

Follow-up Health Evaluation

Date _____

Please circle Increased/Decreased or Improved/Worsened in each health category and write in by what percent.

Neck pain: Increased or Decreased by _____ %

Mid-back/rib cage pain: Increased or Decreased by _____ %

Low back pain: Increased or Decreased by _____ %

Shoulder pain: Increased or Decreased by _____ %

Elbow pain: Increased or Decreased by _____ %

Wrist/hand pain: Increased or Decreased by _____ %

SI joint pain: Increased or Decreased by _____ %

Hip joint pain: Increased or Decreased by _____ %

Knee pain: Increased or Decreased by _____ %

Ankle/foot pain: Increased or Decreased by _____ %

Energy level: Increased or Decreased by _____ %

Diet and nutrition: Improved or Worsened by _____ %

Exercise program: Improved or Worsened by _____ %

Ability to sleep well: Improved or Worsened by _____ %

Stress level: Increased or Decreased by _____ %

Headache frequency: Increased or Decreased by _____ %

Posture: Improved or Worsened by _____ %

Breathing ability: Improved or Worsened by _____ %

Blood pressure: Increased or Decreased by _____ %

Score the activities of daily living that you put on your initial health form by % Improved or Worsened.

1.

2.

3.

4.

5.

Score the activities you really enjoy that you put on your initial health form by % Improved or Worsened.

1.

2.

3.

4.

5.