



Progress Report Questionnaire

TOTAL NUTRITION
AND THERAPEUTICS

Name: _____ Date: _____

Please rate the question below on a scale 1-10. 1=LOW 10= HIGH:

1. My energy level is: 1 2 3 4 5 6 7 8 9 10

Please rate these essentials on the scale below(1 = LOW 5 = HIGH) on being key to living your best life.

2. I am taking my AM supplements daily 0 1 2 3 4 5
3. I am taking my PM supplements daily 0 1 2 3 4 5
4. I am eating the right foods and avoiding those that I am reactive to 0 1 2 3 4 5
5. I am getting enough protein daily 0 1 2 3 4 5
6. I am getting enough vegetables daily 0 1 2 3 4 5
7. I am moving my body/exercising daily 0 1 2 3 4 5
8. I am drinking my daily goal of water daily 0 1 2 3 4 5
9. My mindset is good and I am "in it to win it" 0 1 2 3 4 5
10. I feel good about my program and what I am learning 0 1 2 3 4 5
11. I fall asleep _____% of the time: 0% 10% 25% 50% 75% 100%
12. I stay asleep _____% of the time: 0% 10% 25% 50% 75% 100%

13. What is keeping you from doing any of the above? _____

14. Proud moment of the week or month? _____

15. What would you like to keep working on? Any new goals? _____

16. Upcoming challenges anticipated? _____
