



Contact: Info@GrapeGate.com

Date mm:\_\_\_/dd:\_\_\_/yyyy:\_\_\_\_\_

### BIWEEKLY / MONTHLY FOLLOW UP QUESTIONNAIRE

**\*\*If unable to answer a section, leave blank\*\***

<b>How are your bowel movements? (frequency, stool color, etc.)</b>		
Improved: ___	No changes: ___	Worsened: ___
<b>Elaborate:</b>		
<b>Did you notice any undigested food particles in your stools?</b>		
Yes: ___	No: ___	
<b>Elaborate:</b>		
<b>Did you notice anything else unusual in your stools?</b>		
Yes: ___	No: ___	
<b>Elaborate:</b>		
<b>How is your digestion? (do you experience gas?)</b>		
Improved: ___	No changes: ___	Worsened: ___
<b>Elaborate:</b>		
<b>Did you experience any aches and pains?</b>		
Yes: ___	No: ___	
<b>Elaborate:</b>		
<b>How do you feel you're coping with the diet?</b>		
It's going great: ___	It's up and down: ___	It's difficult to maintain: ___
<b>Elaborate:</b>		
<b>If up and down/difficult to maintain, what do you feel would make it easier?</b>		
<b>Elaborate:</b>		
<b>Overall, how are you feeling at present?</b>		
Motivated to continue: ___	Not sure: ___	Unmotivated to continue: ___
<b>Elaborate:</b>		