

Please return Class 5 or by USPS to: Kathy Abascal, P.O. Box 1528, Vashon, WA 98070

Name:

Email address: Age

Occupation (current/past):

How did you learn about the class?

Please take the time to fully answer these questions. If you prefer, you may skip the medical questions but please give some feedback on your progress 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 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:	So far, 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?

List any foods you tested and any reactions you experienced.

Did you sign up for the TQI recipe board?
Did you use the board?
Did you visit the TQI facebook page?
Did you visit the TQI blog?

Other comments and suggestions:

I would like informational material (post cards) for friends, family, or my health care provider(s).

About how many? _____

To get to class, did you come from work or home or some place else?

If you took a weekend class, what time would you have preferred a different start time? If so, when?
