Pelletiere Healing Center	
Progress Evaluation	
Please Print ClearlyAnd fill out both sides of pages!	
Patient: Date:	
Date of Previous Evaluation:	
Please answer all questions, in reference to when you first began care in this office, by checking area that bes describes your observations/experience.	t
I am MORE:SAME: LESS: aware of my spine.	
This awareness is especially noticeable when I WORK:REST:STAND:SIT:WALK: MOVE:	
This awareness IS: IS NOT: a result of greater discomfort or pain?	
(If answer is yes) I am AWARE: NOT AWARE: of what position or movements of the spine bring about this awareness.	
I am AWARE:NOT AWARE: of spinal tension and restricted movement independent of pain during my day.	
I am AWARE:NOT AWARE: of an increase in pleasant sensations in my spine.	
The sensations are:	
I am AWARE: NOT AWARE: of changes in the way I carry my body.	
The changes are:	
I am MORE: <u>SAME</u> : <u>LESS</u> : aware of my breathing when I am adjusted? I am MORE: <u>SAME</u> : <u>LESS</u> : aware of my breathing in between adjustment sessions.	
In general, my breathing is DEEPER: SAME: MORE SHALLOW: and is EASIER: SAME: MORE DIFFICULT:	
In general, movement is EASIER: SAME: MORE DIFFICULT:	
In general, I HAVE: HAVE NOT: greater ease in standing straighter.	
In general, I FEEL: DO NOT FEEL: my spine or areas of my spine to be more at peace	
I am aware, MORE: <u>SAME</u> : <u>LESS</u> : of where I hold tension in my body or spine.	
I am aware, MORE: <u>SAME</u> : <u>LESS</u> : of when my body holds tension.	
I am aware, MORE: <u>SAME</u> : <u>LESS</u> : of what releases tension in my body.	
My body is becoming, MORE EFFECTIVE: SAME: LESS EFFECTIVE: at releasing its tension.	
I, HAVE: <u>HAVE NOT</u> : <u>experienced spontaneous movements of a part of my spine when another</u> region was adjusted.	

I, HAVE: ____ HAVE NOT: _____ experienced my body trying to unwind its tension while being adjusted.

I, HAVE: ______ HAVE NOT: ______ experienced a deeper awareness of knowing exactly what my body wants me to do. This has come in the area of REST: ______ EXCERSIZE: _____ SLEEP: _____ MOVEMENT: _____

I, HAVE: <u>HAVE NOT:</u> been more able to listen to my body's needs.

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:

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

I have professionally seen other doctors or therapists since I last completed a questionnaire from this office YES: ____NO: ____ Please list information about the reason for the visit and any treatments/clinical determinations that were made: _____

I HAVE: ____ HAVE NOT: ____ changed my dietary habits. Explain: ______

I HAVE: ____ HAVE NOT: ____ begun or modified an exercise program. Explain: ______

I HAVE: ____ HAVE NOT: ____ participated in classes or programs to enhance my healing capacity.

Explain: _____

Use this space to write about anything else you would like to discuss with Dr. Michele about your

spinal progress at this point of care and why you want to continue care?

 Physical State - with respect to frequency: 							
	1 = Never 2= Barely 3=Occasionally 4=Regula	arly 5=Constantly	/				
	Please answer the following by circling the number that best repres	ents you at this time.					
		1	2	3	4	5	
1	Presence of physical pain (neck/back ache, sore arms/legs etc.)	1	2	3	4	5	
2	Feeling of tension or stiffness or lack of flexibility in your spine	1	2	3	4	5	
3	Incidence of fatigue or low energy	1	2	3	4	5	
4	Incidence of colds and flu	1	2	3	4	5	
5	Incidence of headaches (of any kind)	1	2	3	4	5	
6	Incidence of nausea or constipation	1	2	3	4	5	
7	Incidence of menstrual discomfort	1	2	3	4	5	
8	Incidence of allergies or skin rashes	1	2	3	4	5	
9	Incidence of dizziness or lightheadedness	1	2	3	4	5	
10	Incidence of accidents or near accidents or falling/tripping.	1	2	3	4	5	

2. Mental/Emotional State - with respect to frequency:

1	If pain is present, how distressed are you about it	1	2	3	4	5
2	Presence of negative or critical feelings about yourself	1	2	3	4	5
3	Experience of moodiness or temper/angry outbursts	1	2	3	4	5
4	Experience of depression or lack of interest	1	2	3	4	5
5	Being overly worried about small things	1	2	3	4	5
6	Difficulty thinking, concentrating or indecisiveness	1	2	3	4	5
7	Experience of vague fears or anxiety	1	2	3	4	5
8	Being fidgety or restless; difficulty sitting still	1	2	3	4	5
9	Difficulty falling or staying asleep	1	2	3	4	5
10	Experience of recurring thoughts or dreams	1	2	3	4	5

3. Stress Evaluation								
	1 = Never	2= Barely	3=Occasionally	4=Regularly	5=Constantly			
1	Family				1 2	3	4	5
2	Significant relationship				1 2	3	4	5
3	Health				1 2	3	4	5
4	Finances				1 2	3	4	5
5	Sex Life				1 2	3	4	5
6	Work				1 2	3	4	5
7	School				1 2	3	4	5
8	General Well-Being				1 2	3	4	5
9	Emotional well-being				1 2	3	4	5
10	Coping with daily problems				1 2	3	4	5

	4. Life Enjoyment						
	1 = None 2= Slight 3=Moderate 4=Pronounced	5=Extensive					
1	Openness to guidance to your "Inner voice/feelings."	1	2	3	4	5	
2	Experience of relaxation or ease or well-being	1	2	3	4	5	
3	Presence of positive feelings about yourself	1	2	3	4	5	
4	Interest in maintaining a healthy lifestyle (e.g. diet fitness etc.)	1	2	3	4	5	
5	Feeling of being open and aware/connected when relating to others	1	2	3	4	5	
6	Level of confidence in your ability to deal with adversity	1	2	3	4	5	
7	Level of compassion for, and acceptance of others	1	2	3	4	5	
8	Satisfaction with the level of recreation in your life	1	2	3	4	5	
9	Incidence of feelings of joy or happiness	1	2	3	4	5	
10	Level of satisfaction with your sex life	1	2	3	4	5	
11	Time devoted to things you enjoy	1	2	3	4	5	

5. Overall Quality of Life								
	1=Delighted 2=Pleased 3=Mostly Satisfied 4=Mixed 5=Mostly Dissatisfied	6=Unh	napp	y 7	7=Tei	rrible		
			2	2		_	6	_
1	Your personal life	1	2	3	4	5	6	/
2	Your Wife/Husband or Significant Other	1	2	3	4	5	6	7
3	Your romantic life	1	2	3	4	5	6	7
4	Your Job	1	2	3	4	5	6	7
5	Your co-workers	1	2	3	4	5	6	7
6	The actual work you do	1	2	3	4	5	6	7
7	The handling of problems in your life	1	2	3	4	5	6	7
8	What you are actually accomplishing in your life	1	2	3	4	5	6	7
9	Your physical appearance - the way you look to others	1	2	3	4	5	6	7
10	Your self	1	2	3	4	5	6	7
11	Your ability to adjust to change in your life	1	2	3	4	5	6	7
12	Your life as a whole	1	2	3	4	5	6	7
13	Overall contentment with your life	1	2	3	4	5	6	7
14	the extent to which your life has been as you want	1	2	3	4	5	6	7

6. Overall Impressions - respective of when you first came into the office:

1=Better 2=Same 3=Worse

1	Overall my physical well-being is	1	2	3
2	Overall my mental/emotional state is	1	2	3
3	Overall my ability to handle stress is	1	2	3
4	Overall my enjoyment of life is	1	2	3
5	Overall my quality of life is	1	2	3