

## Whole Being Olympia - Body Awareness Evaluation

Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer all questions in reference to when your first began care in this office, or to your last full re-evaluation, if applicable.

- 1) I am (more, same, less) aware of my spine. This awareness is especially noticeable (at work, at rest, standing, sitting, walking, moving)
- 2) This awareness (is, is not) a result of greater discomfort or pain
- 3) {If the answer to number 2 is yes} I am (aware, not aware) of what positions or movements of the spine bring about pain or discomfort. They are: \_\_\_\_\_
- 4) I am (aware, not aware) of spinal tension and restricted movement independent of pain during my day.
- 5) I am (aware, not aware) of an increase in pleasant sensation in my spine. These are:  
\_\_\_\_\_
- 6) I am (aware, not aware) of changes in the way I carry my body. They are:  
\_\_\_\_\_
- 7) I am (more, same, less) aware of my breathing when I receive Network entrainments/adjustments.
- 8) I am (more, same, less) aware of my breathing in between Network sessions.
- 9) In general, my breathing is (deeper, same, more shallow) and (easier, same, more difficult).
- 10) In general, movement is (easier, same, more difficult).
- 11) In general, I (have, do not have) greater ease in standing straighter.
- 12) In general, I (feel, do not feel) my spine or areas of my spine to be more at peace
- 13) I am (more aware, same, less aware) of where I hold tension in my body or spine.
- 14) I am (more aware, same, less aware) of when my body holds tension.
- 15) I am (more aware, same, less aware) of what releases tension from my body.
- 16) My body is becoming (more effective, same, less effective) at releasing its tension.
- 17) I (have, have not) experienced spontaneous movements of a part of my spine when another region was adjusted/entrained.
- 18) I (have, have not) experienced my body trying to unwind its tension while being adjusted/entrained.
- 19) I (have, have not) experienced a deeper awareness of knowing exactly what my body wants me to do. This has come in the area of: (rest, exercise, sleep, movement, other)
- 20) I (have, have not) been more able to listen to my body's needs.

21) I have experienced the following additional mental, emotional, chemical and physical stresses during this period, in addition to those I listed on the last questionnaire.

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22) I have had the following major relationship, job, residence or other life changes during this period:

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23) I have professionally seen other doctors or therapists since I last completed a questionnaire in this office:

no \_\_\_\_\_ yes \_\_\_\_\_

Please list information about the reason for the visit and any treatments or clinical determinations that were made: \_\_\_\_\_

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24) I (have, have not) changed my dietary habits. Explain:

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25) I (have, have not) begun or modified an exercise program. Explain:

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26) I (have, have not) participated in classes or programs to enhance my healing capacity. Explain:

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27) Use this space to write about anything else you would like to discuss about your progress at this point in care.

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