



Monthly Progress Questionnaire (MPQ)

The MPQ 2025 for Web

Please read this page completely. This MPQ is an important tool to monitor your progress while on the Phase 2 Protocol (P2P) an initial 90-day assessment. There are 25 questions that need to be answered every 30 days for the next 3 -12 months depending on how well you do on this protocol.

Although you are not an official patient, we will monitor your progress without charge for up to 120 days. Again, if you experience a greater than 50% improvement within 90 days, continue on the protocol, but if you do not, maybe signing into the full program and getting our 28-point biomarker panel performed will help us to understand what hormones, neurosteroids or neuroactive steroids you are lacking.

You will need Adobe Acrobat (a PDF program) on your computer so you can take advantage of the on- screen ability to fill this form out. Do not use a cell phone or any iPad. Once you fill it out, save it to your hard drive naming it like - MPQLastName2025.07 - for the year 2025 and the 7th month. Keep the original clean for use each subsequent month. This way you can watch your own progression on your protocol. I suggest that you place a reminder in your TASK Manager or calendar so that we do not miss these.

MPQ Instructions

- 1) Put your name and the date you filled out the form in the spaces provided.
- 2) Line AA is your overall improvement since starting the program.
- 3) Your self-rating is from the very beginning of your program to the date you are filling out the form and not from the last MPQ.
- 4) The Subjective Range is from Zero to Ten (0 – 10) where 0 is no impact of your treatment on each of the questions and 10 is the maximum perceivable.
- 5) If the question does not apply put “NA” 6) Make sure you sign the consent at the bottom of the document after you have written some comments about your present medical status.
- 7) Return these pages to email: reception@millenniumhealthcenters.com



Millennium Neuro-Regenerative Centers

Applying the sciences of recovery

Name:

Date:

-

-2020

| | Please rate your improvement from the beginning of treatment to now: | Rate |
|-----------|--|----------|
| AA | My over-all improvement from the start of treatment to now is? → | 0 < > 10 |
| A | Mental/psychological/emotional status. | |
| 1 | I have noticed an increase in Mental Energy. | 0 < > 10 |
| 2 | My sleep has improved in ___ quantity, ___ quality, ___ less interruption. . | 0 < > 10 |
| 3 | I am sleeping less and wake up feeling more refreshed | 0 < > 10 |
| 4 | My over-all emotional status has improved. | 0 < > 10 |
| 5 | My memory has improved. | 0 < > 10 |
| 6 | My libido (sex drive) has increased. | 0 < > 10 |
| 7 | My erections have improved. (male) | 0 < > 10 |
| 8 | My orgasms have improved | 0 < > 10 |
| 9 | I have an increased sense of well-being. | 0 < > 10 |
| 10 | I feel calmer under stress. | 0 < > 10 |
| B | Physical Status | |
| 1 | I have generally more physical energy. | 0 < > 10 |
| 2 | When I exercise I have more energy and feel stronger? | 0 < > 10 |
| 3 | I can perform physically longer without the expected fatigue. | 0 < > 10 |
| 4 | My athletic performance has improved over-all. | 0 < > 10 |
| 5 | I recover faster after exercise. | 0 < > 10 |
| 6 | Joint aches and pains are less. | 0 < > 10 |
| 7 | My hair is growing faster. | 0 < > 10 |
| 8 | The color of my hair is darkening. | 0 < > 10 |
| 9 | My nails are harder or growing faster. | 0 < > 10 |
| 10 | Facial texture has improved. | 0 < > 10 |
| 11 | Wrinkles have decreased. | 0 < > 10 |
| 12 | Skin thickness has increased. | 0 < > 10 |
| 13 | The numbers of cold or illnesses I experience a year have decreased. | 0 < > 10 |
| 14 | Colds, flu-symptoms are less intense and last less time. | 0 < > 10 |
| 15 | My allergy symptoms have improved since the start of my Millennium Protocol | 0 < > 10 |

Since my last MPQ I had: ☐ Physical Injury. ☐ Surgical Procedure. ☐ Hospitalization. ☐ Another TBI

Comments:

I consent to the offices of Mark L. Gordon, MD to provide continued medical care to me inclusive of laboratory testing, prescribing of medication/nutraceuticals via Telemedicine and or a Face-to-Face visits.

Signature and Date -