

Patient Evaluation Questionnaire

1. Please rate on the scale how serious you are about getting well. (circle number)

	1 Not Serio	2 Dus	3	4	5	6	7	8	9	10 Very Serious	
2. Would you prefer: (please circle)											
	A. Temporary symptom relief										
	В.	Correction of cause of health problem									

- 3. Are you willing to follow a treatment program designed to help you return to health for at least three months? (treating the cause)
 - A. Yes
 - B. No
- 4. Are you willing to make dietary changes if needed?
 - A. Yes
 - B. No
- 5. Are you willing to start a moderate exercise program-if needed?
 - A. Yes
 - B. No
- 6. Please rate on the scale how serious you are about staying healthy after your initial intensive care. (circle number)

1	2	3	4	5	6	7	8	9	10
Not Ser	ious								Very Serious

- 7. Are you familiar with Applied Kinesiology and/or Reflex Analysis?
 - A. Yes
 - B. No
- 8. Would you be interested in attending a free 1-2 hour symposium on the ways you can help to heal yourself faster?
 - A. Yes
 - B. No
- 9. Please rate your stress level on the scale. (circle number)

1	2	3	4	5	6	7	8	9	10
No Stress									Total Stress