



Pelletiere Healing Center

Progress Evaluation

Please Print Clearly...And 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 best describes your observations/experience.

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: ___ SAME: ___ LESS: ___ aware of my breathing when I am adjusted?

I am MORE: ___ SAME: ___ LESS: ___ 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: ___ SAME: ___ LESS: ___ of where I hold tension in my body or spine.

I am aware, MORE: ___ SAME: ___ LESS: ___ of when my body holds tension.

I am aware, MORE: ___ SAME: ___ LESS: ___ of what releases tension in my body.

My body is becoming, MORE EFFECTIVE: ___ SAME: ___ LESS EFFECTIVE: ___ at releasing its tension.

I, HAVE: ___ HAVE NOT: ___ experienced spontaneous movements of a part of my spine when another 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: ___ HAVE NOT: ___ 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? _____

1. Physical State - with respect to frequency:

1 = Never 2= Barely 3=Occasionally 4=Regularly 5=Constantly

Please answer the following by circling the number that best represents you at this time.

- | | | | | | |
|----|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 1 | 2 | 3 | 4 | 5 |
| 3 | 1 | 2 | 3 | 4 | 5 |
| 4 | 1 | 2 | 3 | 4 | 5 |
| 5 | 1 | 2 | 3 | 4 | 5 |
| 6 | 1 | 2 | 3 | 4 | 5 |
| 7 | 1 | 2 | 3 | 4 | 5 |
| 8 | 1 | 2 | 3 | 4 | 5 |
| 9 | 1 | 2 | 3 | 4 | 5 |
| 10 | 1 | 2 | 3 | 4 | 5 |

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

- | | | | | | |
|----|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 1 | 2 | 3 | 4 | 5 |
| 3 | 1 | 2 | 3 | 4 | 5 |
| 4 | 1 | 2 | 3 | 4 | 5 |
| 5 | 1 | 2 | 3 | 4 | 5 |
| 6 | 1 | 2 | 3 | 4 | 5 |
| 7 | 1 | 2 | 3 | 4 | 5 |
| 8 | 1 | 2 | 3 | 4 | 5 |
| 9 | 1 | 2 | 3 | 4 | 5 |
| 10 | 1 | 2 | 3 | 4 | 5 |

3. Stress Evaluation

1 = Never 2= Barely 3=Occasionally 4=Regularly 5=Constantly

- | | | | | | |
|----|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 1 | 2 | 3 | 4 | 5 |
| 3 | 1 | 2 | 3 | 4 | 5 |
| 4 | 1 | 2 | 3 | 4 | 5 |
| 5 | 1 | 2 | 3 | 4 | 5 |
| 6 | 1 | 2 | 3 | 4 | 5 |
| 7 | 1 | 2 | 3 | 4 | 5 |
| 8 | 1 | 2 | 3 | 4 | 5 |
| 9 | 1 | 2 | 3 | 4 | 5 |
| 10 | 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=Unhappy 7=Terrible

1	Your personal life	1	2	3	4	5	6	7
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