

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 |