



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? _____