PROGRESS ASSESSMENT

Our goal is to offer you the highest quality Chiropractic care. Please help us by responding to the following questions. Your feedback is appreciated and will allow us to better meet your expectations.

Name: _____ Date: _____

YOUR CARE

Since beginning care, what percent improvement do you feel you have made?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Since beginning Chiropractic care, what changes have you noticed?

_____

_____

- ☐ Digestion
- ☐ Sleep
- ☐ Concentration
- ☐ Periods
- ☐ Energy
- ☐ Flexibility
- ☐ Strength
- ☐ Stress
- ☐ Bladder
- ☐ Moods
- ☐ Mobility
- ☐ Allergies

What other changes/improvements would you like to experience?

_____

_____

Are there other areas relating to your health & lifestyle that we could assist you with?

- ☐ Fitness
- ☐ Stretches
- ☐ Sleep
- ☐ Diet
- ☐ Ergonomics
- ☐ Stress

OUR TEAM

As a team are we meeting your expectations? (Please mark on the line below with an 'x')

☐ Not meeting expectations ☐ Meeting expectations ☐ Exceeding expectations

Any Feedback?

_____

_____

Are there any family, friends or people in your network that you think may benefit from our services? _____

WELLNESS SURVEY

Date _____ Name _____

Please mark on the line below with a **vertical dash** "I" to show how you would rate these questions.

Please think about how you are feeling right now, your general sense of health and well-being.

Worst you could possible feel **Best you could possibly feel**
1_____10

Please think about how energetic or vital you have felt over the last week.
No energy at all **Most energetic you could possibly feel**
1_____10

Think about how good your ability to concentrate has been over the last week.
No ability to concentrate **Best possible ability to concentrate**
1_____10

Please think about how your mood has been over the last week.
Worst mood possible **Best mood possible**
1_____10

Please think about how well you have slept over the last week.
Worst sleep possible **Best sleep possible**
1_____10

Please think about how strong your resistance to coughs, colds and other infections has been over the last 3 months.
Worst resistance possible **Best resistance possible**
1_____10

If you didn't know how old you are, how old do you feel? _____

Is there any reason that this is not an accurate reading of how you usually feel

_____