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Participant Information

Full Name: Farhan
Email Address: farhanalisamo1234@gmail.com
Submission Date: 2025-11-20 16:14:27
Form Type: Adult-intake

Form Responses

Page1

Question	Response
Dob	2025-11-20
Email	farhanalisamo1234@gmail.com
Full name	Farhan

Page2

Question	Response
Diagnosis	farhan
Medications	testing

Page3

Question	Response
Exercise	yes
Sleep hours	8

Page4

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

Page5

Question	Response
Exercise	<i>Not provided</i>
Vestibular balance	<i>Not provided</i>
Sound sensitivity	<i>Not provided</i>

Page6

Question	Response
Exercise	1
Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches

Question	Response
Comments	test

Assessment Scores

Section Name	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	1
Page7	0

Total Overall Score

1

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