

# Intake Form Architecture

Steps	Screen	Text	Visuals	Action																																															
Intro	Screen 1 Welcome screen	Hi, I'm Dr. Colleen Fogarty Draper. Women in their 40s and 50s, and sometimes even earlier, often start noticing changes in energy, mood, sleep, or metabolism.	Dr. Colleen Fogarty Draper profile picture	Next button																																															
	Screen 2 Providing context	I've dedicated my career to helping women understand these transitions and support their well-being through: <ul style="list-style-type: none"> <li>science-backed nutritional guidance</li> <li>supplement recommendations</li> <li>simple tools for self-reflection and mindfulness.</li> </ul>	Image of women in different age stages	Next button																																															
	Screen 3 Anticipating what is next	I'll ask you a few questions to help you keep track of your health and provide you with personalized nutrition recommendations.	Dr. Colleen Fogarty talking with women	Button Let's Start																																															
Step 1	Screen 4 Open Screen	Every woman's journey is unique. Let's sort out your hormonal phase.	N/A	Next button																																															
	Screen 5 Hormonal phase assessment	How long has it been since your last menstrual period? <ol style="list-style-type: none"> <li>Less than 2 months</li> <li>2 to 6 months</li> <li>6 to 11 months</li> <li>12 months to 5 years</li> <li>More than 5 years</li> </ol>	N/A	Radio Buttons																																															
	Screen 6 Hormonal phases awareness	What are the hormone phases? <b>Dynamic content</b> Depending on previous selection it will show specific information about hormone phases: Premenopause, Perimenopause, Menopause, Postmenopause	Card sorting showing different woman associated with hormone phases	Next button																																															
	Screen 7 Last period start date	I'll help you keep track of your cycle and provide recommendations based on your cycle phase.  When did your last period start? Not sure? That's okay, you can select an estimate Select date	N/A	Calendar with current month to select a date from																																															
	Screen 8 Hormone replacement assessment	Are you taking any hormone replacement therapy? <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol>	N/A	Radio Buttons																																															
	Screen 9 Hormone replacement assessment	What is the hormone replacement therapy you are taking? <ol style="list-style-type: none"> <li>Birth control pill</li> <li>Hormone-releasing birth control device</li> <li>Hormone replacement therapy (HRT)</li> <li>Other medication (related to chronic disease)</li> <li>None of the above</li> </ol>	N/A	Radio Buttons																																															
	Screen 10 Open Screen	Tell me about your health priorities, your general mood, and how you sleep	N/A	Next button																																															
	Screen 11 Mood assessment	Let's also keep an eye on your mood, it's amazing how daily habits can shift how you feel. How do you feel today? <ol style="list-style-type: none"> <li>Very Bad</li> <li>Bad</li> <li>Ok</li> <li>Good</li> <li>Great</li> </ol>	N/A	Radio Buttons																																															
Step 2	Screen 12 Goals selection	Let's prioritize your health goals. I want to... Select up to 3 goals: <ul style="list-style-type: none"> <li>Increase energy</li> <li>Improve memory and thinking</li> <li>Improve emotional well-being</li> <li>Manage stress</li> <li>Optimize gut health</li> <li>Reduce skin aging</li> <li>Manage blood sugar</li> <li>Support heart health</li> <li>Support bone health</li> <li>Control blood pressure</li> <li>Prevent weight gain</li> <li>Improve physical condition</li> <li>Improve mobility</li> <li>Manage menstrual health*</li> <li>I am not sure</li> </ul>	N/A	Checkbox widget Next button																																															
	Screen 13 Symptoms assessment	Are you experiencing any of these symptoms? And remember... Many women experience changes like these. <table border="1"> <tr> <td>MOST COMMON</td> <td>DIGESTIVE</td> <td>CARDIOVASCULAR</td> </tr> <tr> <td>Brain fog</td> <td>Constipation</td> <td>Cold flashes</td> </tr> <tr> <td>Mood swings</td> <td>Gas</td> <td>Heart palpitations</td> </tr> <tr> <td>Weight gain</td> <td>Diarrhea</td> <td></td> </tr> <tr> <td>Anxiety</td> <td>Belly bloat</td> <td>REPRODUCTIVE</td> </tr> <tr> <td>Low libido</td> <td>Reflux</td> <td>PMS</td> </tr> <tr> <td>Night sweats</td> <td>Bloating</td> <td>Vaginal dryness</td> </tr> <tr> <td>Hot flashes</td> <td>Skin &amp; HAIR</td> <td>Irregular periods</td> </tr> <tr> <td>Fatigue</td> <td>Sagging skin</td> <td>Menstrual cramps</td> </tr> <tr> <td>Joint pain</td> <td>Skin wrinkling</td> <td>Sore breasts</td> </tr> <tr> <td>Muscle loss</td> <td>Skin changes</td> <td>URINARY</td> </tr> <tr> <td>Heavy periods</td> <td>Age spots</td> <td>Urinary concerns</td> </tr> <tr> <td>Depression</td> <td>Dry skin</td> <td>Bladder pain</td> </tr> <tr> <td>Low energy</td> <td>Dry mouth</td> <td>Frequent urination</td> </tr> <tr> <td>Panic attacks</td> <td>Hair loss</td> <td>Incontinence</td> </tr> <tr> <td>Memory loss</td> <td>Hair changes</td> <td></td> </tr> </table>	MOST COMMON	DIGESTIVE	CARDIOVASCULAR	Brain fog	Constipation	Cold flashes	Mood swings	Gas	Heart palpitations	Weight gain	Diarrhea		Anxiety	Belly bloat	REPRODUCTIVE	Low libido	Reflux	PMS	Night sweats	Bloating	Vaginal dryness	Hot flashes	Skin & HAIR	Irregular periods	Fatigue	Sagging skin	Menstrual cramps	Joint pain	Skin wrinkling	Sore breasts	Muscle loss	Skin changes	URINARY	Heavy periods	Age spots	Urinary concerns	Depression	Dry skin	Bladder pain	Low energy	Dry mouth	Frequent urination	Panic attacks	Hair loss	Incontinence	Memory loss	Hair changes		N/A
MOST COMMON	DIGESTIVE	CARDIOVASCULAR																																																	
Brain fog	Constipation	Cold flashes																																																	
Mood swings	Gas	Heart palpitations																																																	
Weight gain	Diarrhea																																																		
Anxiety	Belly bloat	REPRODUCTIVE																																																	
Low libido	Reflux	PMS																																																	
Night sweats	Bloating	Vaginal dryness																																																	
Hot flashes	Skin & HAIR	Irregular periods																																																	
Fatigue	Sagging skin	Menstrual cramps																																																	
Joint pain	Skin wrinkling	Sore breasts																																																	
Muscle loss	Skin changes	URINARY																																																	
Heavy periods	Age spots	Urinary concerns																																																	
Depression	Dry skin	Bladder pain																																																	
Low energy	Dry mouth	Frequent urination																																																	
Panic attacks	Hair loss	Incontinence																																																	
Memory loss	Hair changes																																																		
Screen 14 Symptoms ranking cover	About the symptoms you just selected I'll help you keep track of them so you can start noticing how small lifestyle changes make a difference.	N/A	Next button																																																
Screen 14 - continuation Symptoms ranking	<b>Dynamic content -This screen will display for every symptom selected on previous page</b> [Symptom selected] <ol style="list-style-type: none"> <li>Not at all</li> <li>Slightly</li> <li>Moderately</li> <li>Quite a bit</li> <li>Extremely</li> </ol> How much did this affect you in the past month?	N/A	Radio Buttons																																																
Screen 15 Sleep assessment cover	Now, about your Sleep I'll help you track your sleep too, so you can see what helps you rest better and wake up with more energy	N/A	Next button																																																
Screen 16 Sleep assessment	How well have you been sleeping lately? <ol style="list-style-type: none"> <li>Very poorly</li> <li>Poorly</li> <li>Fair</li> <li>Well</li> <li>Very well</li> </ol>	N/A	Radio Buttons																																																
Screen 17 Open Screen	We are what we eat. There is a strong connection between how you eat, your body's metabolism, your unique genetics, and your hormonal health and aging. I will ask you a few questions about your nutrition. Stay with me! It won't take much time.	N/A	Next button																																																
Screen 18 Diet assessment	What kind of diet do you follow? <ol style="list-style-type: none"> <li>Vegan</li> <li>Vegetarian</li> <li>Lacto ovo-vegetarian</li> <li>Pescatarian</li> <li>Low Carb</li> <li>Keto</li> <li>Paleo</li> <li>Low Fat</li> <li>Diabetic meal plan</li> <li>Other</li> <li>No special Diet</li> </ol>	N/A	Checkbox widget Next button																																																
Step 3	Screen 19 Allergies assessment	Select if you have any food allergies <ol style="list-style-type: none"> <li>Milk - Milk products</li> <li>Peanuts</li> <li>Tree nuts</li> <li>Eggs</li> <li>Sesame</li> <li>Wheat</li> <li>Shellfish</li> <li>Fish</li> <li>Soy</li> <li>None</li> </ol>	N/A	Checkbox widget Next button																																															
	Screen 20 Liquid intake	What do you drink most often? <ol style="list-style-type: none"> <li>Soda (regular or diet)</li> <li>Caffeinated coffee or tea</li> <li>Decaffeinated coffee or tea</li> <li>Milk</li> <li>Fruit juice</li> <li>Herbal tea</li> <li>Water</li> </ol>	N/A	Checkbox widget Next button																																															
	Screen 21 Daily Fruit intake	How many portions of fruit do you usually eat per day? 1 portion of fruit is: A fist-sized serving of fruit, A fist-sized serving of chopped fruit, Unsweetened juice <ol style="list-style-type: none"> <li>0</li> <li>1</li> <li>2</li> <li>3-4</li> <li>4 or more</li> </ol>	Fruit portion references	Radio Buttons																																															
	Screen 22 Daily Veggie intake	How many portions of vegetables do you usually eat per day? 1 portion of vegetables is: A fist-sized serving of leafy greens, A fist-sized serving of other veggies, raw or cooked <ol style="list-style-type: none"> <li>0</li> <li>1</li> <li>2</li> <li>3-4</li> <li>4 or more</li> </ol>	Veggie portion references	Radio Buttons																																															
	Screen 23 Weekly frequency Beans, Peas, Legumes intake	In a typical week, how many times do you eat Beans, Peas, Legumes? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	Beans, Peas, Legumes reference	Radio Buttons																																															
	Screen 24 Weekly frequency Nuts or Seeds intake	In a typical week, how many times do you eat Nuts or Seeds? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	Nuts and Seeds reference	Radio Buttons																																															
	Screen 25 Weekly frequency Whole Grains intake	In a typical week, how many times do you eat Whole Grains? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	Whole Grains reference	Radio Buttons																																															
	Screen 26 Weekly frequency Red Meat intake	<b>Dynamic content -This screen won't display if user selected Vegan, Vegetarian, Lacto ovo-vegetarian, Pescatarian diet</b> In a typical week, how many times do you eat Red Meat? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	N/A	Radio Buttons																																															
	Screen 27 Weekly frequency Chicken intake	<b>Dynamic content -This screen won't display if user selected Vegan, Vegetarian, Lacto ovo-vegetarian, Pescatarian diet</b> In a typical week, how many times do you eat Chicken? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	N/A	Radio Buttons																																															
	Screen 28 Weekly frequency Fish intake	<b>Dynamic content -This screen won't display if user selected Vegan, Vegetarian, Lacto ovo-vegetarian diet</b> In a typical week, how many times do you eat Fish? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	N/A	Radio Buttons																																															
Step 4	Screen 29 Weekly frequency Restaurant intake	In a typical week, how many times do you eat at a restaurant? including fast food <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	N/A	Radio Buttons																																															
	Screen 30 Weekly frequency Alcohol intake	In a typical week, how many times do you drink alcohol? <ol style="list-style-type: none"> <li>0</li> <li>1 to 2</li> <li>3 to 4</li> <li>5 to 6</li> <li>7 or more</li> </ol>	N/A	Radio Buttons																																															
	Screen 31 Average frequency Sweets intake	On average, how often do you eat Sweets, cookies, cakes, or ice cream? <ol style="list-style-type: none"> <li>1 or more times a day</li> <li>Every other day</li> <li>Twice a week</li> <li>Once a week</li> <li>2 to 3 times a month</li> <li>Rarely</li> </ol>	N/A	Radio Buttons																																															
	Screen 32 Open Screen	Help me understand your activity habits. Everything is connected, so your answers will help me collect the recommendations that are just for you.	N/A	Next button																																															
	Screen 33 Daily routine assessment	Thinking about your daily routine, Which of these best describes how you spend most of your day? <ol style="list-style-type: none"> <li>Mostly sitting</li> <li>Mostly standing or moving</li> </ol>	N/A	Radio Buttons																																															
Step 5	Screen 34 Cardio exercise assessment	In a typical week, How many days do you do intentional exercise? Like brisk walking, cycling, or a fitness class <ol style="list-style-type: none"> <li>None</li> <li>1-2 days</li> <li>3-4 days</li> <li>5 or more days</li> </ol>	N/A	Radio Buttons																																															
	Screen 35 Strength exercise assessment	In a typical week, How often do you do strength training? Like lifting weights, using resistance bands, body weight exercises like squats or push-ups <ol style="list-style-type: none"> <li>None</li> <li>1-2 days</li> <li>3-4 days</li> <li>5 or more days</li> </ol>	N/A	Radio Buttons																																															
	Screen 36 Open Screen	Height and weight are just one part of your health picture. I will help you keep track of it.	N/A	Next button																																															
	Screen 37 Height assessment	What is your height? <ol style="list-style-type: none"> <li>Ft + Inches</li> <li>cm</li> </ol>	N/A	Input text Next button																																															
Done	Screen 38 Weight assessment	What is your weight? <ol style="list-style-type: none"> <li>lbs</li> <li>kg</li> </ol>	N/A	Input text Next button																																															
	Screen 39 Open Screen	Almost there! I just need your birthday and email, and that will be it!	N/A	Next button																																															
	Screen 40 Birthdate collection	When is your Birthday?	N/A	MM/DD/YYYY input Next button																																															
	Screen 41 Email collection	What is your email?	N/A	Input text Next button																																															
Step 5	Screen 42 Done	Done! Thank you for trusting me with your health information. Please wait while I configure your dashboard to your unique needs	Image of women in different age stages	Input text Next button																																															