Progress Questionnaire

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.

Your Symptoms: List your primary symptoms and grade your level of progress. Place a checkmark in the appropriate box

Use the following Grading Scale:

Worse

No Improvement - (0% improvement)
Slightly Better - (25% improvement) Symptoms are still present however, you either experienced a 25% reduction in duration or intensity of your symptoms
Good - (50% improvement) Symptoms are still present, however, you either experienced a 50%+ reduction in duration or intensity of your symptoms

Excellent - (No symptoms/100% improvement)

Symptom	Worse	No Improvement	Slightly Better	Good	Excellent

Do you understand the role of using a holistic, functional and bioenergetic medicine approach to supporting your health? If not, what questions, comments, and/or

concerns do you still have about the approach being used?

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

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 slow down aging

I want to detoxify my body

I want to improve my diet

I want to clear up my skin

Management of addiction/substance use disorder (can be anything-i.e. nicotine, caffeine, drugs, food)

Other

If you checked other for the above question please list what other aspects of your health you want my help in achieving.

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

Take Care,

Lucy Wagala PharmD, CFMP