

## Monthly Progress Questionnaire (MPQ)

Name:  Date:

*Please rate your improvement from the beginning of Treatment to now.*

		<u>Rate 0 – 10</u>	<u>N/A</u>
<b>**</b>	<b>My over-all improvement from the start of Treatment to now is?</b>	<input type="text"/>	<input type="checkbox"/>
<b>A Mental/Psychological/Emotional Status</b>			
1	I have noticed an increase in Mental Energy	<input type="text"/>	<input type="checkbox"/>
2	My sleep has improved in: <input type="checkbox"/> Quantity <input type="checkbox"/> Quality <input type="checkbox"/> Less Interruption	<input type="text"/>	<input type="checkbox"/>
3	I am sleeping less and wake up feeling more refreshed	<input type="text"/>	<input type="checkbox"/>
4	My over-all emotional status has improved	<input type="text"/>	<input type="checkbox"/>
5	My memory has improved	<input type="text"/>	<input type="checkbox"/>
6	My libido (sex drive) has increased	<input type="text"/>	<input type="checkbox"/>
7	My erections have improved (male)	<input type="text"/>	<input type="checkbox"/>
8	My orgasms have improved	<input type="text"/>	<input type="checkbox"/>
9	I have an increased sense of well-being	<input type="text"/>	<input type="checkbox"/>
10	I feel calmer under stress	<input type="text"/>	<input type="checkbox"/>
<b>B Physical Status</b>			
1	I have generally more physical energy	<input type="text"/>	<input type="checkbox"/>
2	When I exercise I have more energy and feel stronger	<input type="text"/>	<input type="checkbox"/>
3	I can perform physically longer without the expected fatigue	<input type="text"/>	<input type="checkbox"/>
4	My athletic performance has improved over-all	<input type="text"/>	<input type="checkbox"/>
5	I recover faster after exercise	<input type="text"/>	<input type="checkbox"/>
6	Joint aches and pains are less	<input type="text"/>	<input type="checkbox"/>
7	My hair is growing faster	<input type="text"/>	<input type="checkbox"/>
8	The color of my hair is darkening	<input type="text"/>	<input type="checkbox"/>
9	My nails are harder or growing faster	<input type="text"/>	<input type="checkbox"/>
10	Facial texture has improved	<input type="text"/>	<input type="checkbox"/>
11	Wrinkles have decreased	<input type="text"/>	<input type="checkbox"/>
12	Skin thickness has increased	<input type="text"/>	<input type="checkbox"/>
13	The number of colds or illnesses I experience a year have decreased	<input type="text"/>	<input type="checkbox"/>
14	Cold/Flu-symptoms are less intense and last less time	<input type="text"/>	<input type="checkbox"/>
<b>FM</b>	<b>Female MPQ: The First Day of my last period was (Date: DD/MM/Year)</b>	<input type="text"/>	<input type="checkbox"/>

Since my last MPQ, I have had:  A Physical Injury  A Surgical Procedure  Hospitalization

Comments Please: