Blood Pressure & Stress Pattern Detector

Resume Previous
Conclusion

Start a New
Conclusion

Settings

Choose Conclusion
Time Frame:

- ○ 1 Week
- ⦿ 2 Weeks
- ○ 3 Weeks
- ○ 30 Days
- ○ 60 Days

Base Analysis on:

- ⦿ High Blood Pressure
- ○ Low Blood Pressure
- ○ Stress Level

Automatically Delete Files After:

- ○ 60 Days
- ○ 90 Days
- ⦿ 120 Days
- ○ 6 Months
- ○ 12 Months

History

Conclusion Set 11/31/23 - 12/6/23

Download PDF   Delete

Conclusion Set 12/7/23 - 12/13/23

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Conclusion Set 12/14/23 - 12/20/23

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Conclusion Set 12/21/23 - 12/27/23

Download PDF   Delete

Conclusion Set 12/28/23 - 1/3/24

Download PDF   Delete

Conclusion Set 1/4/24 - 1/10/24

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Conclusion Set 1/11/24 - 1/17/24

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Personal Questionnaire

Introduction

Welcome to your new health journey, evolving into a peak of understanding, truth and awareness. The founders of Pattern Detector care about your well being, and as such are here to assist and guide you. We will inspire you to make significant realizations and connections with certain conditions, using your very own personal data, lifestyle and input.

Pattern Detector would like to ask you the following simple questions. This should only take 5-10 minutes, then please return every several days to repeat the process. Simply slow down, take a deep breath and reflect momentarily before answering each one. But don't worry, if you are pressed for time, you can quickly move along through each question or skip one. Over the next (time period here), we will be working behind the scenes to analyze your input and answers, to see what type of revealing Patterns we discover. Thank you and let's initiate this new path.

Within the recent 12 hours, have you experienced any of the following? You can have more than one answer for most questions. Also, if you are not comfortable or don't feel up to it, you can skip any question at any time and move forward. Pattern Detector will simply adjust and correct for it later in our analysis!

Please Check all that Apply!

1) Stress Levels - Yes/No
   a. Mild
   b. Moderate
   c. Severe

2) Recent Exertion &/or Exercise - Yes/No
   a. Moderate
   b. Significant
   c. Extreme or Intense

3) Stimulants - Yes/No
    a. Caffeine
    b. Alcohol
    c. Tobacco

4) Diet - Yes/No
    a. Light
    b. Moderately Heavy
    c. Unhealthy or Extremely Heavy

5) Emotional - Yes/No
    a. Negative Encounter, Confrontation with Person, Co-Worker,
       Ex Girlfriend or Boyfriend.
    b. Workplace Dispute, Continual Issues, Tensions, etc.
    c. Intense Traffic Strain or Driving Long Hours
    d. Major Appliance, Equipment, Automobile or Technology Failure
    e. Anxiety

6) Mental Tension and Stressors - Yes/No
    a. Unhealthy Screen Time
    b. Excessive Thinking, Obsessing or Worrying
    c. Extreme Focus, Concentration or Studying
    d. Conflict Resolution, Arguing, Debating and Pushing

7) Sexual Activity - Yes/No
    a. Mild
    b. Moderate
    c. Intense

8) Prescriptions - Yes/No
    a. Fill In - Please Describe
    b. Fill In - Please Describe
    c. Fill In - Please Describe

9) Supplements - Yes/No
    a. Fill In - Please Describe
    b. Fill In - Please Describe
    c. Fill In - Please Describe

10) Exposure to Allergens - Yes/No
    a. Pet
    b. Seasonal; Grass, Leaves, or Pollen
    c. Cardboard, Textile or Wood Fibrous Material
    d. Mold, Fungus or Dust
    e. Chemicals; Such as Cleaners, Paint, Pool Chlorine, etc.

11) Climate - Yes/No
    a. Hot Climate or Extreme Heat
    b. Moderate or Pleasant
    c. Unseasonably Cold or Extreme Cold
    d. Cold Combined with Moisture, Heavy Rain or Snow

12) Time of Recent BP Reading
    a. Morning
    b. Afternoon
    c. Evening
    d. Middle of the Night

13) Sleep Issues - Yes/No
    a. Slept Great
    b. Slept Ok
    c. Slept Poorly
    d. Insomnia

14) Over the Counter Medications - Yes/No
    a. Anti Allergens
    b. Stomach or IBS Related
    c. Headache, Pain or Anti Inflammatory
    d. Fill In - Please Describe
    e. Fill In - Please Describe

15) What is your sodium level & intake recently, at or around the time of blood pressure test?
Would you label it as:
    a. Low
    b. Moderate
    c. High

16) What was your sugar level & intake recently, at or around the time of blood pressure test?
Would you label it as:
    a. Low
    b. Moderate
    c. High

17) Psychosomatic - Yes/No
    a. Anger
    b. Fear
    c. Negative, or Painful Memories
    d. Political Beliefs, Thoughts
    e. Disappointment, Frustration
    f. Fill In or Describe

18) Hydration Levels - Yes/No
    a. Excellent
    b. Decent, Fair
    c. Poor, or Dehydration

19) Toxicity - Yes/No
    a. Mild, or None
    b. Some, or Moderate
    c. Significant, or Severe

Just one more step, and then we are all done for now. You can go back to relaxing, cooking, work, or watching a movie - whatever you love to do, or need to!

If you have one, please attach or download your recent Blood Pressure Chart within the recent 12 hours ~ If you don't, it's ok. We are flexible. If you don't, simply manually enter your recent blood pressure reading within the recent 12 hours. Thank you!

(Please Download Recent Blood Pressure Reading or PDF)
or
(Please Enter Your Recent Blood Pressure Reading)

In the last 12 hours have you had....?

A) High Blood Pressure? (Yes/No)

B) Low Blood Pressure? (Yes/No)

Thank You!

Congratulations. You have successfully activated Pattern Detector. Everything is complete for the time being. Pattern Detector will analyze this data while you are away and start making positive connections. We look forward to your next visit and data input. Please come back soon, so we can gather more information to work with. Until then please stay positive, stress free, and ride the waves of life as blissfully as possible!

Sincerely,

Pattern Detector Team

Abnormal Blood Pressure & Personal Catalysts Warning System

Pattern Detector Warning System Explained

Catalysts Definition/Explained - Yes to Questions in Questionnaire
Algorithm is Enhanced by Weighing and Eliminating Certain Answers

A) Green = 1-3 Catalysts (Safe)

B) Yellow = 4-6 Catalysts (Caution)

C) Orange = 7-8 Catalysts (Warning)

D) Red = 9 or More Catalysts (Alarming)

Conclusion 2; Analysis Continued

Pattern Detector Found the Following Trends from Your Data!

* 14% of Your Abnormal BP Data Had Only 1-3 Catalysts;

   - Sleep, Prescription and Allergens

* 19% of Your Abnormal BP Data Had 4-6 Catalysts;

   - Stress, Emotional, Mental, Psychosomatic and Sexual

* 40 % of Your Abnormal BP Data Had 7-8 Catalysts;

   - Stress, Emotional, Mental, Stimulant, Exertion, Sodium Level, Toxicity and Climate.

* 27% of Your Abnormal BP Data Had 9 or More Catalysts;

   - Stress, Emotional, Mental, Exertion, Supplement, Stimulant, Sugar Level, Diet, Climate and Hydration

* Due to space constraints, not all Catalysts from Questionnaire are listed. We cite the most common and prevalent ones from your data.

Pattern Detector Ultimate Conclusion

Pattern Detector Has Identified Your Top 2 Re-Occurring Patterns!

Pattern 1
A Continual, Repeated Pattern 78% of the Time Consisting of Combination; Mental, Stress, Exertion, Stimulant, Supplement, Sugar Level, Hydration and Climate.

Pattern 2
A Moderate, Noticeable Pattern 29% of the Time Consisting of Combination; Psychosomatic, Emotional, Sexual, Prescription, Sleep and Diet.

Statistics & Data

Total Completed Analysis = 7

Average Time of Questionnaire = 4.28 Minutes

Warning System Color Coding:
Green = 0 to 25% - Yes
Yellow = 26 to 50% - Yes
Orange = 51% to 75% - Yes
Red = 76% to 100% - Yes

* Areas in Green are considered safe and relatively mild. As always, practice mindfulness for greater health of mind, body & spirit.

* Areas in Yellow are considered mild caution. Observe and tactfully react appropriately if necessary.

* Areas in Orange reflect significance, relevance and concern. Please formally study & research these variables from reputable sources. Also be extremely observant and mindful within your own daily experiences. Consider new stress and blood pressure relief techniques through the holistic healing arts and therapies field. Make subtle shifts, adjustments and changes as necessary, including within and under the advice of health professionals.

* Areas in Red show highest repetition in patterns and potential connection to blood pressure and stress. Equally important is their relationship with other catalysts. Therefore maintain higher vigilance and awareness. Re-consider any related activities and changing them by degrees. Reduce all pressure and stress. Schedule & consult with a health professional, holistic therapies or mental health professional immediately. Report & review changes with them.
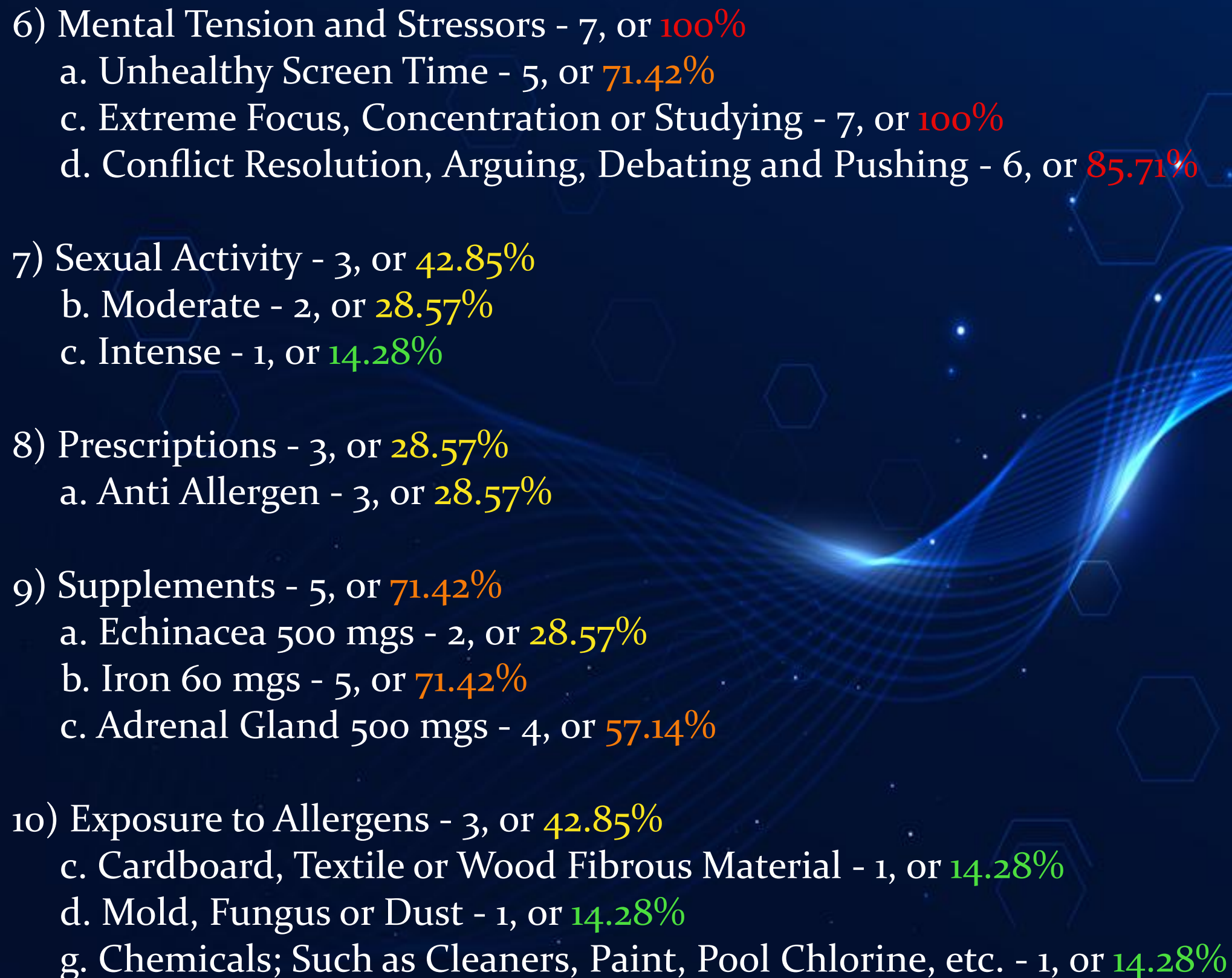
Positive Answers

1) Stress Levels - 7, or 100%
    b. Moderate - 2, or 28.5%
    c. Severe - 5, or 71.42%

2) Recent Exertion &/or Exercise - 5, or 71.42%
    a. Moderate - 1, or 14.28%
    b. Significant - 4, or 57.14%

3) Stimulants - 7, or 100%
    a. Caffeine - 6, or 85.71%
    b. Alcohol 1, or 14.28%

4) Diet- 6, or 71.42%
    a. Light - 1, or 14.28%
    b. Moderate - 1, or 14.28%
    c. Unhealthy or Extremely Heavy - 4, or 57.14%

5) Emotional - 7, or 100%
    a. Negative Encounter, Confrontation with Person, Co-Worker, Ex Girlfriend or Boyfriend - 4, or 57.14%
    b. Workplace Dispute, Continual Issues, Tensions, etc. - 3, or 42.85%
    c. Intense Traffic Strain or Driving Long Hours - 5, or 71.42%

6) Mental Tension and Stressors - 7, or 100%
    a. Unhealthy Screen Time - 5, or 71.42%
    c. Extreme Focus, Concentration or Studying - 7, or 100%
    d. Conflict Resolution, Arguing, Debating and Pushing - 6, or 85.71%

7) Sexual Activity - 3, or 42.85%
    b. Moderate - 2, or 28.57%
    c. Intense - 1, or 14.28%

8) Prescriptions - 3, or 28.57%
    a. Anti Allergen - 3, or 28.57%

9) Supplements - 5, or 71.42%
    a. Echinacea 500 mgs - 2, or 28.57%
    b. Iron 60 mgs - 5, or 71.42%
    c. Adrenal Gland 500 mgs - 4, or 57.14%

10) Exposure to Allergens - 3, or 42.85%
    c. Cardboard, Textile or Wood Fibrous Material - 1, or 14.28%
    d. Mold, Fungus or Dust - 1, or 14.28%
    g. Chemicals; Such as Cleaners, Paint, Pool Chlorine, etc. - 1, or 14.28%

11) Climate - 7, or 100%
   a. Hot Climate or Extreme Heat - 6, or 85.71%
   b. Moderate or Pleasant - 1, or 14.28%

12) Time of Recent BP Reading, 7 or 100%
   b. Afternoon - 5, or 71.42%
   c. Evening - 2, or 28.57%

13) Sleep Issues - 3, or 42.85%
   c. Slept Poorly - 3, or 42.85%

14) Over the Counter Medications - 2, or 28.57%
   c. Headache, Pain or Anti Inflammatory, 2 or 28.57%

15) What is your sodium level & intake recently?
   Would you label it as: 7, or 100%
   a. Low - 4, or 57.14%
   b. Moderate - 1, or 14.28%
   c. High - 1, or 14.28%

16) What was your sugar level & intake recently?
   Would you label it as: 7, or 100%
   b. Moderate - 1, or 14.28%
   c. High - 6, or 71.42%

17) Psychosomatic - 7, or 100%
   a. Anger - 5, or 71.42%
   c. Negative, or Painful Memories - 4, or 57.14%
   e. Disappointment, Frustration - 2, or 28.5%

18) Hydration Levels - 5, or 71.42%
   b. Decent, Fair - 1, or 14.28%
   c. Poor, or Dehydration - 4, or 57.14%

19) Toxicity - 3, or 42.85%
   b. Some, or Moderate - 2, or 28.5%
   c. Significant, or Severe - 1, or 14.28%

Congratulations!

Thank you for participating!
You have completed your first full analysis!
Ascend higher now and apply your knowledge.
Please visit us soon to start your second run
of analysis. Until then, take great care and
continue to monitor your stress, choices
and well being. Stay mindful & positive!

- Pattern Detector Team