

Initial Questionnaire and Re-evaluation Form

Name (Please Print) _____ Age _____ Sex _____

Check the complaints you currently have and indicate if the pain or restriction is mild, moderate or severe.

Date: _____ Date: _____ Date: _____

Symptom	Mild	Moderate	Severe	Same	Improved	Gone	Same	Improved	Gone
<input type="checkbox"/> Neck Pain	<input type="checkbox"/>								
<input type="checkbox"/> Neck Stiffness	<input type="checkbox"/>								
<input type="checkbox"/> Headaches	<input type="checkbox"/>								
<input type="checkbox"/> Dizziness	<input type="checkbox"/>								
<input type="checkbox"/> Fatigue	<input type="checkbox"/>								
<input type="checkbox"/> Concentration Problem	<input type="checkbox"/>								
<input type="checkbox"/> Shoulder Pain	<input type="checkbox"/>								
<input type="checkbox"/> Pain Between Shoulders	<input type="checkbox"/>								
<input type="checkbox"/> Arm Pain	<input type="checkbox"/>								
<input type="checkbox"/> Wrist Pain	<input type="checkbox"/>								
<input type="checkbox"/> Elbow Pain	<input type="checkbox"/>								
<input type="checkbox"/> Finger Pain	<input type="checkbox"/>								
<input type="checkbox"/> Low Back Restriction	<input type="checkbox"/>								
<input type="checkbox"/> Mid Back Restriction	<input type="checkbox"/>								
<input type="checkbox"/> Low Back Pain	<input type="checkbox"/>								
<input type="checkbox"/> Numbness	<input type="checkbox"/>								
<input type="checkbox"/> Thigh Pain	<input type="checkbox"/>								
<input type="checkbox"/> Hip Pain	<input type="checkbox"/>								
<input type="checkbox"/> Toe Pain	<input type="checkbox"/>								
<input type="checkbox"/> Knee Pain	<input type="checkbox"/>								
<input type="checkbox"/> Ankle Pain	<input type="checkbox"/>								
<input type="checkbox"/> Other _____	<input type="checkbox"/>								

I feel I am performing at _____ percent of my full capacity.

FOR RE-EXAM: Changes since being in the program

- Better Balance Better Endurance Better Grades More Energy
 Better Concentration Less Pain Better Flexibility Increased Speed