



## Monthly Progress Questionnaire

### *The MPQ*

Dear Friends of the practice,

It is my goal to understand the response pattern each of you is having while on your personalized treatment protocol. Whether you have come to the Millennium for Traumatic Brain Injury, Low Testosterone Syndrome, Estrogen Dominance, Menopause or for Post-Finasteride Syndrome, this information will help when we are between blood tests.

Attached is a short questionnaire (25 questions) that I would appreciate your **filling out every 30 days** for the next 6 months and then annually thereafter. The information you provide might support the modification of your initial or on-going treatment protocol in a timelier manner than waiting 3 or 6 months for a laboratory test to tell us exactly what you were feeling. Once my office receives your completed MPQ they will pull your chart and hand it to me to respond.

This form is fillable on screen and therefore, does not need to be printed out. Once you fill it out, save it to your hard drive naming it like MPQ2018.01 for the year 2018 and the 1st 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.

Your completed MPQ can be faxed to \_\_\_\_\_ or emailed to:

\_\_\_\_\_

Thank you again for your participation in your own health.

Best

*Mark L. Gordon*

Mark L. Gordon, MD  
Millennium Health Centers, Inc.  
Millennium-WAF TBI Project

#### **MPQ Instructions:**

- 1) Fill in your Name (First and Last) and the date you filled the form out.
- 2) Most important – Your scoring will always be based upon a comparison from pre-treatment to the present. It is NOT from the last time you filled out the MPQ but always from the pre-treatment period to the present.
- 3) The range is from Zero to Ten (0 – 10) where 0 is no impact of your treatment and 10 is the maximum perceivable.
- 4) If the question does not apply put “NA”
- 5) **Return Page two (2) below only. Thank you**



Name:

Date:

	Please rate your improvement <b>from the beginning of treatment to now:</b>	Rate
**	<b>My over-all improvement from the start of treatment to now is?</b> →	0 < > 10
<b>A</b>	<b>Mental/psychological/emotional status.</b>	
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>B</b>	<b>Physical Status</b>	
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
FM	<b>Female MPQ:</b> The First Day of my last period was dd/mm/yy:-----▶	

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

**Comments Please:**