



Quelle: <http://curetogether.com/>

# Problemstellung

- Wie kann ich mich zusätzlich über **Krankheiten** informieren?
- Wie kann ich mehr über **Heilungsmethoden** erfahren?
- Was hat wem am besten geholfen?

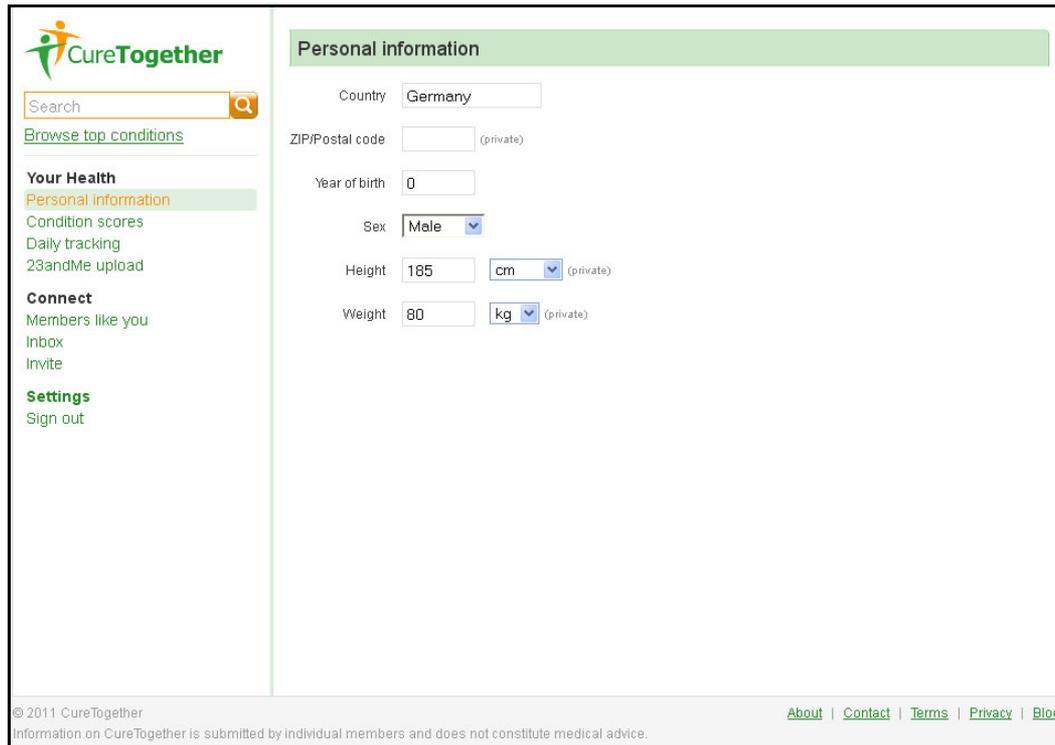
# Zielsetzung

- Umfassendes **Symptome-** und **Krankheitsbild**
- Möglichkeit anhand von Statistiken **aussagekräftige Informationen** zu erhalten
- **Verbesserung** der eigenen **Gesundheit**

\* „Get access to millions of ratings comparing the **real-world performance of treatments** across 589 health conditions.“

# Umsetzung und Methodik

## Persönliche Informationen



The screenshot displays the 'Personal information' form on the CureTogether website. The form is located on the right side of the page, under a green header. The left sidebar contains navigation links for 'Your Health', 'Connect', and 'Settings'. The form fields are as follows:

Field	Value	Unit	Privacy
Country	Germany		
ZIP/Postal code			(private)
Year of birth	0		
Sex	Male		
Height	185	cm	(private)
Weight	80	kg	(private)

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Quelle: <http://curetogether.com/home/bio/>

# Umsetzung und Methodik

## Eigene Beschwerden angeben

**Do you have any of these conditions?**  
Check Y for the conditions you have, then take the surveys to get your score and see how you compare.

<a href="#">Attention-Deficit/Hyperactivity Disorder</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Irregular Heart Beat (Arrhythmia)</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Neuropathy</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Mitral Valve Prolapse</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Multiple Sclerosis</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Hypoglycemia</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<a href="#">Gluten Intolerance</a>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

**Browse top conditions**

[Anxiety](#) [Depression](#) [Back pain](#) [Fatigue](#) [Allergies](#) [Insomnia](#) [Migraine](#)  
[Syndrome](#) [Acid Reflux \(GERD\)](#) [Common Cold](#) [Acne](#) [Neck Pain](#)  
[Obesity](#) [Shoulder Pain](#) [Vulvodynia](#) [Chronic Fatigue Syndrome](#) [C](#)  
[Grinding\)](#) [Dry Eyes](#) [High Cholesterol](#) [Restless Legs Syndrome](#) [U](#)

Condition	Score (?)	Percentile (?)
Neck Pain	<a href="#">complete the survey to get your score</a>	
Allergies <a href="#">stats</a> <a href="#">infographic</a>	2	0

Allergies

Conditions

- Food Allergies
- Mold Allergies
- Allergies

Symptoms

- Allergies and sensitivities
- Allergies
- Food allergies

# Umsetzung und Methodik

Eigene Symptome, Behandlungsarten, Nebeneffekte und Ursachen

**Allergies**

Stats Survey Discuss Infographic

Symptoms | Treatments | Side effects | Causes **5,119 members** have Allergies

**What symptoms have you had?**

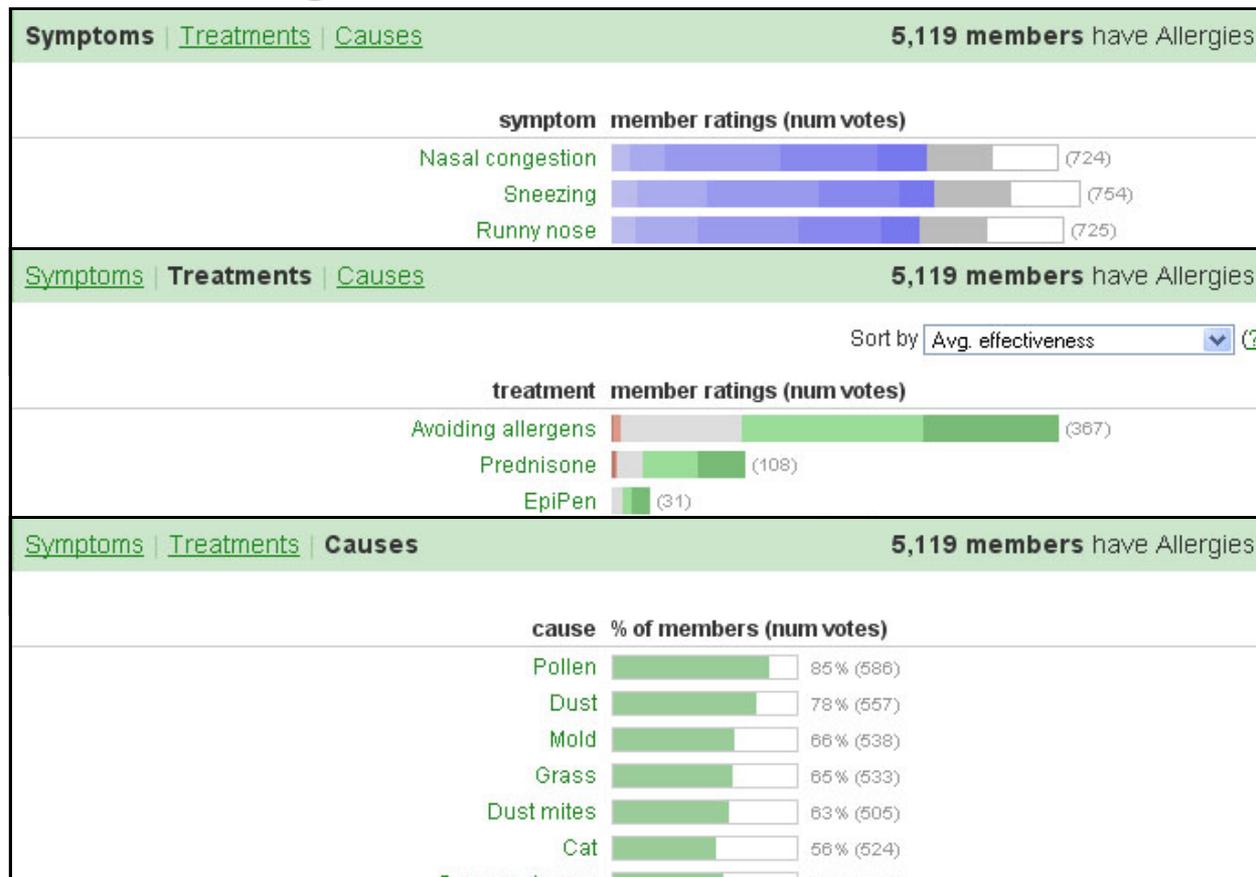
Take this survey to get your Allergies score. For each symptom listed below, check Y or N to indicate whether you have experienced it (and rate its severity if you check Y).

Oral and Gastrointestinal (13)	Had it?	How severe?
Dry white tongue	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Diarrhea	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Sore tongue	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Itchy throat	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Swollen stomach/bloating	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Bloating	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Gas	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Sore throat	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Nausea	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Mouth inflammation	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Pink patches on tongue	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Food allergies/sensitivities	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Constipation	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Sinus and Respiratory (6)	Had it?	How severe?
Sneezing	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Coughing	<input checked="" type="checkbox"/> Y   <input type="checkbox"/> N	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moderate
Runny nose	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	
Nasal congestion	<input type="checkbox"/> Y   <input checked="" type="checkbox"/> N	

Quelle: <http://curetogether.com/allergies/survey/symptoms>

# Umsetzung und Methodik

## Vergleichen mit Statistiken

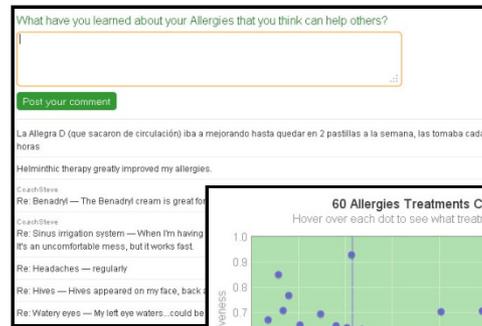


Quelle: <http://curetogether.com/allergies/symptoms>

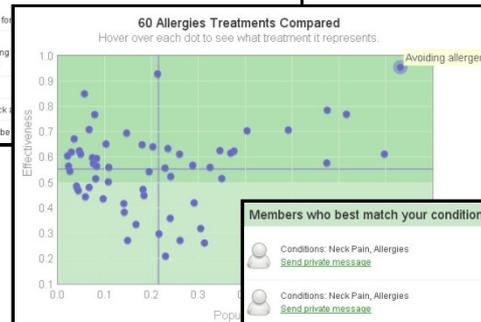
# Umsetzung und Methodik

## Vertiefung der erworbenen Information

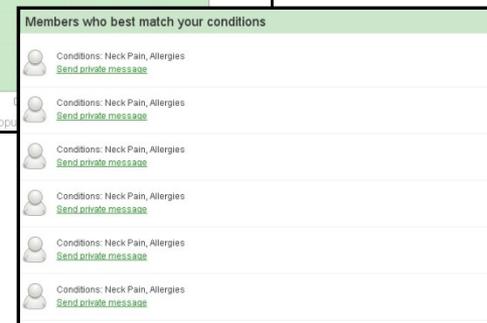
- Diskutieren



- Infografik

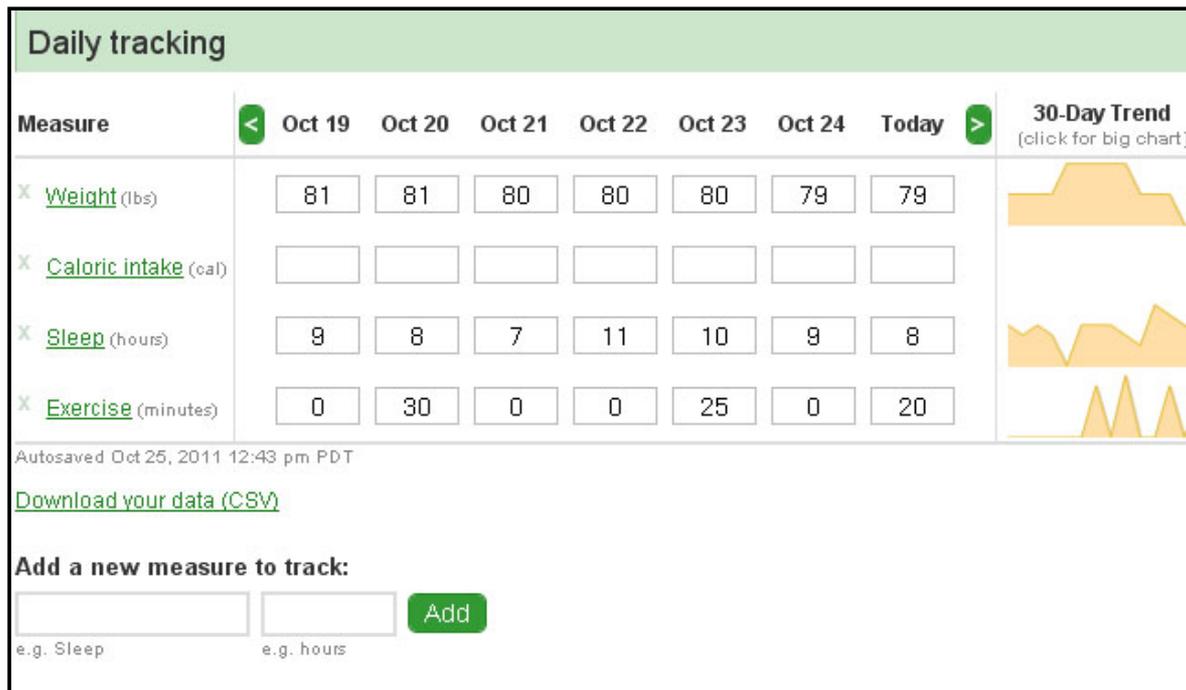


- Andere User kontaktieren



# Umsetzung und Methodik

## „Daily tracking“





Quelle: <http://curetogether.com/>