

Name \_\_\_\_\_ Date \_\_\_\_\_

1. At this point in the program, my primary goals and/or chief concerns are: \_\_\_\_\_

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2. Assessment of your success with the FirstLine Therapy Program:

**Balanced eating:**

I am eating from all of the 9 food categories found on the FirstLine Therapy Menu Plan Worksheet:

☐ Every day      ☐ 75% of the time      ☐ 50% of the time      ☐ 25% of the time      ☐ Rarely

It is a challenge for me to eat regularly from the following food categories:

☐ Protein      ☐ Category 1 vegetables      ☐ Category 2 vegetables      ☐ Dairy      ☐ Fruit  
☐ Grain      ☐ Legumes      ☐ Nuts and seeds      ☐ Oil      ☐ No problems

I eat other foods not found on the menu plan worksheet:

☐ Every day      ☐ 75% of the time      ☐ 50% of the time      ☐ 25% of the time      ☐ Rarely

List the foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I eat the recommended serving size for the foods in each category:

☐ Every day      ☐ 75% of the time      ☐ 50% of the time      ☐ 25% of the time      ☐ Rarely

It is a challenge for me to stick to the serving size with the following food categories:

☐ Protein      ☐ Category 1 vegetables      ☐ Category 2 vegetables      ☐ Dairy      ☐ Fruit  
☐ Grain      ☐ Legumes      ☐ Nuts and seeds      ☐ Oil      ☐ No problems

List the serving size you consume: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am consuming my medical food (UltraMeal® Plus 360° drink or bar):

☐ 2 times per day      ☐ 1 time per day      ☐ Never

and my consistency level is:

☐ Every day      ☐ 75% of the time      ☐ 50% of the time      ☐ 25% of the time      ☐ Rarely

There is roughly a 3-hour interval between my meals (both meals and snacks):

☐ Every day      ☐ 75% of the time      ☐ 50% of the time      ☐ 25% of the time      ☐ Rarely

The most frequent problem with timing between meals occurs here (place a check mark):

Breakfast \_\_\_\_\_ AM snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM snack \_\_\_\_\_ Dinner \_\_\_\_\_ Evening snack \_\_\_\_\_

I miss my (include an estimate of the percentage of the time you miss it):

☐ Breakfast      ☐ AM Snack      ☐ Lunch      ☐ PM Snack      ☐ Dinner      ☐ Evening Snack  
\_\_\_\_\_ %      \_\_\_\_\_ %      \_\_\_\_\_ %      \_\_\_\_\_ %      \_\_\_\_\_ %      \_\_\_\_\_ %

**Stimulant use:**

I am currently using the following:

- ☐ Cigarettes \_\_\_\_\_#/day    ☐ Beer \_\_\_\_\_# svgs/day    ☐ Wine \_\_\_\_\_# svgs/day    ☐ Liquor \_\_\_\_\_# svgs/day  
☐ Coffee \_\_\_\_\_# cups/day    ☐ Tea \_\_\_\_\_# cups/day    ☐ Soft drinks \_\_\_\_\_# cups

I am having candy, sweets, or dessert:

- ☐ Daily    ☐ 3-5 times per week    ☐ 1-2 times per week    ☐ Other \_\_\_\_\_

**Exercise:**

I am currently engaging in aerobic exercise:

- ☐ Daily    ☐ 5 times per week    ☐ 3 times per week    ☐ Other \_\_\_\_\_

Type of exercise \_\_\_\_\_

I am currently engaging in resistance (strength building) exercise:

- ☐ Daily    ☐ 5 times per week    ☐ 3 times per week    ☐ Other \_\_\_\_\_

Type of exercise \_\_\_\_\_

I am currently following a stretching routine (to improve flexibility):

- ☐ Daily    ☐ 5 times per week    ☐ 3 times per week    ☐ Other \_\_\_\_\_

**Stress management:**

I am getting at least 20 minutes of relaxation each day:

- ☐ Yes    ☐ No

Type of relaxation \_\_\_\_\_

I am currently getting a restful night's sleep    ☐ Yes    ☐ No

If no, how many hours of sleep are you getting each night? \_\_\_\_\_

If you answered no to either of the questions above, have you read the Stress Management chapter in the

FirstLine Therapy Guidebook?    ☐ Yes    ☐ No    If no, please read it and commit to applying the suggestions.**Supplement use:**

I am taking my nutritional supplements and complying with the supplement schedule:

- ☐ Every day    ☐ 75% of the time    ☐ 50% of the time    ☐ 25% of the time    ☐ Rarely

**3. Comments and challenges with the FirstLine Therapy Program:**

I am having a challenge with the FirstLine Therapy Program:

- ☐ Yes    ☐ No

If yes, is the challenge due to:

- ☐ Lack of knowledge    ☐ Lack of discipline

What is the nature of your challenge? \_\_\_\_\_

Which of the following components would you like to re-evaluate:

- ☐ Balanced eating    ☐ Exercise    ☐ Stress management    ☐ Supplement use

My attitude toward the FirstLine Therapy Program is:

- ☐ Enthusiastic    ☐ Satisfied    ☐ Less than satisfied

**4. Additional comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_