

# 90-Day "Sustain Phase" Progress Tracker

Client Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Initial Program Start Date: \_\_\_\_\_ Current Phase: Sustain (Post-Reveal)

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## Section 1: Symptom Quantification (MSQ Comparison)

*In the Sustain Phase, we use the Medical Symptoms Questionnaire (MSQ) to quantify metabolic shifts. Refer to your automated EHR dashboard for these scores.*

Category	Baseline Score (Day 0)	Current Score (Day 90)	% Change
Digestive (Bloating, Pain)			
Energy/Fatigue			
Mental/Emotional (Brain Fog)			
Joint/Muscle Pain			
Skin/Immune			
<b>TOTAL MSQ SCORE</b>	—	—	—%

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## Section 2: Sustain Phase Compliance Checklist

*Use this section to ensure the automated "invisible scaffolding" of your protocol is functioning correctly.*

- [ ] **Supplement Replenishment:** Are you utilizing the automated Fullscript/Welleivate reminders?
- [ ] **Lab Re-testing:** Have you scheduled your 6-month follow-up labs (e.g., OAT, Dutch, or Gut Map)?
- [ ] **Wearable Data Sync:** Is your Oura/Whoop/Fitbit data currently syncing to the Patient Portal?
- [ ] **Educational Drip:** Are you receiving and reviewing the weekly "Food as Information" modules?

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## Section 3: Lifestyle & Environmental Tracking

Track the frequency of these core pillars over the last 30 days.

Metric	Frequency (0-7 days/wk)	Notes on Barriers
Anti-Inflammatory Nutrition	[ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Movement/Exercise	[ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Stress Management (Breath/Med)	[ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Sleep Quality (7+ Hours)	[ ] [ ] [ ] [ ] [ ] [ ] [ ]	

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## Section 4: Clinical Reflection & AI Insights

**Practitioner Observations:** (Note any patterns recognized by AI lab interpretation or portal engagement trends)

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**Client Subjective "Win" of the Month:**

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## Next Steps & Automation Triggers:

- [ ] **Trigger:** Schedule 6-month "Deep Dive" consultation.
- [ ] **Trigger:** Adjust automated supplement cadence based on current blood chemistry.
- [ ] **Trigger:** Update "Educational Drip" to focus on [ ] Hormones [ ] Gut [ ] Detox.

**Practitioner Signature:** \_\_\_\_\_ **Next Review Date:** \_\_\_\_\_

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