

Functional Diagnostic Medicine Progress Questionnaire

Name: _____

Date of Exam: _____

Our objective in having you complete this progress questionnaire is to help you succeed in accomplishing your health goals. Please spend extra time on the **comment section**. Express your frustrations, what you like, what you dislike, your successes etc. This is your chance to tell us everything that is good and everything that frustrates you. We encourage you to reach deep down and tell it like it is. The time you spend completing this questionnaire will help us to help you. It will allow us to understand your expectations.

1. **Your Symptoms:** List your CURRENT presenting symptoms and grade your level of progress.

(PLACE AN "X" in the APPROPRIATE BOX BELOW)

Symptoms (Use frequency, intensity & duration as your guide)	Worse	No Improvement (0% Better)	Slightly Better (25% Better)	Significantly Improved (50%)	Feel Great (No Symptoms -100% Better)
EXAMPLE				X	
How is your:					
Body Weight					
Appetite					
Fatigue					
Energy Level					
Sleep Quality					
Pain Level					
Gut Discomfort					

New Symptoms or Complaints? Comments or Questions?:

ADDITIONAL INFORMATION

1. List present and new medications: Please make note if you have increased or decreased any dosages of present medications:
2. Have you had any blood tests or other diagnostic testing performed since your last nutritional visit? Yes/No If yes, what have you had done? (Please provide a copy)
3. Are you taking any other supplements or nutritional products other than what has been prescribed to you since your last check up? Yes/No If yes, what?
4. What bugs you or bothers you about our services or anything that involves how your health is being addressed? (I promise you won't hurt our feelings. Please let us know. *We strive for perfection.*)
5. Please comment on any concerns or questions you have about your symptoms or health condition. Tell us if you have any frustrations about the way your health care has been managed. Do you understand the role of nutritional/functional testing in helping you get well?
6. Please list what you ate for breakfast, lunch and dinner over the last **TWO days**. I want to know exactly what foods and beverages you consumed over the last two days.
7. What has been your greatest vice or difficulty in sticking with your program?
8. Is there anything that you want to ask us about your health that you may have forgotten? Any new symptoms? New concerns?