

Health and Wellness Questionnaire

Name.....

Date

Members of family who are patients:

As you are aware, having attended our chiropractic information session and having seen our clinic presentations on chiropractic, the health of your child's spine and nervous system can play an integral role in their overall health. The following questions are designed to help you, as a parent, identify those aspects of your child's health that may have improved through chiropractic care, as well as to help you recognise your own attitudes to health and wellbeing.

1. What was the main message you gained from attending our chiropractic information session?

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2. Since receiving chiropractic care, please indicate what change, if any, there has been in your child's health in the following areas:

Overall quality of life:	Worse	No change	Small improvement	Large improvement	Optimal
Sleep habits:	Worse	No change	Small improvement	Large improvement	Optimal
Behaviour:	Worse	No change	Small improvement	Large improvement	Optimal
Energy levels:	Worse	No change	Small improvement	Large improvement	Optimal
Attention:	Worse	No change	Small improvement	Large improvement	Optimal
Coordination:	Worse	No change	Small improvement	Large improvement	Optimal
Eating/Appetite:	Worse	No change	Small improvement	Large improvement	Optimal
Digestion/Bowel function:	Worse	No change	Small improvement	Large improvement	Optimal
Colds/Infections:	Worse	No change	Small improvement	Large improvement	Optimal
Breathing:	Worse	No change	Small improvement	Large improvement	Optimal
General immune status:	Worse	No change	Small improvement	Large improvement	Optimal

Other:

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3. Do you understand the difference between 'crisis care' and 'wellness care'? Yes / No

4. In your own words, please briefly explain 'wellness care'.

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