

DIABETES CHECKUP

Age

46

0100

Select Gender

Male

Female

Presence of excess urination

True

False

Excessive thirst

True

False

Sudden weight loss

True

False

Weakness

True

False

Excessive hunger

True

False

Presence of genital thrush

True

False

Blurring of vision

True

False

Presence of itching

True

False

Display of irritability

True

False

Delayed wound healing

True

False

Partial loss of voluntary movement

True

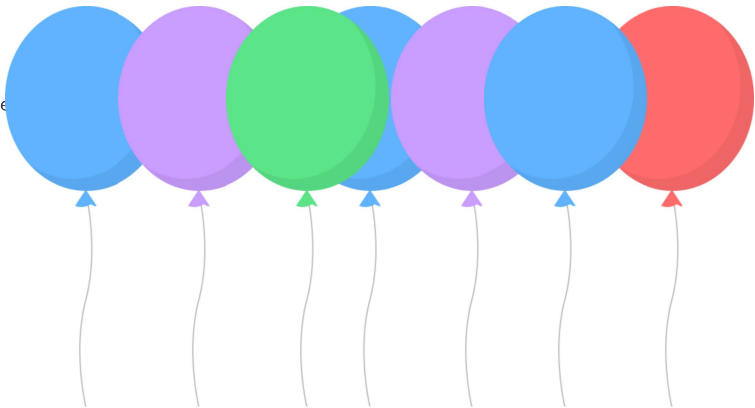
False

Muscle stiffness

True

False

Hair loss



True
False

Presence of obesity

True
False

	Age	Gender	Polyuria	Polydipsia	sudden weight loss	weakness	Polyphagia	Genital thrush
0	46	1	0	0	0	0	1	0

Your Report:

You are healthy