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Participant Information

Full Name: Farhan

Email Address: farhanalisamo1234@gmail.com

Submission Date: 2025-11-20 15:53:40

Form Type: Adult-intake

Form Responses

Page1

Question	Response
Full name	Farhan
Dob	2002-02-20
Email	farhanalisamo1234@gmail.com

Page2

Question	Response
Diagnosis	farhan
Medications	test

Page3

Question	Response
Exercise	no
Sleep hours	4

Page4

Question	Response
Vestibular balance	3
Vestibular motion	<i>Not provided</i>

Page5

Question	Response
Exercise	1
Vestibular balance	1
Sound sensitivity	1

Page6

Question	Response
Exercise	1
Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches, dizziness, fatigue

Page7

Question	Response
Comments	ok

Assessment Scores

Section Name	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	3
Page7	0

Total Overall Score

3

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