

Cumulative Health Report

Generated on 5/29/2025

Level 1

• Personal Information

Question	Answer
What is your Gender?	Female
What is your full name?	namneet
What is your date of birth?	2025-05-14
Do you have a family doctor?	No

• Medical History

Question	Answer
Have you been diagnosed with any chronic disease?	No
List any chronic diseases.	—
Rate your overall health.	4
How often do you see a doctor?	Sometimes

• Family Background

Question	Answer
Does anyone in your family have heart disease?	No
Specify the relationship.	—
Is there a history of diabetes?	No
Any other hereditary conditions?	none

• Current Condition

Question	Answer
Are you currently on medication?	No
List your current medications.	—

Question	Answer
Rate your current stress level.	4
Do you have any pain right now?	No

• Dietary

Question	Answer
Are you on a special diet?	No
What kind of diet?	—
How many meals do you eat per day?	2
Any food allergies or intolerances?	Lactose Intolerant

Level 2

• Exercise Routine

Question	Answer
Which blood pressure strategy did you choose?	Medication
Have you set weight management goals?	No
Which dietary advice have you adopted?	Mediterranean

• Sleep Patterns

Question	Answer
What type of physical activity did you implement?	Cycling
How often do you engage in physical activity?	Weekly
Have you tracked your activity in the app?	No

• Mental Health

Question	Answer
Do you regularly practice stress-relief techniques?	Yoga
How many hours of sleep do you typically get?	5-7 hours
Have you applied sleep improvement tips?	Yes

• Health Goals

Question	Answer
Have you scheduled suggested lab work?	No
Have you input lab results into the app?	No
Were your lab results normal?	No

• Substance Use

Question	Answer
Are you up to date on vaccinations?	No
Do you know when your next booster is due?	No
Have you logged vaccination history?	No

Level 3

• Vaccination Records

Question	Answer
Have you completed the Happiness Scale questionnaire?	No
Do social connections positively impact your goals?	Yes
Have you set social goals in the app?	No

• Hospital Visits

Question	Answer
Have you completed your CVD risk assessment?	No
Have you assessed your diabetes risk?	No
Were risk reports useful?	Somewhat Useful

• Surgical History

Question	Answer
Which of the following core values resonate most with you?	Compassion
Which type of goal-setting do you find most effective?	Vision Boards

Question	Answer
How frequently do you set and review personal goals?	Monthly

• Allergies

Question	Answer
Participating in HEAT Ambassador activities?	No
Chosen a global/social project?	No
Completed behavioral challenges?	No

• Advanced Directives

Question	Answer
Satisfied with the HEAT app overall?	Yes
Recommend HEAT to others?	Yes
Suggestions to improve HEAT app?	No