

PROGRESS QUESTIONNAIRE

1. How do you classify your improvements so far since beginning your care? Excellent Good Fair Poor

2. On a scale of 0% to 100% with 100% being the best, how would you rate your overall improvement? _____

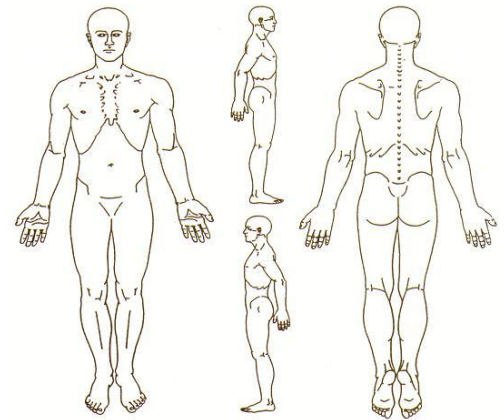
3. What problem areas have improved? _____

4. What problem areas do you still have? _____

5. Indicate the current level of any problem areas below:

Constant (75-100%) **F**requent (50-75%) **I**ntermittent (25-50%) **O**ccasional (0-25%),
 0 = no pain 10 = worst possible pain

- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10
- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10
- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10
- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10
- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10
- _____ C F I O 0 1 2 3 4 5 6 7 8 9 10



6. What changes in your general feelings have you noticed so far?

- Stronger More Relaxed More Alert Less Nervous Sleep Better Appetite Improved

7. Have you found it easier: Walking Riding Working Bending Standing Sitting Lifting Same

8. Is your digestion: Improved Satisfactory Same

9. What improvements in your posture have you observed? Standing more upright Not hunched over Easier to hold head up
 Less painful to sit or stand Shoulders pulled back Other people have noticed Clothes don't slide off to side
 Feeling better: Socially Mentally Emotionally Physically Other

10. Is there any condition you have that we have not covered that you now wish to go into?

If yes, please explain _____

11. Is there any confusion or question about any phase of your progress?

12. Has anyone asked about your progress? Yes No

13. Have you referred anyone for chiropractic care? Yes No

 Patient's Signature

 Date