**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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?**