



Progress Report Questionnaire

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? _____