



## Level Two Questionnaire

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

Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Answer all questions in reference to when you first began care in this office, or to your last full re-evaluation, if applicable.**

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...”**

|                                   | much more | more | same | less | much less |
|-----------------------------------|-----------|------|------|------|-----------|
| <b>1) Muscular System</b>         |           |      |      |      |           |
| strength                          | ()        | ()   | ()   | ()   | ()        |
| comfort                           | ()        | ()   | ()   | ()   | ()        |
| ease of movement                  | ()        | ()   | ()   | ()   | ()        |
| ease of recovery from injury      | ()        | ()   | ()   | ()   | ()        |
| <b>2) Respiration</b>             |           |      |      |      |           |
| depth                             | ()        | ()   | ()   | ()   | ()        |
| ease                              | ()        | ()   | ()   | ()   | ()        |
| areas where I experience breath   | ()        | ()   | ()   | ()   | ()        |
| ease of breath during exercise    | ()        | ()   | ()   | ()   | ()        |
| <b>3) Cardiovascular</b>          |           |      |      |      |           |
| chest discomfort                  | ()        | ()   | ()   | ()   | ()        |
| rate of heartbeat                 | ()        | ()   | ()   | ()   | ()        |
| dizziness                         | ()        | ()   | ()   | ()   | ()        |
| cold extremities                  | ()        | ()   | ()   | ()   | ()        |
| <b>4) Digestive / Elimination</b> |           |      |      |      |           |
| appetite                          | ()        | ()   | ()   | ()   | ()        |
| indigestion / heartburn           | ()        | ()   | ()   | ()   | ()        |
| gas                               | ()        | ()   | ()   | ()   | ()        |
| ease in bowel movement            | ()        | ()   | ()   | ()   | ()        |
| ease in urination                 | ()        | ()   | ()   | ()   | ()        |
| <b>5) Reproductive / Sexual</b>   |           |      |      |      |           |
| satisfaction with sexual function | ()        | ()   | ()   | ()   | ()        |
| woman's cycle regularity          | ()        | ()   | ()   | ()   | ()        |
| woman's cycle comfort             | ()        | ()   | ()   | ()   | ()        |

**much more    more    same    less    much less**

**6) Nervous system**

|                                      |     |     |     |     |     |
|--------------------------------------|-----|-----|-----|-----|-----|
| 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 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 you would like to discuss with your chiropractor about your spinal progress at this point in care: \_\_\_\_\_

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7) Do you wish to continue care at this time?

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