Name: ______________________________ Date: _______________

31 Main St. South, Waterdown, ON L0R 2H0 905-689-4447

Pediatric Progress Questionnaire

Date: ______________ Child's age: ____

It is important for us to receive your feedback on your experience of chiropractic care for your child.
Please complete the following in comparison to when you first brought your child in for care (circle).

1.	Overall Quality of Life:	Worse	No Change	Improving	Great Improvement
2.	Sleep Habits:	Worse	No Change	Improving	Great Improvement
3.	Energy Levels:	Worse	No Change	Improving	Great Improvement
4.	Behaviour:	Worse	No Change	Improving	Great Improvement
5.	Attention:	Worse	No Change	Improving	Great Improvement
6.	Activity Levels:	Worse	No Change	Improving	Great Improvement
7.	Mood/Happy:	Worse	No Change	Improving	Great Improvement
8.	Co-ordination:	Worse	No Change	Improving	Great Improvement
9.	Feeding/Appetite:	Worse	No Change	Improving	Great Improvement
10.	Digestion/Bowel (BM):	Worse	No Change	Improving	Great Improvement
11.	# Complaints:	Worse	No Change	Improving	Great Improvement
12.	Cold/Infections:	Worse	No Change	Improving	Great Improvement
13.	Breathing:	Worse	No Change	Improving	Great Improvement

Other:
____

Do you have any questions regarding chiropractic care? YES NO
____

Is there anything in your child's life causing recurring stress? YES NO
____

Has your child experienced any falls, bumps or recurring postures? YES NO

Is your child on a healthy diet? YES NO Unsure

Do you wish further tips on ideal nutrition for children? YES NO

If you were to define a healthy child, what would you say?
____

Parent's signature: ________________________________

Healthy Children, Healthy Community!