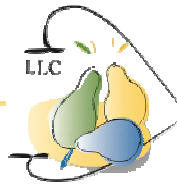


# TO YOUR HEALTH! NUTRITION

*Rebalancing Chronic Disease through Personalized Nutrition*



## Progress Questionnaire

Name:

Date:

By filling out this questionnaire and returning it to me before our appointment, you will help me evaluate how your nutritional plan is going. Please give some thought to your responses so that I have a good feel for how you are doing. Use the “Comments” section to let me know what you think is working well, what is frustrating you, or to give me any suggestions. Thank you for helping me be a more effective practitioner.

*Kathy*

Place an “X” in the box below rating your symptoms (“NA” for symptoms that don’t apply to you; add any other symptoms you might be experiencing):

Symptoms	Worse	No Improvement	Slightly Better	Significant Improvement	100% Improvement
Energy					
Sleep quality					
Digestion					
Pain					
Weight					
Exercise					
Allergy symptoms					
Stress					
Emotional wellbeing					
Sex drive					
Body composition					
Mental acuity					

Comments: