



Questionnaire to be Filled Out By All Practice Members Currently Under Network Spinal Analysis (NSA) Care

Location (city) _____ Zip _____ Date: ____/____/____

- 1. Name: _____ 2. Age: _____ 3. DOB: ____/____/____ 4. Sex: M F 5. S M D W
6. Weight _____ 7. Height _____ 8. No. of children: _____ 9. Are you living alone? [] No [] Yes
10. Occupation: _____ 11. Race: [] White [] Black [] Other _____
12. Education Level: [] High School [] College (Years _____) [] Graduate School [] Other _____
13. Income: [] \$0-\$24,999 [] \$25,000-\$34,999 [] \$35,000-\$44,999 [] \$45,000-\$59,999 [] More than \$60,000
14. Have you ever injured your spine? [] No [] Yes If yes: Date: ____/____/____ Briefly describe _____
15. Do you have persistent ailments? [] No [] Yes If yes: Briefly describe _____
16. Current physical state [] Excellent [] Good [] Poor [] Other _____
17. Current emotional/mental state [] Excellent [] Good [] Poor [] Other _____
18. Do you see a medical doctor (for other than routine physical exams) [] No [] Yes If yes, briefly describe why _____
19. Last visit to medical doctor: ____/____/____ Current medications: _____
20. Additional medications taken for at least two months in the past _____
21. Date you began current Network care: ____/____/____
22. Have you received prior chiropractic care? [] Yes [] No If yes give dates from ____/____/____ to ____/____/____
23. What brought you to Network Chiropractic care and what were your expectations? _____
24. Have your expectations been met? _____
25. Frequency of Network care (per week)
Initial 2-3 months _____ Initial 3-6 months _____ After 6 months _____ Currently _____
26. Do you wish to continue care? [] Yes [] No
If no, why not? _____
27. Are you aware of energy or rhythmic spontaneous movement in your body? [] Yes [] No
A. Does movement occur only when you are being adjusted by your Network practioner? [] Yes [] No
B. Does movement occur at times other than when being adjusted (at home, office, etc.)? [] Yes [] No
C. Have you experienced these movements with other people in the room in the office? [] Yes [] No
D. If you are adjusted in a private room, have you experienced these movements in that room? ... [] Yes [] No
E. Movement occurs in your [] neck [] back [] chest [] arms [] pelvis [] legs [] other _____
F. If yes to any of the above, movements began after how long in care? _____
28. After an adjustment, do you most often feel: [] calm [] exhausted [] anxious [] relaxed [] other _____
29. Were you aware of your breathing prior to receiving Network care? [] Yes [] No
Have you become more aware of your breathing since receiving Network care? [] Yes [] No
30. Is your breathing now (✓ any that apply) [] deeper [] shallower [] faster [] slower [] restricted [] easier
31. Since receiving Network care, has there been a change in your:
A. marital status [] No [] Yes [] married [] separated [] divorced
B. residence [] No [] Yes
C. career or occupation [] No [] Yes
D. weight (in excess of five pounds) [] No [] Yes [] gain [] loss _____ pounds
32. Evaluate your stress relative to the below.
Evaluate from 1 to 5, with 1 = none; 2 = slight; 3 = moderate; 4 = pronounced; 5 = extensive.
Before Network Presently
A. Family 1 2 3 4 5 1 2 3 4 5
B. Significant Relationship 1 2 3 4 5 1 2 3 4 5
C. Health 1 2 3 4 5 1 2 3 4 5
D. Finances 1 2 3 4 5 1 2 3 4 5
E. Sex life 1 2 3 4 5 1 2 3 4 5
F. Work 1 2 3 4 5 1 2 3 4 5
G. School 1 2 3 4 5 1 2 3 4 5
H. General well being 1 2 3 4 5 1 2 3 4 5
I. Emotional well being 1 2 3 4 5 1 2 3 4 5
J. Coping with daily problems 1 2 3 4 5 1 2 3 4 5
33. Have you ever experienced any of the following trauma (Grade from 1 to 5, using the scale above).
A. Physical 1 2 3 4 5 B. Emotional 1 2 3 4 5 C. Chemical (including dependency) 1 2 3 4 5

All information will be entered into a data base in a coded manner and analyzed geographically. All information is confidential.

PLEASE PRINT CLEARLY

>>>>>IMPORTANT! MORE QUESTIONS ON THE REVERSE SIDE>>>>>

34 - 65 Evaluate your physical, emotional, and mental well-being. (please circle the most appropriate answer for you)

Rate the following questions on a **FREQUENCY** scale of **1 to 5**, with **1** = never; **2** = rarely; **3** = occasionally; **4** = regularly; **5** = constantly.

	<u>Before Network</u>					<u>Presently</u>				
34. Incidence of fatigue or low energy	1	2	3	4	5	1	2	3	4	5
35. Experience of depression or lack of interest	1	2	3	4	5	1	2	3	4	5
36. Being fidgety or restless; difficulty sitting still	1	2	3	4	5	1	2	3	4	5
37. Time devoted to things you enjoy	1	2	3	4	5	1	2	3	4	5
38. Difficulty falling or staying asleep	1	2	3	4	5	1	2	3	4	5
39. Being overly worried about small things	1	2	3	4	5	1	2	3	4	5
40. Experience of vague fears or anxiety	1	2	3	4	5	1	2	3	4	5
41. Incidence of feelings of joy and or happiness	1	2	3	4	5	1	2	3	4	5
42. Feeling of tension or stiffness or lack of flexibility in your spine	1	2	3	4	5	1	2	3	4	5
43. Feeling of being open and aware/connected when relating to others	1	2	3	4	5	1	2	3	4	5
44. Incidence of colds and flu	1	2	3	4	5	1	2	3	4	5
45. Incidence of allergies or eczema or skin rashes	1	2	3	4	5	1	2	3	4	5
46. Incidence of headaches (of any kind)	1	2	3	4	5	1	2	3	4	5
47. Incidence of dizziness or lightheadedness	1	2	3	4	5	1	2	3	4	5
48. Incidence of nausea or constipation	1	2	3	4	5	1	2	3	4	5
49. Incidence of menstrual discomfort	1	2	3	4	5	1	2	3	4	5
50. Incidence of accidents or near accidents or falling or tripping	1	2	3	4	5	1	2	3	4	5
51. Experience of recurring thoughts or dreams	1	2	3	4	5	1	2	3	4	5

Rate the following questions on a **DEGREE** scale of **1 to 5**, with **1** = not at all; **2** = slight; **3** = moderate; **4** = considerable; **5** = extensive.

52. Presence of physical pain (neck/back ache, sore arms/legs etc.)	1	2	3	4	5	1	2	3	4	5
53. If physical pain is present, how distressed are you about it	1	2	3	4	5	1	2	3	4	5
54. Difficulty thinking or concentrating or indecisiveness	1	2	3	4	5	1	2	3	4	5
55. Presence of negative or critical feelings about yourself	1	2	3	4	5	1	2	3	4	5
56. Negative and/or critical attitudes about family or friends or co-workers	1	2	3	4	5	1	2	3	4	5
57. Experience of moodiness or temper or angry outbursts	1	2	3	4	5	1	2	3	4	5
58. Experience of relaxation or ease or well-being	1	2	3	4	5	1	2	3	4	5
59. Presence of positive feelings about yourself	1	2	3	4	5	1	2	3	4	5
60. Openness to guidance by your "inner voice/feelings"	1	2	3	4	5	1	2	3	4	5
61. Satisfaction with the level of recreation in your life	1	2	3	4	5	1	2	3	4	5
62. Level of satisfaction with your sex life	1	2	3	4	5	1	2	3	4	5
63. Level of confidence in your ability to deal with adversity	1	2	3	4	5	1	2	3	4	5
64. Level of compassion for, and acceptance of, others	1	2	3	4	5	1	2	3	4	5
65. Interest in maintaining a healthy lifestyle (eg. diet, fitness etc)	1	2	3	4	5	1	2	3	4	5

66 - 79 Evaluate your feelings relative to the quality of your life.

Evaluate from **1 to 7**, with **1** = terrible; **2** = unhappy; **3** = mostly dissatisfied; **4** = mixed; **5** = mostly satisfied; **6** = pleased; **7** = delighted.

	<u>Before Network</u>							<u>Presently</u>						
66. Your personal life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
67. Your wife/husband or (significant other)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
68. Your romantic life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
69. Your job	1	2	3	4	5	6	7	1	2	3	4	5	6	7
70. Your co-workers	1	2	3	4	5	6	7	1	2	3	4	5	6	7
71. The actual work you do	1	2	3	4	5	6	7	1	2	3	4	5	6	7
72. Your handling of problems in your life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
73. What you are actually accomplishing in your life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
74. Your physical appearance—the way you look to others	1	2	3	4	5	6	7	1	2	3	4	5	6	7
75. Your self	1	2	3	4	5	6	7	1	2	3	4	5	6	7
76. The extent to which you can adjust to changes in your life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
77. Your life as a whole	1	2	3	4	5	6	7	1	2	3	4	5	6	7
78. Overall contentment with your life	1	2	3	4	5	6	7	1	2	3	4	5	6	7
79. The extent to which your life has been what you wanted it to be	1	2	3	4	5	6	7	1	2	3	4	5	6	7

80 – 93 Evaluate quantitative changes in your life-style.

Evaluate the extent of change from - to + with - being decrease; **0** being no change; + being increase (**1** = slight; **2** = moderate; **+3** = pronounced).

	<u>Before Network</u>		<u>Extent of Change</u>						
80. Smoking	<input type="checkbox"/> No	<input type="checkbox"/> Yes (cigarettes/day _____)	-2	-3	-1	0	+1	+2	+3
81. Alcohol consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes (drinks/day _____)	-2	-3	-1	0	+1	+2	+3
82. Coffee/caffeine/cola consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes (cups/day _____)	-2	-3	-1	0	+1	+2	+3
83. Health food/Vitamin supplements	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
84. Organic food/whole grain consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
85. Vegetarian/partial vegetarian diet	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
86. Beef consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
87. Poultry and fish consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
88. Regular exercise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
89. Relaxation/self-hypnosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
90. Meditation/prayer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
91. Tai Chi/Yoga	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
92. Recreational use of drugs	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3
93. Prescription medications	<input type="checkbox"/> No	<input type="checkbox"/> Yes	-2	-3	-1	0	+1	+2	+3

94. Would you like to participate in additional research? No Yes If yes: Telephone No. _____
Address _____

To be completed by practitioner:

Network Spinal Analysis Findings _____
Which subluxated segments have been (or are being) adjusted? _____
Comments _____

Practitioner's Signature _____ Date _____