

# Adult intake - Submission

**User:** Farhan

**Email:** Farhanalisamo1234@gmail.com

**Date:** 2025-11-18 18:09:02

## Form Data:

### Page1

<b>Full name</b>	Farhan
<b>Email</b>	Farhanalisamo1234@gmail.com
<b>Dob</b>	2025-11-18

### Page2

<b>Diagnosis</b>	No
<b>Medications</b>	PArecetomol

### Page3

<b>Exercise</b>	yes
<b>Sleep hours</b>	8

### Page4

<b>Exercise</b>	0
<b>Vestibular balance</b>	0
<b>Vestibular motion</b>	0

### Page5

Exercise	0
Vestibular balance	0
Sound sensitivity	0

Page6

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

Page7

Comments	teitng
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Section Scores:

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

Total Score: 3