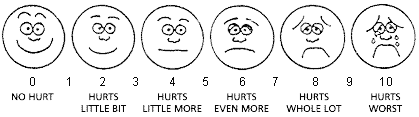
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre / Post FMT Check up**

**How has your general disposition been lately?**

Really happy Happy Just ok Bummed Totally Depressed.

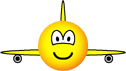
**Please rate your pain according to the chart, since your last survey.**

****

**Abdominal Pain**

0 1 2 3 4 5 6 7 8 9 10

**Average Energy Level**

Exhausted Tired Just enough Good energy Jet speed!

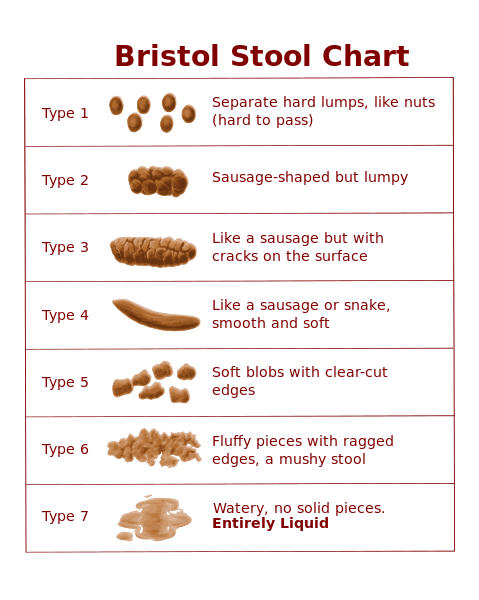
**Activity Level**

No limitation to activity Occasional limitation Severely restricted activity

**Bleeding**

|  |  |
| --- | --- |
| No bleeding | Moderate bleeding sometimes |
| Light bleeding sometimes | Moderate bleeding always |
| Light bleeding always | Heavy bleeding sometimes |
|  | Heavy bleeding always |

**Stool**

****

**What is the consistency of your average stool?**

1 2 3 4 5 6 7

**What’s the average number of times you go per day?**