

CENTER OF CONSCIOUS AWAKENING

“An Oasis for Transformation, Evolution, and Healing”

LEVEL TWO QUESTIONNAIRE

Name _____

Date _____

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
1) <u>Muscular System</u>					
strength	()	()	()	()	()
comfort	()	()	()	()	()
ease of movement	()	()	()	()	()
ease of recovery from injury	()	()	()	()	()
2) <u>Respiration</u>					
depth	()	()	()	()	()
ease	()	()	()	()	()
specific areas of breath	()	()	()	()	()
ease of breathe during exercise	()	()	()	()	()
3) <u>Cardiovascular</u>					
chest discomfort	()	()	()	()	()
rate of heartbeat	()	()	()	()	()
dizziness	()	()	()	()	()
cold extremities	()	()	()	()	()
4) <u>Digestive/Eliminative</u>					
appetite	()	()	()	()	()
indigestion/heartburn	()	()	()	()	()
gas	()	()	()	()	()
ease in bowel movement	()	()	()	()	()
ease in urination	()	()	()	()	()
5) <u>Reproductive/Sexual</u>					
woman's cycle regularity	()	()	()	()	()
woman's cycle comfort	()	()	()	()	()
satisfaction with sexual function	()	()	()	()	()

(OVER PLEASE)

6) **Nervous System**

	much more	more	same	less	much less
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 of 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:

2) I have had the following major relationship, job, residence, or other life changes during this period:

3) I (**have, have not**) changed my dietary habits. Explain:

4) I (**have, have not**) begun or modified an exercise program. Explain:

5) I (**have, have not**) participated in classes or programs to enhance my healing capacity. Explain:

6) Use this space to write about anything else you would like to discuss with us about your spinal progress at this point in care.
