

**MEND**  
Health & Wellness of Maine  
**PROGRESS FORM**

Name: \_\_\_\_\_

What is your main problem presently? \_\_\_\_\_

Please answer these questions as they pertain to your main problem during the last week.

1. I experienced my main problem \_\_\_\_\_ days during the last week.

2. I experienced this problem \_\_\_\_\_% of the time.

3. Are the treatments helping? Yes / No

If so, how much improved do you feel over when you first presented to our clinic? \_\_\_\_\_%

4. Have you had any flare-ups of your condition since the last examination? Yes / No

5. On the horizontal line below, draw a vertical line ( | ) denoting the severity of your worst pain over the course of the last week.

No pain	_____	Excruciating pain
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6. What activities cause you the most difficulty because of your problem? \_\_\_\_\_

\_\_\_\_\_

7. What other problems do you have presently? \_\_\_\_\_

\_\_\_\_\_

8. How do you feel about your care at our clinic overall?

Very satisfied

Satisfied

Not satisfied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date