**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.**