Functional Diagnostic Medicine
Progress Questionnaire

Name:
Date of Exam:

The following questionnaire is a significant part of your program. May it be good, bad or indifferent; your communication with me on your progress plays a major role in how best to proceed. Each patient has a different viewpoint on how well they are progressing. By giving careful thought to your responses on each of the below symptoms will allow both you and me an opportunity to see eye to eye on how well you are doing.

My main 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 me everything that is good and everything that frustrates you. I want to encourage you to reach deep down in your gut and tell it like it is. I want to re-assure you that your time in completing this valuable questionnaire will help me help you.

1. **Your Symptoms**: List your primary symptoms and grade your level of progress. Use the following Grading Scale: **(PLACE AN "X" in the APPROPRIATE BOX BELOW)**

   Worse
   No Improvement - (0% improvement)
   Slight Better - (25% improvement) Symptoms are still present however, you experienced a 25% reduction in duration or intensity of your symptoms
   Significantly Improved - (50%-75% improvement) Symptoms are still present, however, you experienced a 50%-75% reduction in duration or intensity of your symptoms
   Feel Great - (No symptoms/100% improvement)

Symptoms	Worse	No Improvement	Slightly Better	Significantly Improved	Feel Great
EXAMPLE				**X**	
How is your energy?					

In this box please update me on any new symptoms or health concerns. Use this box to record any and all details

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 test? Yes/No If yes, what have you had done?

3. Are you taking any other supplements or nutritional products other than what has been prescribed since your last nutritional test? Yes/No If yes, what have you taken:

4. What bugs you or bothers about you about my service or anything that involves how your health is being taken care of? (I promise you won't hurt my feelings. Please let me know)

5. Please comment on any concerns, questions about your symptoms, condition. Basically, I want you to tell me 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/difficulty in sticking with the program?

8. Is there anything that you want to ask me about your health that you may have forgotten? Any new symptoms? New concerns?

9. **Please check off the following that you would like to achieve with my help:**

- ❑ Have more energy
- ❑ Sleep better
- ❑ Have better digestion
- ❑ Be able to eat more foods
- ❑ Get rid of my allergies
- ❑ Have a better immune system i.e. less colds and coughs
- ❑ Not be dependent on laxatives or stool softeners
- ❑ Be able to work out again
- ❑ Have better muscle tone
- ❑ Be in less pain
- ❑ No longer use pain medication
- ❑ No longer use allergy medication
- ❑ No longer use sleep medication
- ❑ To feel less sleepy in the afternoon
- ❑ Lose weight
- ❑ Increase my sex drive
- ❑ Increase my metabolism to burn more fat
- ❑ Increase my flexibility I want to reduce my stress
- ❑ I want to improve my memory
- ❑ I want to be able to be more focused
- ❑ I want a better mood
- ❑ I want to reduce my risk of developing a chronic disease
- ❑ I want to work on anti-aging program
- ❑ I want to detoxify my body
- ❑ I want to improve my diet
- ❑ I want to clear up my skin

Please feel free to contact me via e-mail at drbshepherd@simplychiropracticlc.com with any additional questions..

Please take care,

Bradley Shepherd, DC