

ENNU Life Assessment Questions

Reference Guide

Complete Question Bank for All 9 Assessments

Version 14.1.10 - December 2024

1. ED TREATMENT ASSESSMENT (6 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 18-80)
- **Email Address** (email input)
- **Phone Number** (optional text input)

Step 2: Symptom Assessment

- **How would you describe your current symptoms?**
- Mild difficulty occasionally
- Moderate difficulty sometimes
- Severe difficulty most of the time
- Complete inability

Step 3: Duration & Frequency

- **How long have you been experiencing these symptoms?**
- Less than 3 months
- 3-6 months
- 6-12 months
- More than 1 year

Step 4: Medical History

- **Do you have any of the following conditions?** (multiple choice)
- Diabetes
- High blood pressure

- Heart disease
- Depression/anxiety
- None of the above

Step 5: Current Medications

- **Are you currently taking any medications?**
- Yes
- No
- **If yes, please list medications** (text area)

Step 6: Treatment Goals

- **What are your primary treatment goals?** (multiple choice)
 - Improve performance
 - Restore confidence
 - Enhance relationship
 - Overall wellness
-

2. ADVANCED SKIN ASSESSMENT (9 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 16-80)
- **Gender** (Female/Male/Other)
- **Email Address** (email input)
- **Phone Number** (optional)

Step 2: Primary Skin Concerns

- **What are your main skin concerns?** (multiple choice)
- Acne & Breakouts
- Signs of Aging (wrinkles, fine lines)
- Dark Spots & Hyperpigmentation
- Dryness & Dehydration
- Excess Oil & Large Pores
- Sensitivity & Redness
- Dullness & Uneven Texture
- Melasma & Hormonal Changes

Step 3: Skin Type Assessment

- **How would you describe your skin type?**
 - Oily - Shiny, large pores, prone to breakouts
 - Dry - Tight, flaky, rough texture
 - Combination - Oily T-zone, dry cheeks
 - Normal - Balanced, few imperfections
 - Sensitive - Easily irritated, reactive
- **What is your skin tone?**
 - Very Fair (Type I) - Always burns, never tans
 - Fair (Type II) - Usually burns, tans minimally
 - Light (Type III) - Sometimes burns, tans gradually
 - Medium (Type IV) - Rarely burns, tans easily
 - Olive (Type V) - Very rarely burns, tans very easily
 - Dark (Type VI) - Never burns, deeply pigmented
- **How sensitive is your skin to new products?**
 - Very Sensitive - Reacts to most products
 - Sensitive - Reacts to some products
 - Normal - Occasional reactions
 - Tolerant - Rarely reacts to products

Step 4: Sun Exposure & Protection

- **How much sun exposure do you get daily?**
 - Minimal - Mostly indoors, limited outdoor time
 - Moderate - Some outdoor activities, commuting
 - Frequent - Regular outdoor activities
 - Extensive - Work/hobbies involve prolonged sun exposure
- **How often do you use sunscreen?**
 - Daily - Every day, rain or shine
 - Sunny Days - Only when it's sunny
 - Beach/Pool - Only for beach or pool activities
 - Rarely - Almost never use sunscreen
 - Never - Don't use sunscreen

- **Do you have visible signs of sun damage?**
- No visible sun damage
- Mild - Few age spots or freckles
- Moderate - Noticeable age spots, some wrinkles
- Severe - Extensive sun damage, deep wrinkles

Step 5: Current Skincare Routine

- **Morning Skincare Routine** (text area)
- **Evening Skincare Routine** (text area)
- **What skincare products are you currently using?** (text area)
- **How consistent are you with your skincare routine?**
- Very Consistent - Never miss a day
- Mostly Consistent - Occasionally skip
- Somewhat Consistent - Skip several times per week
- Inconsistent - Often forget or skip

Step 6: Lifestyle Factors

- **Which lifestyle factors apply to you?** (multiple choice)
- Smoking or tobacco use
- Regular alcohol consumption
- High stress levels
- Poor diet (processed foods, sugar)
- Insufficient sleep (less than 7 hours)
- Regular exercise
- Adequate water intake
- Healthy, balanced diet
- **How would you rate your stress level?**
- Low - Rarely feel stressed
- Moderate - Sometimes stressed
- High - Often stressed
- Very High - Constantly stressed
- **How many hours of sleep do you get per night?**
- Less than 5 hours
- 5-6 hours
- 7-8 hours

- More than 8 hours

Step 7: Medical History & Allergies

- **Do you have any of the following conditions?** (multiple choice)
 - Eczema or Atopic Dermatitis
 - Psoriasis
 - Rosacea
 - Hormonal Issues (PCOS, thyroid)
 - Diabetes
 - Autoimmune Disorders
- None of the above
- **Current Medications & Supplements** (text area)
- **Known Allergies** (text area)
- **Are you currently pregnant or breastfeeding?**
 - No
 - Currently pregnant
 - Currently breastfeeding
 - Trying to conceive
 - Not applicable

Step 8: Treatment Goals & Preferences

- **What is your primary skincare goal?**
 - Clear acne and prevent breakouts
 - Reduce signs of aging
 - Even skin tone and reduce dark spots
 - Improve skin hydration and texture
 - Reduce sensitivity and redness
 - Maintain healthy skin
- Overall skin improvement
- **What type of treatment approach do you prefer?**
 - Gentle, natural approach
 - Moderate, balanced approach
 - Aggressive, fast results
 - Prescription-strength treatments
- Professional treatments only

- **What's your monthly skincare budget?**
 - Under \$50
 - \$50 - \$100
 - \$100 - \$200
 - \$200 - \$300
 - Over \$300
- **How much time can you dedicate to skincare daily?**
 - 5 minutes or less
 - 5-10 minutes
 - 10-20 minutes
 - Over 20 minutes

Step 9: Photo Upload & Final Details

- **Upload Skin Photos** (file upload - optional)
 - **Additional Information** (text area)
 - **Preferred consultation method**
 - Online consultation
 - Phone consultation
 - In-person consultation
 - No preference
 - **Terms agreement** (checkbox)
 - **Medical consent** (checkbox)
 - **Email consent** (checkbox - optional)
-

3. HAIR RESTORATION ASSESSMENT (10 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 18-80)
- **Gender** (Male/Female/Other)
- **Email Address** (email input)
- **Phone Number** (optional)

Step 2: Hair Loss Pattern

- **Which area(s) are you experiencing hair loss?** (multiple choice)

- Temples (receding hairline)
- Crown (vertex)
- Frontal Scalp (forehead)
- Diffuse thinning (all over)
- Other (please specify)
- **How would you describe the severity of your hair loss?**
- Mild - Slight thinning or receding hairline
- Moderate - Noticeable thinning, some bald spots
- Severe - Extensive baldness or significant hair thinning

Step 3: Duration and Progression

- **How long have you been experiencing hair loss?**
- Less than 6 months
- 6 months to 1 year
- 1-3 years
- More than 3 years
- **Has your hair loss been:**
- Gradual - Slowly progressing over time
- Sudden - Rapid onset over a short period
- Stable - No significant change in recent months

Step 4: Family History

- **Do you have a family history of hair loss?**
- Yes
- No
- Unsure
- **Which family members have experienced hair loss? (multiple choice)**
- Father
- Mother
- Grandfathers (maternal/paternal)
- Grandmothers (maternal/paternal)
- Siblings
- Other relatives

Step 5: Medical Conditions & Medications

- **Do you have any of the following medical conditions?** (multiple choice)
 - Thyroid Disorder
 - Autoimmune Disease (e.g., Alopecia Areata, Lupus)
 - Diabetes
 - Anemia (Iron Deficiency)
 - PCOS (Polycystic Ovary Syndrome) - for females
 - Scalp Infections (e.g., ringworm)
- None of the above
- **Are you currently taking any medications that might cause hair loss?**
 - Yes
 - No
 - Unsure
- **If yes, please list current medications** (text area)

Step 6: Lifestyle Factors

- **How would you describe your stress levels?**
 - Low
 - Moderate
 - High
 - Very High
- **How often do you consume alcohol?**
 - Never
 - Rarely (1-2 times a month)
 - Socially (1-2 times a week)
 - Frequently (3+ times a week)
- **Do you smoke or use tobacco products?**
 - Never
 - Former user (quit)
 - Current (occasional)
 - Current (daily)

- **How would you describe your diet?**
- Healthy and balanced
- Average (some healthy, some unhealthy)
- Mostly unhealthy

Step 7: Previous Treatments

- **Have you previously used any hair loss treatments?**
- Yes
- No
- **If yes, please list treatments and their effectiveness** (text area)

Step 8: Desired Outcomes

- **What are your primary goals for hair restoration?** (multiple choice)
- Stop further hair loss
- Regrow lost hair
- Thicken existing hair
- Improve overall hair health and appearance
- Other (please specify)

Step 9: Consent and Submission

- **Accuracy confirmation** (checkbox)
- **Telemedicine understanding** (checkbox)
- **Privacy Policy agreement** (checkbox)

Step 10: Confirmation

- **Thank you message and next steps**
-

4. HEALTH ASSESSMENT (9 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 16-100)
- **Gender** (Male/Female/Other)
- **Email Address** (email input)

- **Phone Number** (optional)

Step 2: Current Health Status

- **How would you rate your overall health?**
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- **Do you have any chronic health conditions?** (multiple choice)
 - Diabetes
 - High Blood Pressure
 - Heart Disease
 - Arthritis
 - Depression/Anxiety
 - Thyroid Disorders
 - None

Step 3: Medical History

- **Have you had any major surgeries?**
 - Yes
 - No
- **If yes, please specify** (text area)
- **Are you currently taking any medications?**
 - Yes
 - No
- **If yes, please list** (text area)

Step 4: Family Medical History

- **Does your family have a history of:** (multiple choice)
 - Heart Disease
 - Diabetes
 - Cancer
 - High Blood Pressure
 - Mental Health Issues

- Autoimmune Diseases
- None of the above

Step 5: Lifestyle Assessment

- **How often do you exercise?**
 - Daily
 - 3-5 times per week
 - 1-2 times per week
 - Rarely
 - Never
- **Do you smoke?**
 - Never smoked
 - Former smoker
 - Current smoker (occasional)
 - Current smoker (daily)
- **How often do you drink alcohol?**
 - Never
 - Occasionally (1-2 drinks per week)
 - Moderately (3-7 drinks per week)
 - Heavily (8+ drinks per week)

Step 6: Diet and Nutrition

- **How would you describe your diet?**
 - Very healthy (mostly whole foods)
 - Somewhat healthy (balanced)
 - Average (mixed healthy and unhealthy)
 - Poor (mostly processed foods)
- **Do you take any supplements?**
 - Yes
 - No
 - **If yes, please list** (text area)

Step 7: Sleep and Stress

- **How many hours of sleep do you get per night?**
 - Less than 5 hours
 - 5-6 hours
 - 7-8 hours
 - More than 8 hours
- **How would you rate your stress level?**
 - Very Low
 - Low
 - Moderate
 - High
 - Very High

Step 8: Health Goals

- **What are your primary health goals?** (multiple choice)
 - Weight management
 - Improve fitness
 - Better nutrition
 - Stress management
 - Preventive care
 - Manage chronic condition
 - Overall wellness
- **What health concerns do you have?** (text area)

Step 9: Additional Information

- **Is there anything else you'd like us to know?** (text area)
 - **Preferred contact method**
 - Email
 - Phone
 - Text message
 - No preference
-

5. WEIGHT LOSS QUIZ (9 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 16-80)
- **Gender** (Male/Female/Other)
- **Email Address** (email input)

Step 2: Current Weight Status

- **Current Weight** (number input - lbs)
- **Goal Weight** (number input - lbs)
- **Height** (feet and inches)

Step 3: Weight History

- **How long have you been trying to lose weight?**
 - Less than 3 months
 - 3-6 months
 - 6-12 months
 - 1-2 years
 - More than 2 years
- **Have you tried weight loss programs before?**
 - Yes
 - No
 - **If yes, which ones?** (text area)

Step 4: Current Diet

- **How would you describe your current eating habits?**
 - Very healthy
 - Somewhat healthy
 - Average
 - Poor
 - Very poor
- **How often do you eat out?**

- Never
- 1-2 times per week
- 3-4 times per week
- 5+ times per week
- Daily

Step 5: Exercise Habits

- **How often do you exercise?**
- Daily
- 4-6 times per week
- 2-3 times per week
- Once per week
- Never
- **What type of exercise do you prefer?** (multiple choice)
- Cardio (running, cycling)
- Strength training
- Yoga/Pilates
- Sports
- Walking
- None

Step 6: Lifestyle Factors

- **How many hours do you sleep per night?**
- Less than 5
- 5-6
- 7-8
- More than 8
- **How would you rate your stress level?**
- Very Low
- Low
- Moderate
- High
- Very High

Step 7: Motivation and Goals

- **What's your primary motivation for losing weight?** (multiple choice)
 - Health improvement
 - Appearance
 - Confidence
 - Medical recommendation
 - Energy levels
 - Other
- **What's your target timeline?**
 - 1-3 months
 - 3-6 months
 - 6-12 months
 - More than 1 year

Step 8: Challenges

- **What are your biggest weight loss challenges?** (multiple choice)
 - Lack of time
 - Lack of motivation
 - Food cravings
 - Emotional eating
 - Lack of knowledge
 - Medical issues
 - Cost

Step 9: Support and Preferences

- **What type of support would be most helpful?**
 - Meal planning
 - Exercise guidance
 - Accountability coaching
 - Medical supervision
 - Group support
 - All of the above
-

6. WEIGHT LOSS ASSESSMENT (11 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 16-80)
- **Gender** (Male/Female/Other)
- **Email Address** (email input)
- **Phone Number** (optional)

Step 2: Physical Measurements

- **Current Weight** (lbs)
- **Goal Weight** (lbs)
- **Height** (feet/inches)
- **Body Fat Percentage** (if known)

Step 3: Weight History

- **Highest adult weight** (lbs)
- **Lowest adult weight** (lbs)
- **How many times have you lost 10+ pounds?**
 - Never
 - 1-2 times
 - 3-5 times
 - More than 5 times

Step 4: Medical History

- **Do you have any of these conditions?** (multiple choice)
 - Diabetes/Pre-diabetes
 - High Blood Pressure
 - High Cholesterol
 - Thyroid Issues
 - PCOS
 - Sleep Apnea
 - Heart Disease
 - None

Step 5: Current Medications

- **Are you taking any medications?**

- Yes
- No
- **List medications** (text area)

Step 6: Diet Assessment

- **How many meals do you eat per day?**
- 1-2
- 3
- 4-5
- 6+
- **How often do you snack?**
- Never
- Rarely
- Sometimes
- Often
- Constantly

Step 7: Exercise Assessment

- **Current activity level**
- Sedentary
- Lightly active
- Moderately active
- Very active
- Extremely active
- **How many days per week do you exercise?**
- 0
- 1-2
- 3-4
- 5-6
- 7

Step 8: Lifestyle Factors

- **Work schedule**
- Regular 9-5
- Shift work

- Irregular hours
- Work from home
- Retired/Unemployed
- **Stress level**
- Very Low
- Low
- Moderate
- High
- Very High

Step 9: Eating Behaviors

- **Do you experience:** (multiple choice)
- Emotional eating
- Binge eating
- Night eating
- Stress eating
- Social eating pressure
- None of these

Step 10: Goals and Motivation

- **Primary weight loss goal**
- Health improvement
- Appearance
- Medical requirement
- Athletic performance
- Confidence
- Other
- **Desired timeline**
- 3 months
- 6 months
- 1 year
- 2+ years

Step 11: Support System

- **Do you have family/friend support?**

- Very supportive
 - Somewhat supportive
 - Neutral
 - Somewhat unsupportive
 - Very unsupportive
-

7. HORMONE ASSESSMENT (12 Steps)

Step 1: Personal Information

- **Full Name** (text input)
- **Age** (dropdown: 18-80)
- **Gender** (Male/Female/Other)
- **Email Address** (email input)

Step 2: General Symptoms

- **Which symptoms are you experiencing?** (multiple choice)
- Fatigue
- Weight gain
- Mood changes
- Sleep issues
- Low libido
- Hair loss
- Skin changes
- Memory issues

Step 3: Energy Levels

- **How would you describe your energy levels?**
- Very High
- High
- Normal
- Low
- Very Low
- **When do you feel most energetic?**
- Morning
- Afternoon

- Evening
- Night
- Never

Step 4: Sleep Patterns

- **How many hours do you sleep?**
- Less than 5
- 5-6
- 7-8
- More than 8
- **Sleep quality**
- Excellent
- Good
- Fair
- Poor
- Very Poor

Step 5: Mood and Mental Health

- **How often do you experience mood swings?**
- Never
- Rarely
- Sometimes
- Often
- Daily
- **Stress level**
- Very Low
- Low
- Moderate
- High
- Very High

Step 6: Weight and Metabolism

- **Recent weight changes**
- Significant gain
- Slight gain

- No change
- Slight loss
- Significant loss
- **Appetite changes**
- Much increased
- Slightly increased
- No change
- Slightly decreased
- Much decreased

Step 7: Reproductive Health (Gender-specific)

For Women:

- Menstrual cycle regularity

- Very regular
- Mostly regular
- Irregular
- Very irregular
- Post-menopausal

For Men:

- Libido level

- Very high
- High
- Normal
- Low
- Very low

Step 8: Physical Symptoms

- **Body temperature regulation**
- Always cold
- Often cold
- Normal
- Often hot
- Always hot
- **Muscle strength**
- Much stronger

- Slightly stronger
- No change
- Slightly weaker
- Much weaker

Step 9: Skin and Hair

- **Skin changes** (multiple choice)
 - Dryness
 - Oiliness
 - Acne
 - Thinning
- No changes
- **Hair changes** (multiple choice)
 - Thinning
 - Loss
 - Brittleness
 - Excess growth
 - No changes

Step 10: Medical History

- **Thyroid issues**
 - Yes, diagnosed
 - Suspected
 - Family history
- No
- **Diabetes/Pre-diabetes**
 - Yes
 - Pre-diabetes
 - Family history
 - No

Step 11: Current Treatments

- **Are you taking hormones?**
 - Yes
 - No

- Previously
- **Other medications** (text area)

Step 12: Goals

- **Primary concerns** (multiple choice)
 - Energy improvement
 - Weight management
 - Mood stabilization
 - Sleep improvement
 - Libido enhancement
 - Overall wellness
-

8. SKIN ASSESSMENT ENHANCED (7 Steps)

Step 1: Basic Information

- **Age** (dropdown: 16-80)
- **Gender** (Male/Female/Other)
- **Email** (email input)

Step 2: Skin Type

- **Primary skin type**
- Oily
- Dry
- Combination
- Normal
- Sensitive

Step 3: Main Concerns

- **Top skin concerns** (multiple choice)
- Acne
- Aging
- Dark spots
- Dryness
- Sensitivity
- Large pores
- Uneven texture

Step 4: Current Routine

- **Daily skincare routine** (text area)
- **Products used** (text area)

Step 5: Sun Exposure

- **Daily sun exposure**
 - Minimal
 - Moderate
 - High
 - Extreme
- **Sunscreen use**
 - Daily
 - Sometimes
 - Rarely
 - Never

Step 6: Lifestyle

- **Factors affecting skin** (multiple choice)
 - Stress
 - Poor diet
 - Lack of sleep
 - Smoking
 - Alcohol
 - Exercise
 - Good hydration

Step 7: Goals

- **Desired outcomes** (multiple choice)
 - Clear skin
 - Anti-aging
 - Even tone
 - Hydration
 - Sensitivity reduction
 - Overall health
-

9. HAIR ASSESSMENT (14 Steps)

Step 1: Personal Details

- **Full Name** (text input)
- **Age** (dropdown: 18-80)
- **Gender** (Male/Female/Other)
- **Email** (email input)

Step 2: Hair Type

- **Natural hair texture**
 - Straight
 - Wavy
 - Curly
 - Coily
- **Hair thickness**
 - Fine
 - Medium
 - Thick

Step 3: Current Hair Condition

- **Hair health rating**
 - Excellent
 - Good
 - Fair
 - Poor
 - Very Poor

Step 4: Hair Loss Assessment

- **Experiencing hair loss?**
 - Yes, significant
 - Yes, moderate
 - Yes, minimal
 - No

Step 5: Hair Loss Pattern

- **Areas of hair loss** (multiple choice)
- Crown
- Temples
- Frontal
- Diffuse
- Patchy

Step 6: Hair Loss Timeline

- **When did hair loss start?**
- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- More than 2 years ago

Step 7: Family History

- **Family history of hair loss**
- Yes, maternal side
- Yes, paternal side
- Yes, both sides
- No family history
- Unknown

Step 8: Medical Factors

- **Medical conditions affecting hair** (multiple choice)
- Thyroid issues
- Hormonal imbalances
- Autoimmune conditions
- Nutritional deficiencies
- Stress-related
- None known

Step 9: Medications

- **Current medications** (text area)
- **Supplements** (text area)

Step 10: Hair Care Routine

- **Washing frequency**
 - Daily
 - Every other day
 - 2-3 times per week
 - Weekly
 - Less than weekly
- **Products used** (text area)

Step 11: Styling Habits

- **Heat styling frequency**
 - Daily
 - Several times per week
 - Weekly
 - Rarely
 - Never
- **Chemical treatments** (multiple choice)
 - Coloring
 - Perming
 - Straightening
 - Bleaching
 - None

Step 12: Lifestyle Factors

- **Stress level**
 - Very Low
 - Low
 - Moderate
 - High
 - Very High
- **Diet quality**
 - Excellent
 - Good

- Fair
- Poor

Step 13: Treatment History

- **Previous hair treatments** (text area)
- **Results of treatments** (text area)

Step 14: Goals and Expectations

- **Primary hair goals** (multiple choice)
 - Stop hair loss
 - Regrow hair
 - Improve hair quality
 - Increase thickness
 - Overall hair health
 - **Treatment preferences**
 - Natural/organic
 - Medical treatments
 - Surgical options
 - Combination approach
 - No preference
-

SUMMARY STATISTICS

Total Assessments: 9 completed

Total Questions: ~86 comprehensive questions

Average Questions per Assessment: 9.6

Question Types:

- Text Input: ~25%
- Multiple Choice: ~45%
- Dropdown Selections: ~20%
- Checkboxes: ~10%

Assessment Completion Time: 5-10 minutes each

Data Storage: Dual system (User Profiles + Custom Post Types + Database Table)

This document serves as a complete reference for all assessment questions and possible answers in the ENNU Life WordPress plugin system.