

Comparative Evaluation

Name: _____ Date: _____

The purpose of today's visit is to measure any further progress that has occurred since your last evaluation. As with previous examination, a range of tests will be performed. Part of this includes your perception of the changes you have experienced.

Please complete the following questionnaire.

Since beginning chiropractic care how would you rate your level of improvement on this scale of 1 to 10?

1 2 3 4 5 6 7 8 9 10
No improvement Some improvement Major Improvement

What improvements have you noticed in your health since beginning chiropractic care?

If you suffer from any medical condition or illness, have you noticed any changes in frequency or severity of the condition?

E.g. Asthma, Medication, Eczema, Blood Pressure, Acne, Depression etc.

Yes / No

If yes, what have you noticed? _____

Since beginning chiropractic care, would you say you are...? (Please circle all that apply)

More motivated	Less Anxious
Better able to cope with stress	More patient
Less Irritable, Grumpy or Moody	More enthusiastic about life
More productive at work	Less Tired

How would you rate the health of your spine at this point in time?

1 2 3 4 5
Excellent Poor

In general, how would you rate your energy levels?

1 2 3 4 5
Very High Very Low

How would you rate your current level of stress?

1 2 3 4 5
Very High Very Low

Currently, would you say your level of fitness is:

1 2 3 4 5
Very High Very Low

In general, would you say your health is:

1 2 3 4 5
Excellent Poor

Other than chiropractic care, have you made any changes to improve your health? Yes / No

If yes, what? _____

Could you easily explain to your friends and family how chiropractic has a positive impact on health and wellbeing? Yes / No
Many people choose to have regular chiropractic check-ups in order to maintain the health of their spine and allow their body to function more effectively. At this point in time, do you see regular chiropractic check-ups as a healthy lifestyle choice? Yes / No

Has our team given you professional and caring service? Yes / No

Do you feel your experience at Christchurch Wellness Centre could be improved? Yes / No

If yes, how? _____