Zen Space Wellness

8321 Sangre De Cristo Rd., Ste 302, Littleton CO 80127
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Energy Enhancement System

Patient Questionnaire #1

Name: _____   Date: _____

Before your first session in the Energy Enhancement System, please answer the following questions based on how you feel <u>right now</u>.

Physical

Please rate the severity of the following symptoms, using the extra space to enter specifics (location or type of pain, etc.).

	None	Mild		Moderate		Severe
Headache	0	1	2	3	4	5
Joint pain	0	1	2	3	4	5
Muscle pain	0	1	2	3	4	5
Back pain	0	1	2	3	4	5
Swelling	0	1	2	3	4	5
Nasal/sinus congestion	0	1	2	3	4	5
Cough	0	1	2	3	4	5
Skin problems	0	1	2	3	4	5
Menstrual problems	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Sleep disturbances	0	1	2	3	4	5
Nausea, vomiting	0	1	2	3	4	5
Bowel disturbances (diarrhea, constipation, gas)	0	1	2	3	4	5
Urinary problems	0	1	2	3	4	5
Numbness or tingling	0	1	2	3	4	5
Dizziness/vertigo	0	1	2	3	4	5
Infection	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5

Additional comments: _____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Worst   Best

Energy/Sleep

	0	1	2	3	4	5
How energetic do you usually feel?						
How well do you sleep?	0	1	2	3	4	5
How easily do you fall asleep?	0	1	2	3	4	5
How is your energy level when you wake up?	0	1	2	3	4	5
How much do you rely on coffee or stimulants?	0	1	2	3	4	5

Mental

	None	Low		Moderate		High
Concentration	0	1	2	3	4	5
Mental clarity	0	1	2	3	4	5
Short-term memory	0	1	2	3	4	5
Long-term memory	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5

Additional comments: _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Emotional & Spiritual

	None	Low		Moderate		High
Anger	0	1	2	3	4	5
Fear	0	1	2	3	4	5
Anxiety	0	1	2	3	4	5
Sadness/grief	0	1	2	3	4	5
Shame	0	1	2	3	4	5
Guilt	0	1	2	3	4	5
Mood swings	0	1	2	3	4	5
Love	0	1	2	3	4	5
Self-acceptance	0	1	2	3	4	5
Trust	0	1	2	3	4	5
Connection with others/intimacy	0	1	2	3	4	5
Hopefulness/optimism	0	1	2	3	4	5
Joyfulness	0	1	2	3	4	5
Peacefulness/calmness	0	1	2	3	4	5
Contentment	0	1	2	3	4	5
Confidence	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5

Other: _____	0	1	2	3	4	5
Other: _____	0	1	2	3	4	5

Additional comments: _____

_____

_____

_____

_____