

# Mitochondrial Wellness Questionnaire

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

Date: \_\_\_\_\_

**Energy:** How would you rank your overall energy level over the past 30 days?

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

**Cravings:** How would you rank your food cravings over the past 30 days?

(High) 1 2 3 4 5 6 7 8 9 10 (Low)

Time of day they occur? \_\_\_\_\_

**Sleep:** How would you rank your sleep patterns over the past 30 days?

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

**Weight:** How happy are you with your body weight over the last 30 days?

(Unhappy) 1 2 3 4 5 6 7 8 9 10 (Very Happy)

**Body Composition:** How happy are you with your body composition (muscle-to-fat ratio) over the last 30 days?

(Unhappy) 1 2 3 4 5 6 7 8 9 10 (Very Happy)

**Stress:** How would you rank your stress level over the last 30 days?

(Stressed) 1 2 3 4 5 6 7 8 9 10 (No Stress)

**Cognition:** How is your memory/brain function over past 30 days?

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

**Sexual Satisfaction:** How happy are you with your sex life over the past 30 days?

(Unhappy) 1 2 3 4 5 6 7 8 9 10 (Very Happy)

Total Score: \_\_\_\_\_

Comments on Changes During the Past 30 Days: \_\_\_\_\_

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