

Please return after Class 5 to Kathy Abascal, P.O. Box 1528, Vashon, WA 98070 by USPS, do not email

Name:

Email address: Age

Occupation (current/past):

How did you learn about the class?

Please take the time to fully answer these questions. I very much want feedback on your and your class experience, even if you have not yet done the Elimination Phase.

Week One (fill out at start of class series)	Week Four (complete Class 4 or 5)
Current Weight:	Weight Week 4:
Current waist (inches):	Waist Week 4 (inches):
List any health issues, symptoms, or lab values you would like to see improve:	So far, rate how your issues or symptoms have changed. No change Complete change
A.	0 1 2 3 4 5
B.	0 1 2 3 4 5
C.	0 1 2 3 4 5
D.	0 1 2 3 4 5
E.	0 1 2 3 4 5
F.	0 1 2 3 4 5
G.	0 1 2 3 4 5
Please list any prescriptions you are presently taking:	Has the dose of any of your medications been changed?

Week 4/5: So far, has the class met your expectations? What did you like most about the class?

Did you complete the 3-week elimination phase? If not, do you plan on doing the elimination phase in the near future?

Did you, or will you, be doing any plateau testing? Which foods?

List any foods you tested and any reactions you experienced.

Did you find any of the following helpful? (check any you found useful)

TQI recipe board _____ TQI Facebook page _____ TQI blog _____ Quizzes _____ Q&A podcasts _____

Weekly check in emails _____ The plan book _____ The cookbook _____

General comments and suggestions: