

Zen Space Wellness

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

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Energy Enhancement System

Patient Questionnaire #2

Name: _____

Date: _____

Two to three days after your first session in the Energy Enhancement System, please answer the following questions based on how you feel at that moment.

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: _____
