

Health

Health

Do you suffer, or have you in the past suffered from any of the following?

Does anyone in your family suffer from any of the following?

- » ADHD (Attention deficit hyperactivity disorder)
- » Acne
- » Allergies
- » Anaemia
- » Anorexia
- » Anxiety
- » Asthma
- » Athlete's foot
- » Arthritis- Osteo
- » Arthritis- Rheumatoid
- » Back pain
- » Bipolar disorder
- » Blindness
- » Bloating/fluid retention
- » Blood & bone marrow cancer
- » Breast cancer
- » Bulimia
- » Cholesterol (high)
- » Chronic kidney disease
- » Chronic Sinusitis
- » Cold sores
- » Constipation
- » Dandruff
- » Diabetes - Type 1
- » Diabetes - Type 2
- » Diarrhea
- » Digestion problems
- » Deep vein thrombosis
- » Dentures
- » Depression
- » Dry skin
- » Epilepsy
- » Erectile dysfunction
- » Foot fungus
- » Gastroenteritis
- » Glaucoma
- » Haemorrhoids
- » Hayfever
- » Headache
- » Hearing loss/impairment
- » Heartburn
- » Heart disease
- » High blood pressure
- » HIV
- » Impotence
- » Incontinence
- » Kidney stones
- » Leukemia
- » Liver cancer
- » Low blood pressure
- » Lung cancer
- » Memory Loss
- » Menopause
- » Migraines
- » Multiple Sclerosis (MS)
- » Neck pain
- » Osteoporosis
- » Panic disorder
- » Period pain
- » Physical Disability
- » Premenstrual syndrome
- » Prostate cancer
- » Psoriasis
- » Rosacea
- » Schizophrenia
- » Short/long sightedness
- » Sinus problems
- » Sleeping disorder
- » Spina bifida
- » Stomach cancer
- » Stroke
- » Testicular cancer
- » Ulcers
- » None of these

Do you wear contact lenses?

- » Yes
- » No

Do you wear prescription glasses?

- » Yes
- » No

Do you smoke?

- » Yes
- » No

Do you drink alcohol?

- » Yes
- » No