



Aloha Sophia Wellness, LLC
4228D North Waiakalua Street, Kilauea, HI 96754
Phone: 808-828-0418
www.AlohaSophia.com
info@alohasophia.com

NETWORK SPINAL ANALYSIS LEVEL 2: INTERMEDIATE CARE QUESTIONNAIRE

Name _____ Date _____

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

Please answer the following questions with regard to the time since beginning care in this office:
“I have noticed changes in aspects of the following body systems...”

	much more	more	same	less	much less
1) Muscular System					
strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease of movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease of recovery from injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Respiration					
depth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
areas where I experience breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease of breath during exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Cardiovascular					
chest discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rate of heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cold extremities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Digestive / Elimination					
appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
indigestion / heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease in bowel movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ease in urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Reproductive / Sexual					
satisfaction with sexual function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
woman's cycle regularity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
woman's cycle comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

much more more same less much less

6) Nervous system

nervousness	()	()	()	()	()
depression or lack of interest	()	()	()	()	()
difficulty falling asleep	()	()	()	()	()
difficulty concentrating	()	()	()	()	()
moodiness or temper	()	()	()	()	()
fidgety or restlessness	()	()	()	()	()
feelings of ease, peace	()	()	()	()	()
overreact to life stresses (minor)	()	()	()	()	()
overreact to life stresses (major)	()	()	()	()	()
experience release of spinal tension	()	()	()	()	()
experience of body's rhythms	()	()	()	()	()

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

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

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

4) I (have, have not) begun or modified an exercise program.

Explain: _____

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

6) Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress at this point in care: _____

7) Do you wish to continue NSA care at this time? _____
