



## LEVEL ONE QUESTIONNAIRE

Name: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Date of previous evaluation: \_\_\_\_\_

Please answer the following questions with regard to the time since beginning care in this office: "I have noticed changes in aspects of the following body systems...."

<u>MUSCULAR SYSTEM</u>	much more	more	same	less	much less
strength					
comfort					
ease of movement					
ease of recovery from injury					
<u>RESPIRATION</u>					
depth					
areas where I experience breath					
ease of breath during exercise					
<u>CARDIOVASCULAR</u>					
chest discomfort					
rate of heartbeat					

dizziness					
cold extremities					
<b><u>DIGESTIVE/ELIMINATION</u></b>					
<b><u>N</u></b>					
appetite					
indigestion/heartburn					
gas					
ease in bowel movement					
ease in urination					
<b><u>REPRODUCTIVE/SEXUAL</u></b>					
woman's cycle regularity					
woman's cycle comfort					
satisfaction with sexual function					

<b><u>NERVOUS SYSTEM</u></b>	<b>much more</b>	<b>more</b>	<b>same</b>	<b>less</b>	<b>much less</b>
nervousness					
depression or lack of interest					
difficulty falling asleep					
difficulty concentrating					
moodiness or temper					
fidgety or restlessness					

feelings of ease, peace					
overreact to life stresses (minor)					
overreact to life stresses (major)					
experience of release of spinal tension					
experience of body's rhythms					

1) I have experienced the following additional marked **mental, emotional, chemical** and **physical stresses** during this period, in addition to those I listed on the last questionnaire I filled out.

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2) I have had the following major **relationship, job, residence,** or **other life changes** during this period.

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3) I (**have, have not**) changed my dietary habits. Explain:

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4) I (**have, have not**) begun or modified an exercise program. Explain:

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5) I (**have, have not**) participated in classes or programs to enhance my healing capacity. Explain:

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6) Use this space to write about anything else that you would like to discuss with your Chiropractor about your spinal progress at this point in care:

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