

## Lifestyle Review: Please circle, 10=Poor 1=Ideal

Posture & Standing	10 9 8 7 6 5 4 3 2 1 Poor posture &/OR uncomfortable standing Ideal posture with ease & can stand for long time	Movement/ Daily Steps	10 9 8 7 6 5 4 3 2 1 Minimal daily movement 10,000 steps (90min walk)
Sitting	10 9 8 7 6 5 4 3 2 1 Slouch &/or pain No breaks Ergonomic set up & take regular breaks or standing desk 20%+	Overall level of energy	10 9 8 7 6 5 4 3 2 1 Wake exhausted &/OR tire as day progresses Wake up with energy & excellent energy all day
Sleeping Position	10 9 8 7 6 5 4 3 2 1 Sleep on stomach Side or Back (spine straight)	Work (or equivalent) Stress & Busyness	10 9 8 7 6 5 4 3 2 1 Constantly high &/OR recent significant event of stress Low stress & stable
Sleeping Quality	10 9 8 7 6 5 4 3 2 1 Pain &/OR difficult to get to sleep/ stay asleep No pain & fall asleep easily & stay asleep	Personal Life Stress & Busyness	10 9 8 7 6 5 4 3 2 1 Constantly high &/OR recent significant event of stress Low stress & stable
Lifting	10 9 8 7 6 5 4 3 2 1 Pain with lifting OR no technique Lift with ease & bend knees, move feet, keep head over body	Overall ability to cope with life	10 9 8 7 6 5 4 3 2 1 Anxious &/OR overwhelmed Relaxed & cope well
Driving/Passenger	10 9 8 7 6 5 4 3 2 1 Pain Comfortable	Pause during day	10 9 8 7 6 5 4 3 2 1 Never pause & always focused past/future Daily mindfulness 5min+ to relax, connect nature, creativity
Physical Work	10 9 8 7 6 5 4 3 2 1 Can't do it at all Do with ease	Overall Eating Habits	10 9 8 7 6 5 4 3 2 1 Never think about &/OR low nature based foods Choose food consciously & majority nature based diet
Stretching & Flexibility	10 9 8 7 6 5 4 3 2 1 Painful, very stiff &/or never stretch Flexible spine/legs/arms & daily stretch 5min+	Water	10 9 8 7 6 5 4 3 2 1 No water 2L+ filtered water/ day
Cardiovascular/ Sports	10 9 8 7 6 5 4 3 2 1 Never do any &/OR causes pain 30min+ (3x week+) & exercise/play sport with ease	Caffeine/ Stimulant drinks	10 9 8 7 6 5 4 3 2 1 6+ day 0-1/ day
Strength Work	10 9 8 7 6 5 4 3 2 1 Never do any &/OR feel weak Strength work 5min+ (3x week) & have strong arms/legs/back/core	Bowel Movements	10 9 8 7 6 5 4 3 2 1 Less than 3 per week &/OR strain to pass &/OR inconsistent 1-3 per day & pass easily/quickly

Lifestyle Review Total \_\_\_\_\_ (please add up)

220 - \_\_\_\_\_ (total above)/200 x100 = \_\_\_\_\_%

What changes have you noticed since your last examination?

What changes have you made in your lifestyle since your last examination?

What areas are you still looking to improve?

What is your understanding of what your Chiropractic adjustments are aiming to achieve?

What do you like best about Chiropractic Balance OR How could we improve our Service & Customer Experience?

Chiropractor Use Only		
BWS		
Cx F(60)/E(70)		
Cx Rot (80)		
Cx LF (45)		
LRF Shoulder		
MRE Shoulder		
TL F(90)/E(30)		
TL Rot (100)		
TL LF (30)		
Posture TT		

