



31 Main St. South, Waterdown, ON L0R 2H0

905-689-44471

CONFIDENTIAL
Progress Exam Questionnaire

It is common to notice positive changes in your overall health and well-being as nervous system function begins to improve. Please indicate which areas below you have noticed improvement in.

(Check = Yes; = Significant improvement)

<input type="checkbox"/> Improved Body Awareness <input type="checkbox"/> Improved Sleep <input type="checkbox"/> Improved Balance <input type="checkbox"/> Improved Hearing <input type="checkbox"/> Improved Mood <input type="checkbox"/> Improved Coordination <input type="checkbox"/> Improved Bowel Functions <input type="checkbox"/> Improved Digestion <input type="checkbox"/> Improved Circulation <input type="checkbox"/> Improved Immunity <input type="checkbox"/> Improved Allergies <input type="checkbox"/> Improved Vision <input type="checkbox"/> Improved Breathing <input type="checkbox"/> More Relaxed <input type="checkbox"/> More Rested <input type="checkbox"/> Stronger <input type="checkbox"/> Less Irritable <input type="checkbox"/> More Focused <input type="checkbox"/> Happier <input type="checkbox"/> More Alert <input type="checkbox"/> Better Memory <input type="checkbox"/> Increased Overall Comfort <input type="checkbox"/> Increased Back Comfort	<input type="checkbox"/> Increased Flexibility <input type="checkbox"/> Increased Joint Comfort <input type="checkbox"/> Fewer Ear Problems <input type="checkbox"/> Decreased Headaches <input type="checkbox"/> Reduced Blood Pressure <input type="checkbox"/> Less Sinus Congestion <input type="checkbox"/> Fewer Colds <input type="checkbox"/> Walking Easier <input type="checkbox"/> Standing Easier <input type="checkbox"/> Driving Easier <input type="checkbox"/> Lifting Easier <input type="checkbox"/> More Energy FOR LADIES: <input type="checkbox"/> More Regular Cycles <input type="checkbox"/> More Comfortable Cycle <input type="checkbox"/> Improved Fertility <input type="checkbox"/> Improved Sexual Function FOR MEN: <input type="checkbox"/> Better Sexual Function <input type="checkbox"/> Increased Fertility <input type="checkbox"/> More energy	FOR CHILDREN: <input type="checkbox"/> Improved Bowel Function <input type="checkbox"/> Improved Mood <input type="checkbox"/> Less Bedwetting <input type="checkbox"/> Better School Grades <input type="checkbox"/> Improved Behaviour <input type="checkbox"/> Improved Sleep <input type="checkbox"/> Improved Colic <input type="checkbox"/> Improved Reflux <input type="checkbox"/> More Alert <input type="checkbox"/> Improved Motor Development Please add any additional comments here: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Patient Name: _____ *Date:* _____



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Month/Year started care: _____

In your own words what CHANGES have you noticed since beginning care?

Physical changes:

Health changes:

Emotional changes:

Do you find it easier to:

- Sleep Walk Run Sit
 Get up in the morning Do Housework

On a scale from 1 to 10, rate the level of improvement of your HEALTH so far:

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very!

On a scale from 1 to 10, rate the level of improvement on your QUALITY OF LIFE so far:

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very!

Would you say your improvement is:

- Progressing at the speed you expected Taking longer than expected
 Occurring much faster than expected

Have you made any changes in your lifestyle since starting care at Kinstruct Health?

(drinking more water, smoking cessation, exercising more, practicing relaxation techniques, thinking more positively, eating more greens, eliminating sugar or dairy, etc.)

- Yes: _____
 No

Patient Name: _____ Date: _____

KINSTRUCT HEALTH

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How would you rate your following lifestyle habits currently on a scale from 1 (poor) to 10 (excellent):

Nutrition: _____

Exercise: _____

Mental Well-being: _____

Have you recommended our office to friends and family?

Yes No

Do you understand why chiropractic care is important for children?

Yes No

Do you understand how daily stress affects your health?

Yes No

Do you understand how chiropractic helps improve your immune system and reduce physiological stress?

Yes No

Do you have any NEW health concerns?

Yes No

Explain;

Thank you so much for helping us
help you and support our
community toward
better health and wellness!



Patient Name: _____

Date: _____