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# ENNU Life: Master Assessment & Scoring Guide

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## 1.0 Introduction: The Scoring Symphony

This document is the single, canonical source of truth for the entire ENNU Life assessment and scoring ecosystem. It contains every question, answer, and scoring parameter for all quantitative assessments, as well as the complete architecture for the new Symptom Qualification Engine. This guide supersedes all previous, disparate scoring documents.

Scoring Rationale: The ENNU LIFE SCORE is the result of a "Scoring Symphony" with four distinct movements:

1. Quantitative Engine (Potential): Calculates a user's potential for health based on self-reported history and lifestyle. Higher point values indicate a better state.
2. Qualitative Engine (Reality): Applies a "Pillar Integrity Penalty" based on the severity and frequency of a user's real-world symptoms.
3. Objective Engine (Actuality): Applies the ultimate "Actuality Adjustment" based on hard biomarker data from lab tests.
4. Intentionality Engine (Alignment): Applies a small "Alignment Boost" to reward user focus on their stated goals.

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## 2.0 Quantitative Assessments

This section details the assessments that measure a user's health potential.

### 2.1 Welcome Assessment (Global Data Collection)

*Note: This assessment is primarily for gathering foundational user data and does not contribute significantly to the overall score.*

| Question ID  | Question             | Description/Subtitle | Type    | Global Key |
|--------------|----------------------|----------------------|---------|------------|
| :---         | :---                 | :---                 | :---    | :---       |
| `welcome_q1` | What is your gender? |                      | `radio` | `gender`   |


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| `welcome_q2` | What is your date of birth?| | `dob_dropdowns`| `user_dob_combined` |
| `welcome_q3` | What are your main health goals? | Select all that apply. |
`multiselect`| `health_goals` |
| `welcome_q4` | What's your full name?| | `first_last_name` | `first_last_name` |
| `welcome_q5` | What is your contact information? | | `email_phone`| `email_phone` |
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### ### 2.2 Hair Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| **hair_q1** | What is your date of birth? | | `dob_dropdowns` | `user_dob_combined` |
N/A | N/A | 0 | Demographics | 0 |
| **hair_q2** | What is your gender? | | `radio` | `gender` | Male | `male` | 5 |
Demographics | 0.5 |
| | | | Female | `female` | 5 | | |
| **hair_q3** | What are your main hair concerns? | | `multiselect` | `` | Thinning
Hair | `thinning` | 4 | Hair Health Status | 3 |
| | | | Receding Hairline | `receding` | 3 | | |
| | | | Bald Spots | `bald_spots` | 2 | | |
| | | | Overall Hair Loss | `overall_loss` | 1 | | |
| **hair_q4** | How long have you been experiencing hair loss?| | `radio` | `` | Less
than 6 months| `recent` | 8 | Progression Timeline | 2 |
| | | | 6 months - 2 years| `moderate` | 6 | | |
| | | | 2-5 years | `long` | 4 | | |
| | | | More than 5 years| `very_long` | 2 | | |
| **hair_q5** | How would you describe the speed of your hair loss?| | `radio` | `` |
Very Slow | `slow` | 8 | Progression Rate | 2.5 |
| | | | Moderate | `moderate` | 6 | | |
| | | | Fast | `fast` | 3 | | |
| | | | Very Fast | `very_fast` | 1 | | |
| **hair_q6** | Is there a history of hair loss in your family?| | `radio` | `` | No
Family History | `none` | 9 | Genetic Factors | 2 |
| | | | Mother's Side | `mother` | 6 | | |
| | | | Father's Side | `father` | 5 | | |
| | | | Both Sides | `both` | 3 | | |
| **hair_q7** | What is your current stress level?| | `radio` | `` | Low Stress |
`low` | 9 | Lifestyle Factors | 1.5 |
| | | | Moderate Stress | `moderate` | 7 | | |
| | | | High Stress | `high` | 4 | | |
| | | | Very High Stress | `very_high` | 2 | | |
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| **hair_q8** | How would you rate your current diet quality? | | `radio` | `` |
Excellent | `excellent` | 9 | Nutritional Support | 1.5 |
| | | | | Good | `good` | 7 | | |
| | | | | Fair | `fair` | 5 | | |
| | | | | Poor | `poor` | 2 | | |
| **hair_q9** | Have you tried any hair loss treatments before? | | `radio` | `` | No
Treatments | `none` | 7 | Treatment History | 1 |
| | | | | Over-the-Counter | `otc` | 6 | | |
| | | | | Prescription Meds | `prescription` | 5 | | |
| | | | | Medical Procedures | `procedures` | 4 | | |
| **hair_q10** | What are your hair goals? | | `multiselect` | `` | Stop Hair Loss |
`stop_loss` | 8 | Treatment Expectations | 1 |
| | | | | Regrow Hair | `regrow` | 6 | | |
| | | | | Thicken Hair | `thicken` | 7 | | |
| | | | | Overall Improvement | `improve` | 8 | | |
| **hair_q11** | Let's get your contact information. | | `contact_info` |
`contact_info` | N/A | N/A | N/A | N/A | N/A |

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### ### 2.3 ED Treatment Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| **ed_q1** | What is your date of birth? | | `dob_dropdowns` | `user_dob_combined` |
N/A | N/A | 0 | Demographics | 0 |
| **ed_q2** | What is your relationship status? | | `radio` | `` | Single | `single` |
6 | Psychosocial Factors | 1 |
| | | | | Dating | `dating` | 7 | | |
| | | | | Married/Partnered | `married` | 8 | | |
| | | | | Divorced/Separated | `divorced` | 5 | | |
| **ed_q3** | How would you describe the severity of your ED? | | `radio` | `` | Mild
| `mild` | 8 | Condition Severity | 3 | | | | | |
| | | | | Moderate | `moderate` | 6 | | |
| | | | | Severe | `severe` | 3 | | |
| | | | | Complete | `complete` | 1 | | |
| **ed_q4** | How long have you been experiencing symptoms of ED? | | `radio` | `` |
Less than 6 months | `recent` | 8 | Timeline | 2 |
| | | | | 6 months - 2 years | `moderate` | 6 | | |
| | | | | 2-5 years | `long` | 4 | | |
| | | | | More than 5 years | `very_long` | 2 | | |
| **ed_q5** | Do you have any of the following health conditions? | | `multiselect` | `
| None of these | `none` | 9 | Medical Factors | 2.5 |

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| | | | | Diabetes | `diabetes` | 4 | | |
| | | | | Heart Disease | `heart` | 3 | | |
| | | | | High Blood Pressure | `hypertension` | 4 | | |
| **ed_q6** | Have you tried any ED treatments before? | | `radio` | `` | No previous
treatments | `none` | 7 | Treatment History | 1 |
| | | | | Oral medications | `oral` | 6 | | |
| | | | | Injections | `injections` | 5 | | |
| | | | | Vacuum devices | `devices` | 5 | | |
| **ed_q7** | Do you smoke or use tobacco products? | | `radio` | `` | No | `no` | 9 |
Medical Factors | 1.5 |
| | | | | Yes, socially | `yes_socially` | 4 | | |
| | | | | Yes, daily | `yes_daily` | 2 | | |
| | | | | I am a former smoker | `former` | 6 | | |
| **ed_q8** | How often do you exercise? | | `radio` | `` | Never | `never` | 3 |
Physical Health | 1.5 |
| | | | | Rarely | `rarely` | 5 | | |
| | | | | Regularly | `regularly` | 8 | | |
| | | | | Daily | `daily` | 9 | | |
| **ed_q9** | How would you describe your current stress level? | | `radio` | `` | Low
| `low` | 9 | Psychological Factors | 2 | | | | | |
| | | | | Moderate | `moderate` | 7 | | |
| | | | | High | `high` | 4 | | |
| | | | | Very High | `very_high` | 2 | | |
| **ed_q10** | What are your primary goals for seeking treatment? | | `multiselect` | ``
| Restore function | `restore` | 8 | Treatment Motivation | 1 | | | | |
| | | | | Boost confidence | `confidence` | 7 | | |
| | | | | Improve performance | `performance` | 6 | | |
| | | | | Improve relationship | `relationship` | 8 | | |
| **ed_q11** | Are you currently taking any of the following types of medications? | |
`multiselect` | `` | No medications | `none` | 8 | Drug Interactions | 1.5 |
| | | | | Blood pressure meds | `blood_pressure` | 5 | | |
| | | | | Antidepressants | `antidepressants` | 4 | | |
| | | | | Other medications | `other` | 6 | | |
| **ed_q12** | Let's get your contact information. | | `contact_info` | `contact_info` |
N/A | N/A | N/A | N/A | N/A |

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### ### 2.4 Weight Loss Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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| **weight_q1**| What is your date of birth?| | `dob_dropdowns`| `user_dob_combined`|  
N/A | N/A | 0 | Demographics | 0 |  
| **weight_q2**| What is your gender? | | `radio` | `gender` | Male | `male` | 5 |  
Demographics | 0.5 |  
| | | | | Female | `female` | 5 | | |  
| **weight_q3**| What is your primary weight loss goal?| | `multiselect`|  
`health_goals`| Lose 10-20 lbs | `lose_10` | 8 | Motivation & Goals | 2 |  
| | | | | Lose 20-50 lbs | `lose_30` | 7 | | |  
| | | | | Lose 50+ lbs | `lose_50` | 6 | | |  
| | | | | Maintain current weight | `maintain` | 9 | | |  
| **weight_q4**| What is your height and weight? | | `height_weight`| `height_weight`|  
N/A | N/A | 0 | Current Status | 0 |  
| **weight_q5**| How often do you exercise? | | `radio` | `` | Never | `never` | 1 |  
Physical Activity | 2.5 |  
| | | | | 1-2 times/week | `rarely` | 3 | | |  
| | | | | 3-4 times/week | `often` | 8 | | |  
| | | | | 5+ times/week | `daily` | 9 | | |  
| **weight_q6**| How would you describe your typical diet? | | `radio` | `` | Mostly  
Unhealthy | `unhealthy` | 2 | Nutrition | 3 |  
| | | | | Generally Balanced| `balanced` | 6 | | |  
| | | | | Very Healthy | `healthy` | 8 | | |  
| | | | | Strict Diet | `strict` | 7 | | |  
| **weight_q7**| How many hours of sleep do you get per night?| | `radio` | `` | Less  
than 5 hours| `less_5` | 3 | Lifestyle Factors | 1.5 |  
| | | | | 5-6 hours | `5_6` | 5 | | |  
| | | | | 7-8 hours | `7_8` | 9 | | |  
| | | | | More than 8 hours| `more_8` | 8 | | |  
| **weight_q8**| How would you rate your daily stress levels?| | `radio` | `` | Low |  
`low` | 9 | Psychological Factors| 1.5 |  
| | | | | Moderate | `moderate` | 7 | | |  
| | | | | High | `high` | 4 | | |  
| | | | | Very High | `very_high` | 2 | | |  
| **weight_q9**| What has been your experience with weight loss in the past?| |  
`radio` | `` | Never had lasting success| `no_success`| 3 | Weight Loss History | 1 |  
| | | | | Some success, but gained it back | `some_success`| 4 | | |  
| | | | | Good success, maintained for a while| `good_success`| 6 | | |  
| | | | | This is my first serious attempt | `first_time`| 7 | | |  
| **weight_q10**| Do you have any of these eating habits?| | `multiselect`| `` |  
Emotional eating| `emotional_eating`| 3 | Behavioral Patterns| 1 |  
| | | | | Late-night snacking | `late_night` | 4 | | |  
| | | | | Binge eating | `binge_eating`| 2 | | |  
| | | | | Sugary drinks | `sugary_drinks`| 3 | | |
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| **weight_q11**| How motivated are you to make a change?| | `radio` | `` | Not very
motivated| `not_motivated`| 2 | Motivation & Goals | 1 |
| | | | | Somewhat motivated| `somewhat` | 4 | | |
| | | | | Very motivated | `very_motivated`| 7 | | |
| | | | | Committed and ready| `committed` | 9 | | |
| **weight_q12**| What kind of support system do you have?| | `radio` | `` | I'm on
my own | `none` | 3 | Social Support | 1 |
| | | | | Partner/Spouse | `partner` | 7 | | |
| | | | | Family and Friends| `family` | 8 | | |
| | | | | Professional (coach, etc.)| `professional`| 9 | | |
| **weight_q13**| Let's get your contact information.| | `contact_info`|
`contact_info`| N/A | N/A | N/A | N/A | N/A |
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### ### 2.5 Health Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| **health_q1** | What is your date of birth? | | `dob_dropdowns` |
`user_dob_combined` | N/A | N/A | 0 | Demographics | 0 |
| **health_q2** | What is your gender? | | `radio` | `gender` | Male | `male` | 5 |
Demographics | 0.5 |
| | | | | Female | `female` | 5 | | |
| **health_q3** | How would you rate your overall health? | | `radio` | `` | Poor |
`poor` | 2 | Current Health Status | 3 |
| | | | | Fair | `fair` | 5 | | |
| | | | | Good | `good` | 7 | | |
| | | | | Excellent | `excellent`| 9 | | |
| **health_q4** | What is your height and weight? | | `height_weight` |
`height_weight` | N/A | N/A | N/A | N/A | N/A |
| **health_q5** | How often do you engage in moderate to intense physical activity? | | | | | | | |
| `radio` | `` | Rarely or Never | `rarely` | 1 | Physical Activity | 2.5 |
| | | | | 1-2 times a week | `sometimes`| 5 | | |
| | | | | 3-5 times a week | `often` | 8 | | |
| | | | | Almost every day | `daily` | 9 | | |
| **health_q6** | How would you describe your typical diet? | | `radio` | `` | High
in processed foods | `processed`| 2 | Nutrition | 2.5 |
| | | | | A typical Western diet | `average` | 5 | | |
| | | | | Mostly whole foods | `healthy` | 7 | | |
| | | | | Very clean, whole foods diet | `very_healthy`| 9 | | |
| **health_q7** | How would you rate your sleep quality? | | `radio` | `` | Poor, I
wake up tired | `poor` | 3 | Sleep & Recovery | 2 |
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| | | | | Fair, could be better| `fair` | 5 | | |
| | | | | Good, usually restful| `good` | 7 | | |
| | | | | Excellent, I wake up refreshed | `excellent`| 9 | | |
| **health_q8** | How well do you manage stress? | | `radio` | `` | I don't manage it
well| `poorly` | 3 | Stress & Mental Health | 2 |
| | | | | I have some coping methods| `somewhat` | 5 | | |
| | | | | I manage it well | `well` | 7 | | |
| | | | | I have a proactive routine| `proactively`| 9 | | |
| **health_q9** | Do you get regular preventive care (e.g., check-ups)? | | `radio` |
`` | Never or rarely | `never` | 2 | Preventive Health | 1.5 |
| | | | | Only when I have a problem| `sometimes`| 6 | | |
| | | | | I have regular annual check-ups| `regularly`| 9 | | |
| **health_q10**| What are your main health goals? | Select all that apply. |
`multiselect` | `health_goals` | Live longer | `live_longer`| 9 | Health Motivation |
1 |
| | | | | Boost energy | `boost_energy`| 8 | | |
| | | | | Improve sleep | `improve_sleep`| 8 | | |
| | | | | Lose weight | `lose_weight` | 7 | | |
| | | | | Build muscle | `build_muscle`| 7 | | |
| | | | | Sharpen focus & memory| `sharpen_focus`| 8 | | |
| | | | | Balance hormones | `balance_hormones`| 9 | | |
| | | | | Improve mood | `improve_mood` | 7 | | |
| | | | | Boost libido & performance| `boost_libido`| 8 | | |
| | | | | Support heart health| `support_heart`| 9 | | |
| | | | | Manage menopause | `manage_menopause`| 8 | | |
| | | | | Increase testosterone| `increase_test`| 8 | | |
| **health_q11**| Let's get your contact information. | | `contact_info` |
`contact_info` | N/A | N/A | N/A | N/A | N/A |

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### ### 2.6 Skin Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| **skin_q1** | What is your date of birth? | | `dob_dropdowns` | `user_dob_combined`
| N/A | N/A | 0 | Demographics | 0 |
| **skin_q2** | What is your gender? | | `radio` | `gender` | Male | `male` | 5 |
Demographics | 0.5 |
| | | | Female | `female` | 5 | | |
| **skin_q3** | What is your skin type? | | `radio` | `` | Normal | `normal` | 8 |
Skin Characteristics | 2 |
| | | | Dry | `dry` | 6 | | |

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| | | | | Oily | `oily` | 6 | | |
| | | | | Combination | `combination` | 7 | | |
| | | | | Sensitive | `sensitive` | 5 | | |
| **skin_q4** | What is your primary skin concern? | | `multiselect` | `` | Acne &
Blemishes | `acne` | 3 | Primary Skin Issue | 3 |
| | | | | Fine Lines & Wrinkles | `aging` | 4 | | |
| | | | | Dark Spots & Hyperpigmentation | `pigmentation` | 5 | | |
| | | | | Redness & Rosacea | `redness` | 4 | | |
| | | | | Dryness & Dehydration | `dullness` | 6 | | |
| **skin_q5** | How much sun exposure do you get? | | `radio` | `` | Rarely, I'm
mostly indoors | `minimal` | 9 | Environmental Factors | 2.5 |
| | | | | Sometimes, on weekends | `moderate` | 6 | | |
| | | | | Daily, but I use sunscreen | `high` | 3 | | |
| **skin_q6** | How much water do you typically drink per day? | | `radio` | `` |
Less than 4 glasses | `low` | 3 | Hydration | 1.5 |
| | | | | 4-7 glasses | `medium` | 7 | | |
| | | | | 8 or more glasses | `high` | 9 | | |
| **skin_q7** | What is your current skincare routine? | | `radio` | `` | None |
`none` | 2 | Current Regimen | 1 |
| | | | | Basic (cleanse, moisturize, SPF) | `basic` | 6 | | |
| | | | | Advanced (serums, exfoliants, etc.) | `advanced` | 8 | | |
| **skin_q8** | Does your routine include active ingredients like retinoids or
antioxidants? | | `radio` | `` | No | `no` | 5 | Advanced Care | 1.5 |
| | | | | Yes | `yes` | 9 | | |
| | | | | I'm not sure | `not_sure` | 4 | | |
| **skin_q9** | How does your skin typically react to new products? | | `multiselect` |
`` | No reaction | `none` | 9 | Skin Reactivity | 1.5 |
| | | | | Becomes red or flushed | `redness` | 4 | | |
| | | | | I get breakouts | `breakouts` | 4 | | |
| | | | | It feels itchy or irritated | `itchiness` | 3 | | |
| | | | | Becomes dry and tight | `dryness` | 5 | | |
| **skin_q10** | Which of these lifestyle factors apply to you? | | `multiselect` | `
` | I smoke | `smoker` | 3 | Lifestyle & Diet | 2 |
| | | | | I have high stress levels | `high_stress` | 4 | | |
| | | | | I have poor sleep quality | `poor_sleep` | 4 | | |
| | | | | My diet is high in sugar/processed foods | `high_sugar_diet` | 3 | | |
| **skin_q11** | Let's get your contact information. | | `contact_info` |
`contact_info` | N/A | N/A | N/A | N/A | N/A |

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### 2.7 Sleep Assessment



Question ID	Question	Description/Subtitle	Type	Global Key	Options	Answer
Value	Points	Category	Weight			
***sleep_q1**		On average, how many hours of sleep do you get per night?	radio			
		Less than 5 hours	less_than_5	2	Sleep Duration	2.5
		5-6 hours	5_to_6	4		
		7-8 hours (Recommended)	7_to_8	9		
		9 or more hours	more_than_9	7		
***sleep_q2**		How would you rate the quality of your sleep?	radio		Very Poor	
		very_poor	1	Sleep Quality	3	
		Poor	poor	3		
		Fair	fair	5		
		Good	good	8		
***sleep_q3**		How often do you wake up during the night?	radio			
		Frequently (3+ times)	frequently	2	Sleep Continuity	2
		Sometimes (1-2 times)	sometimes	5		
		Rarely	rarely	8		
		Never	never	9		
***sleep_q4**		Once in bed, how long does it take you to fall asleep?	radio			
		> 45 minutes	long	2	Sleep Latency	2
		30-45 minutes	moderate	5		
		15-30 minutes	short	8		
		< 15 minutes	very_short	9		
***sleep_q5**		How often do you feel drowsy or have the urge to nap during the day?	radio			
		Often	often	2	Daytime Function	2.5
		Sometimes	sometimes	5		
		Rarely or Never	rarely	9		
***sleep_q6**		Which do you do within an hour of your intended bedtime?	Select all that apply.			
		multiselect		Use phone/TV/computer	screen_time	3
				Sleep Hygiene	1.5	
		Consume caffeine	caffeine	2		
		Eat a large meal	large_meal	4		
		Engage in vigorous exercise	exercise	4		
***sleep_q7**		Which of the following do you use to help you sleep?	Select all that apply.			
		multiselect		None	none	9
				Sleep Dependency	1.5	
		Melatonin	melatonin	6		
		Herbal supplements (e.g., Valerian)	herbal_supplements	5		
		Over-the-counter sleep aids	otc_sleep_aids	4		
		Prescription sleep medication	prescription_meds	2		
***sleep_q8**		Let's get your contact information.	contact_info			
		contact_info	N/A	N/A	N/A	N/A

### ### 2.8 Hormone Assessment

### ### 2.9 Menopause Assessment

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| **menopause_q1** | Which of the following best describes your current stage? | |
`radio` | ` ` | I have not yet started menopause | `not_started` | 9 | Menopause Stage
| 1 |
| | | | | Perimenopause | `perimenopause` | 5 | | |
| | | | | Menopause | `menopause` | 3 | | |
| | | | | Post-menopause | `post_menopause` | 4 | | |
| **menopause_q2** | Which of these symptoms are you experiencing? | Select all that
apply. | `multiselect` | ` ` | Hot flashes | `hot_flashes` | 2 | Symptom Severity | 3
|
| | | | | Night sweats | `night_sweats` | 2 | | |
| | | | | Sleep disturbances | `sleep_disturbances` | 2 | | |
| | | | | Mood changes or irritability | `mood_changes` | 2 | | |
| | | | | Vaginal dryness | `vaginal_dryness` | 2 | | |
| | | | | None of the above | `none` | 9 | | |
| **menopause_q3** | In the last month, have you frequently experienced: | Select all
that apply. | `multiselect` | ` ` | Irritability or Anxiety | `mood_issues` | 3 | Mood
& Cognition | 2.5 |
| | | | | Low Mood or Depression | `low_mood` | 3 | | |
| | | | | Brain Fog or Memory Lapses | `brain_fog` | 2 | | |
| **menopause_q4** | How would you describe your ability to recover from exercise? | |
`radio` | ` ` | Slower than it used to be | `slower` | 4 | Physical Performance | 2 |
| | | | | About the same | `same` | 7 | | |
| | | | | I recover quickly | `quickly` | 9 | | |
| **menopause_q5** | Have you noticed changes in how your body stores fat? | | `radio` |
` ` | No change | `no_change` | 8 | Body Composition | 2 |
| | | | | Minor increase, especially abdomen | `minor` | 5 | | |
| | | | | Significant increase | `significant` | 2 | | |
| **menopause_q6** | Are you currently using or have you previously used HRT? | |
`radio` | ` ` | Never | `never` | 7 | Treatment History | 1.5 |
| | | | | Currently using | `currently` | 5 | | |
| | | | | Used in the past | `previously` | 6 | | |
| **menopause_q7** | Let's get your contact information. | | `contact_info` |
`contact_info` | N/A | N/A | N/A | N/A | N/A |

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### ### 2.10 Testosterone Assessment

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| Question ID | Question | Description/Subtitle | Type | Global Key | Options | Answer
Value | Points | Category | Weight |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| **testosterone_q1** | Which of the following symptoms...apply to you? | Select all
that apply. | `multiselect` | ` ` | Low sex drive (libido) | `low_libido` | 2 | Symptom
Severity | 3 |

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| | | | | Lack of energy or fatigue| `fatigue` | 2 | | |
| | | | | Reduced muscle mass...| `reduced_muscle`| 2 | | |
| | | | | Increase in body fat | `increased_fat` | 2 | | |
| | | | | Difficulty with erections| `erectile_dysfunction`| 2 | | |
| | | | | None of the above | `none` | 9 | | |
| **testosterone_q2**| In the last month, have you frequently experienced: | Select
all that apply. | `multiselect` | ` ` | Irritability | `irritability` | 4 | Mood &
Cognition | 2.5 |
| | | | | Lack of Motivation| `low_motivation`| 3 | | |
| | | | | "Brain Fog" | `brain_fog` | 3 | | |
| **testosterone_q3**| How would you describe your physical endurance or stamina? | |
`radio` | ` ` | Decreased significantly | `decreased` | 3 | Physical Performance | 2 |
| | | | | Somewhat decreased | `somewhat` | 5 | | |
| | | | | Has not changed | `no_change` | 8 | | |
| **testosterone_q4**| How would you describe your ability to build...muscle? | |
`radio` | ` ` | Very difficult | `very_difficult`| 2 | Anabolic Response | 2 |
| | | | | Somewhat difficult| `somewhat_difficult`| 4 | | |
| | | | | Moderate | `moderate` | 6 | | |
| | | | | Relatively easy | `easy` | 8 | | |
| **testosterone_q5**| How would you describe your energy levels and motivation?| |
`radio` | ` ` | Very low | `very_low` | 2 | Vitality & Drive | 2 |
| | | | | Lower than usual | `lower_than_usual`| 4 | | |
| | | | | Normal | `normal` | 7 | | |
| | | | | High | `high` | 9 | | |
| **testosterone_q6**| Let's get your contact information. | | `contact_info`|
`contact_info`| N/A | N/A | N/A | N/A | N/A |

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## ## 3.0 Qualitative Engine: The Symptom Qualification Engine

This section details the new assessment and logic that measures a user's health *\*reality\**. This engine provides a far more nuanced and accurate picture than a simple symptom checklist.

*\*Note: The Health Optimization assessment will be defined in the configuration with the flag `assessment\_engine` => 'qualitative' to ensure it is processed by the correct engine.\**

### ### 3.1 User Experience: Two-Stage Symptom Qualification

The user will be presented with a dynamic, two-stage assessment:

1. **Stage 1: Symptom Identification:** The user selects all symptoms they are currently experiencing from a high-level list.
2. **Stage 2: Symptom Qualification:** For *each symptom selected*, a sub-form immediately appears, prompting the user to provide crucial context by qualifying the symptom's **Severity** and **Frequency**.

### ### 3.2 Health Optimization Assessment Questions

This assessment is a single logical unit, but is presented to the user in two dynamic stages.

#### #### Stage 1: Symptom Identification

Question ID	Question	Description/Subtitle	Type	Options (Select all that apply)
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:---	:---	:---	:---	:---
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`symptom_q1`		How have your overall energy levels been feeling lately?		
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`multiselect`		Fatigue, Chronic Fatigue		
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`symptom_q2`		Have you noticed any lack of drive or motivation?		`multiselect`
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		Lack of Motivation		
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`symptom_q3`		Are you finding it harder to stay active or perform physically?		
--------------	--	---	--	--

`multiselect`		Reduced Physical Performance, Decreased Physical Activity		
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`symptom_q4`		How's your sleep been?		`multiselect`
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		Poor Sleep, Sleep Problems, Sleep Disturbance		
--	--	---	--	--

`symptom_q5`		Have you been dealing with any night-time discomforts?		
--------------	--	--	--	--

`multiselect`		Night Sweats		
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`symptom_q6`		What about your mood—any ups and downs or changes lately?		
--------------	--	---	--	--

`multiselect`		Mood Swings, Mood Changes, Change in Personality		
---------------	--	--	--	--

`symptom_q7`		Are you feeling more anxious, depressed, or irritable?		
--------------	--	--	--	--

`multiselect`		Anxiety, Depression, Irritability		
---------------	--	-----------------------------------	--	--

`symptom_q8`		How's your self-confidence or esteem been holding up?		
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`multiselect`		Low Self-Esteem		
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`symptom_q9`		Have you experienced any fog or confusion in your thinking?		
--------------	--	---	--	--

`multiselect`		Brain Fog, Confusion, Cognitive Decline		
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`symptom_q10`		Any trouble with memory or concentration?		`multiselect`
---------------	--	---	--	---------------

		Memory Loss, Poor Concentration		
--	--	---------------------------------	--	--

`symptom_q11`		Have you noticed issues with language or coordination?		
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`multiselect`		Language Problems, Poor Coordination		
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`symptom_q12`		What about your libido or sexual health—any changes there?		
---------------	--	--	--	--

`multiselect`		Low Libido		
---------------	--	------------	--	--

`symptom_q13`		Are you experiencing any sexual function difficulties?		
---------------	--	--	--	--

`multiselect`		Erectile Dysfunction, Vaginal Dryness, Infertility		
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| `symptom_q14` | Have you had any hot flashes or similar sensations? | | `multiselect`
| Hot Flashes |
| `symptom_q15` | Let's talk about physical strength—any weakness or loss of muscle? | |
`multiselect` | Muscle Weakness, Weakness, Muscle Loss, Muscle Mass Loss |
| `symptom_q16` | How's your mobility and balance been? | | `multiselect` | Decreased
Mobility, Poor Balance |
| `symptom_q17` | After activity, do you find recovery taking longer? | | `multiselect`
| Slow Recovery, Prolonged Soreness |
| `symptom_q18` | Any joint pain or related discomforts? | | `multiselect` | Joint Pain
|
| `symptom_q19` | On the heart side, have you felt any chest pain or shortness of
breath? | | `multiselect` | Chest Pain, Shortness of Breath |
| `symptom_q20` | What about palpitations, lightheadedness, or swelling? | |
`multiselect` | Palpitations, Lightheadedness, Swelling |
| `symptom_q21` | How's your exercise tolerance—any issues pushing yourself? | |
`multiselect` | Poor Exercise Tolerance |
| `symptom_q22` | Have you noticed changes in your blood pressure? | | `multiselect` |
High Blood Pressure |
| `symptom_q23` | Let's check on body composition—any increases in fat? | |
`multiselect` | Increased Body Fat, Abdominal Fat Gain, Weight Changes |
| `symptom_q24` | Is your metabolism feeling slower, or any blood sugar
irregularities? | | `multiselect` | Slow Metabolism, Blood Glucose Dysregulation |
| `symptom_q25` | Finally, have you been getting sick more often, or noticing skin
issues? | | `multiselect` | Frequent Illness, Itchy Skin, Slow Healing Wounds |
```

### ### 3.3 Symptom-to-Vector Map

Each identified symptom is mapped to one or more **Health Optimization Vectors**.

```
| Symptom | Mapped Vector(s) |
| :--- | :--- |
| Abdominal Fat Gain | Weight Loss |
| Anxiety | Hormones |
| Blood Glucose Dysregulation | Weight Loss |
| Brain Fog | Energy, Cognitive Health |
| Change in Personality | Cognitive Health |
| Chest Pain | Heart Health |
| Chronic Fatigue | Longevity |
| Cognitive Decline | Longevity |
| Confusion | Cognitive Health |
| Decreased Mobility | Strength |
| Decreased Physical Activity | Longevity |
```

Depression	Hormones
Erectile Dysfunction	Hormones, Heart Health, Libido
Fatigue	Energy, Heart Health, Weight Loss, Strength
Frequent Illness	Energy, Longevity
High Blood Pressure	Weight Loss
Hot Flashes	Hormones
Increased Body Fat	Weight Loss
Infertility	Hormones, Libido
Irritability	Hormones
Itchy Skin	Longevity
Joint Pain	Weight Loss, Strength
Lack of Motivation	Energy
Language Problems	Cognitive Health
Lightheadedness	Heart Health
Low Libido	Hormones, Libido
Low Self-Esteem	Libido
Memory Loss	Cognitive Health
Mood Changes	Cognitive Health
Mood Swings	Hormones
Muscle Loss	Strength, Longevity
Muscle Mass Loss	Strength
Muscle Weakness	Energy
Night Sweats	Hormones
Palpitations	Heart Health
Poor Balance	Strength
Poor Concentration	Cognitive Health
Poor Coordination	Cognitive Health
Poor Exercise Tolerance	Heart Health
Poor Sleep	Energy
Prolonged Soreness	Strength
Reduced Physical Performance	Energy, Weight Loss
Shortness of Breath	Heart Health
Sleep Disturbance	Cognitive Health
Sleep Problems	Weight Loss
Slow Healing Wounds	Longevity
Slow Metabolism	Weight Loss
Slow Recovery	Strength
Swelling	Heart Health
Vaginal Dryness	Hormones, Libido
Weakness	Strength
Weight Changes	Longevity

### ### 3.4 Pillar Integrity Penalty Matrix

The core of the engine. It uses the user's qualified responses (Severity and Frequency) for each Vector to determine the precise penalty to apply to the corresponding Pillar. The highest penalty per pillar is the one that is used.

Health Optimization Vector	Severity	Frequency	Pillar Impacted	Penalty Value
:---   :---   :---   :---   :---				
<b>Heart Health</b>	Severe	Daily	<b>Body</b>	<b>-20%</b>
Severe	A few times a week		-18%	
Moderate	Daily		-15%	
...	...		...	
<b>Cognitive Health</b>	Severe	Daily	<b>Mind</b>	<b>-20%</b>
...	...		...	
<b>Hormones</b>	Severe	Daily	<b>Body</b>	-10%
...	...		...	
<b>Weight Loss</b>	Severe	Daily	<b>Lifestyle</b>	-10%
...	...		...	
<b>Strength</b>	Severe	Daily	<b>Body</b>	-10%
...	...		...	
<b>Longevity</b>	Severe	Daily	<b>Lifestyle</b>	-10%
...	...		...	
<b>Energy</b>	Severe	Daily	<b>Lifestyle</b>	-8%
Moderate	Daily		-6%	
...	...		...	
<b>Libido</b>	Severe	Daily	<b>Mind</b>	-8%
...	...		...	

*\*(Note: This is an illustrative, not exhaustive, representation of the final penalty matrix.)\**