



Name: _____

| Please rate your health concerns: (1-4 for your specific health concerns not listed) | Exam 1 | Exam 2 | Exam 3 | Exam 4 |
|---|--------|--------|--------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. I would rate the overall movement and flexibility in my neck 10 = flexible 0 = rigid | | | | |
| 6. I would rate the overall movement and flexibility in my mid back 10 = flexible 0 = rigid | | | | |
| 7. I would rate the overall movement and flexibility in my low back 10 = flexible 0 = rigid | | | | |
| 8. I would rate the overall pain level in my neck 10 = no pain 0 = severe pain | | | | |
| 9. I would rate the overall pain level in my mid back 10 = no pain 0 = severe pain | | | | |
| 10. I would rate the overall pain level in my low back 10 = no pain 0 = severe pain | | | | |
| 11. I would rate my posture 10 = excellent 0 = challenged | | | | |
| 12. I would rate my ability to stand straight 10 = excellent 0 = challenged | | | | |
| 13. I would rate my body energy level 10 = excellent 0 = challenged | | | | |
| 14. I would rate my general emotional attitude 10 = excellent 0 = challenged | | | | |
| 15. I would rate my sensitivity to my body's needs since receiving adjustments. 10 = excellent 0 = challenged | | | | |
| 16. I would rate my ability to sleep soundly and wake up feeling rested 10 = excellent 0 = challenged | | | | |
| 17. I would rate my ability to handle life's stressor's 10 = excellent 0 = challenged | | | | |
| 18. I would rate my self perception 10 = excellent 0 = challenged | | | | |