

comparative examination@c4w

name

date

congratulations! You have now officially completed your second phase of care. This questionnaire will enable us to determine how you are progressing. We have been able to teach you how to rebuild your nervous system through simple lifestyle changes. It is at this point of your chiropractic journey where we are able to revitalise your nervous system through regular chiropractic care!

chiropractic care

1. What changes have you noticed in your body since initiating care?

positive changes...

negative changes...

2. On a scale of 1 to 10, rate the level of improvement of your body signs since your last scan?

no change	1	2	3	4	5	6	7	8	9	10	body signs eliminated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. On a scale of 1 to 10, rate the level of improvement of your spine and movement :

no change	1	2	3	4	5	6	7	8	9	10	100% improvement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Which of these actions below are easier to perform :

standing	sleeping	exercising	bending	walking	driving	sitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you (or others) noticed differences in your posture? If yes please comment...

yes

no

6. Please tick if you have noticed any improvement yet in the following :

digestion	<input type="checkbox"/>	energy level	<input type="checkbox"/>	reduced stress	<input type="checkbox"/>	weight changes	<input type="checkbox"/>
elimination	<input type="checkbox"/>	sleep	<input type="checkbox"/>	improved well being	<input type="checkbox"/>	self image	<input type="checkbox"/>
breathing	<input type="checkbox"/>	strength	<input type="checkbox"/>	exercise	<input type="checkbox"/>	attitude towards others	<input type="checkbox"/>
state of mind	<input type="checkbox"/>	stamina	<input type="checkbox"/>	eating habits	<input type="checkbox"/>	productivity	<input type="checkbox"/>
sex life	<input type="checkbox"/>	alertness	<input type="checkbox"/>	menstruation	<input type="checkbox"/>	moods	<input type="checkbox"/>

7. Would you say your improvement is :

- progressing at the speed you expected
- taking longer than you expected
- occurring much faster than you expected

staff

We understand that the healing process starts the moment you step foot into our practice, therefore our team strives for excellence through all your interactions with them!

8. How would you rate the concern shown by our staff :

disinterested	1	2	3	4	5	6	7	8	9	10	deeply concerned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. How would you rate the training, qualifications and competency of our staff?

disorganised & unprepared	1	2	3	4	5	6	7	8	9	10	efficient & knowledgeable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Is there anyone who has been particularly helpful?

11. What ways would you change the staff, office or procedures to improve the quality of care?

12. What do you like most about our practice?

11. How would you describe our educational process :

- excellent, i've learnt a lot
- helpful and interesting still leaves some questions
- unanswered
- could be significantly improved

12. What would you like to learn more about :

- exercise
- nutrition and diet
- positive thinking
- better rest and relaxation

support

13. What kind of comments have you heard from your friends and family when you've told them that you're seeing a chiropractor?

14. What has been your greatest difficulty when explaining chiropractic and what we do to others?

As with all private professionals, our practice is built upon referrals. Do you know just two people with whom you would share the benefits of chiropractic care? To each, we will extend a **complimentary spinal evaluation**, a telephone **consultation** or an **information pack** on your behalf — and, if they choose to become a practice member, you will be one step closer to being rewarded from our gratitude rewards program!

name

address

name

address

WELCOME TO A GREATER LIFE!