

**Name:**

**Date:**

**Date of last evaluation:**

## **LEVEL 2 QUESTIONNAIRE**

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...."

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

<b><u>DIGESTIVE/ELIMINATION</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)					

<b>overreact to life stresses (major)</b>					
<b>experience of release of spinal tension</b>					
<b>experience of body's rhythms</b>					

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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