

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

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

\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_