

Successful Login

```
* - - - - - *
* ----- M E N U ----- *
* - - - - - *

1. Display Personal Information
2. Identify Disease
3. Exit

* - - - - - *

Enter your choice: 1
- - - - -

      P E R S O N A L   I N F O R M A T I O N :
- - - - -
Patient ID: PID11
First Name: Avni
Last Name: Rastogi
Date of Birth: 14/12/2005
Age: 18
Gender: F
Mobile Number: 9871992789
- - - - -
```

Menu for Options User can Access:

a. Displaying Personal Information

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Enter your choice: 2
*****
**** DISEASE IDENTIFICATION WINDOW ****
*****

Let's check for common symptoms:
Do you have fever? (yes/no): y
Do you have body ache? (yes/no): n
Do you have sore throat? (yes/no): y
Do you have cold? (yes/no): y
Do you have cough? (yes/no): n
Do you have stomach ache? (yes/no): n
Do you have fatigue? (yes/no): n

```

Menu for Options User can Access:

b. Disease Identification Window

```

*****
**** DISEASE IDENTIFICATION WINDOW ****
*****

Let's check for common symptoms:
Do you have fever? (yes/no): y
Do you have body ache? (yes/no): n
Do you have sore throat? (yes/no): y
Do you have cold? (yes/no): y
Do you have cough? (yes/no): n
Do you have stomach ache? (yes/no): n
Do you have fatigue? (yes/no): n

Suggested diseases based on symptoms:
1. Common Cold
2. Influenza
3. Malaria
4. Japanese Encephalitis
5. Respiratory Infections (e.g., Pneumonia)
Do you want to perform tests to narrow down the diagnosis? (Y/N): y

Based on your symptoms, the following tests are suggested:
- - - - -
- Chest X-ray
- Pulmonary Function Tests (PFTs)
- Complete Blood Count (CBC)
- Urine Analysis
- - - - -

```

**Successful Diseases Identification &
Test Suggestions**

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For further diagnosis and consultation, it is recommended to see a general practitioner or an internist.
You can visit your nearest health-care center or consult a doctor online.

Enter the number of the disease to view details (0 to exit, -1 to choose other diseases): 3
-----
D I S E A S E: Malaria

S Y M P T O M S: fever, chills, sweating, muscle pain,
-----
Do you want to view treatments for Malaria? (yes/no): y

Treatments for Malaria:
- Chloroquine (Avloclor - AstraZeneca)
- Artemisinin-based combination therapies (ACTs - Various pharmaceuticals)

```

Further Diagnosis and Listing Possible Treatment Options

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r the number of the disease to view details (0 to exit, -1 to choose other diseases):
have already viewed details for Malaria. Please choose another disease.

r the number of the disease to view details (0 to exit, -1 to choose other diseases):

```

If the Treatment Action is already displayed, Alert given to user

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You have already viewed details for Malaria. Please choose another disease.

Enter the number of the disease to view details (0 to exit, -1 to choose other diseases): 4
-----
D I S E A S E: Japanese Encephalitis

S Y M P T O M S: fever, headache, confusion,
-----
Do you want to view treatments for Japanese Encephalitis? (yes/no): n

Enter the number of the disease to view details (0 to exit, -1 to choose other diseases):

```

Another Disease Entered, and when user does not want the Treatments possible

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Enter the number of the disease to view details (0 to exit, -1 to choose other diseases): 0

*****
** THANK YOU FOR USING THE DISEASE IDENTIFYING SYSTEM **
*****
-----

```

Exiting the Disease Identification Function

```
Your bill for using the system is: $630.00
- - - - -
*****
*      P A Y M E N T   W I N D O W      *
*****

Enter C for CASH and O for ONLINE:
Choose mode of payment:
```

Bill and Payment Window

```
- - - - -
*****
*      P A Y M E N T   W I N D O W      *
*****

Enter C for CASH and O for ONLINE:
Choose mode of payment: C

- - - - -
|              C A S H              |
- - - - -

Enter cash: 880
Change: Rs. 250.00
Transaction of Rs.630.00 is successful

*****
*      E X I T I N G   P A Y M E N T   W I N D O W      *
*****
```

Successful Cash Payment & Payment Window Exit

```
Your bill for using the system is: $630.00
- - - - -
*****
*      P A Y M E N T   W I N D O W      *
*****

Enter C for CASH and O for ONLINE:
Choose mode of payment: O

- - - - -
|              O N L I N E              |
- - - - -

Enter your bank details for Online payment:
Bank Name: IDFC
Account Number: 3762848
CVV: 939
Processing Online Payment through IDFC Bank bank...

Please wait while we connect you to the IDFC Bank payment gateway.

Payment authorization in progress...
Payment of Rs. 630.00 through IDFC Bank bank is successful.
Transaction of Rs.630.00 is successful

*****
*      E X I T I N G   P A Y M E N T   W I N D O W      *
*****
```

Successful Online Payment and Payment Window Exit


```

Would you like to provide feedback about your experience? (Y/N): y
*****
*   F E E D B A C K   W I N D O W   *
*****

Thank you for choosing to provide feedback!
Please answer the following questions:

-----
How would you rate your overall experience out of 5? 4
-----
Do you have any suggestions for improvement? (yes/no): yes
Please provide your suggestions: Summary of the Diagnosis done and Cost Distribution.
-----
Were your concerns addressed adequately? (yes/no): Yes
Please provide the reason for your concerns: nothing
-----
Were you provided with enough information about your condition and treatment options? (yes/no): yes
-----
Please provide any additional comments or suggestions (press - if none): -

```

Successful Online Payment and Payment Window Exit

```

Would you like to provide feedback about your experience? (Y/N): n

**** E X I T I N G   T H E   P R O G R A M ****

```

If no Feedback to be provided, Exiting the Program

```

*****
* WELCOME TO DISEASE IDENTIFYING SYSTEM *
*****

Enter your user ID or mobile number: 9810026678
*****
* INVALID CREDENTIALS. NO PATIENT FOUND. **
*****

Do you want to register? (Y/N): y
*****

** PATIENT REGISTRATION WINDOW **
*****

Enter your first name: Priyanka
Enter your last name: Jain
Enter your age: 39
Enter your gender (M/F): F
Enter your date of birth (DD/MM/YYYY): 23/02/1985
Enter your mobile number: 9810026678
Enter a password: password
Confirm your password: password
*****

```

Patient Registration when Patient's Credentials not Found

```

*****
** DISEASE IDENTIFICATION WINDOW **
*****

Let's check for common symptoms:
Do you have fever? (yes/no): y
Do you have body ache? (yes/no): n
Do you have sore throat? (yes/no): n
Do you have cold? (yes/no): n
Do you have cough? (yes/no): n
Do you have stomach ache? (yes/no): n
Do you have fatigue? (yes/no): n

- - - - -
Less than two common symptoms selected. Please select from uncommon symptoms.
Please select the symptoms you are experiencing:
  1. high temperature          2 . chills                    3 . sweating
  4 . runny or stuffy nose     5 . congestion              6 . mild body aches or headache
  7 . fever or feeling feverish/chills  8 . muscle or body aches    9 . headaches
 10. Chest pain                11. shortness of breath     12. irregular heartbeat
 13. high fever                14. severe headache         15. joint and muscle pain
 16. sudden fever              17. joint pain              18. muscle pain
 19. persistent cough          20. chest pain              21. weight loss
 22. sustained fever           23. headache                24. stomach pain
 25. watery diarrhea           26. dehydration             27. muscle cramps
 28. yellowing of skin and eyes 29. abdominal pain          30. frequent loose stools
 31. abdominal cramps           32. confusion               33. chronic cough
 34. wheezing                   35. increased thirst         36. frequent urination
 37. sudden weakness           38. difficulty speaking     39. difficulty breathing
 40. breathlessness            41. chest tightness

Enter the numbers corresponding to the selected symptoms (separated by spaces): |

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**When number of Common Symptoms < 1,
then Uncommon Symptoms Listed**

```

Enter the numbers corresponding to the selected symptoms (separated by spaces): 32 16 5 2 27

Suggested diseases based on symptoms:
1. Fever
2. Common Cold
3. Chikungunya
4. Malaria
5. Cholera
6. Japanese Encephalitis
7. Stroke
8. Respiratory Infections (e.g., Pneumonia)
Do you want to perform tests to narrow down the diagnosis? (Y/N): |

```

Diagnosis through Uncommon Symptoms

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- - - - -
|           O N L I N E           |
- - - - -

Enter your bank details for Online payment:
Bank Name: Canara Bank
Invalid bank name. Please enter a valid bank name from the list.

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Invalid Bank Name Entered for Online Payment, Error!