

CENTER OF CONSCIOUS AWAKENING

"An Oasis for Transformation, Evolution, and Healing"

LEVEL THREE QUESTIONNAIRE

Date entered Level One Care _____

Date entered Level Two Care _____

Date entered Level Three Care _____

Today's date: _____

Name: _____

1. I am aware of spontaneous coordinated movements along the length of my spine:
 - a) during adjustments
 - b) between adjustments
 - c) during stressful situations
 - d) during restful periods
2. These movements are associated with a (**build up, reduction**) of tension.
3. I am aware of changes in my breathing pattern (**during the day, at work, at play, at rest**).
4. I am able to reduce tension or stress levels through my movements (**Yes, No**) or breathing (**Yes, No**).

Were you doing this before care in this office? (**Yes, No**)

Comments: _____

5. I experience a flow of energy through regions of my body: (**Yes, No**)

If yes, when _____

Where _____

6. I (**do, do not**) experience a change in my body when I approach someone who is angry, sad, in love, etc.? Please explain:

7. On a scale of 1 to 5, where 1 is the least and 5 is the most, please describe the following, both before starting care, and now:

trust inner instinct, inner voice	Before	_____	Now	_____
feel connected to others at work	Before	_____	Now	_____
feel connected to others at play	Before	_____	Now	_____
feel whole	Before	_____	Now	_____
disturbed by sudden life changes	Before	_____	Now	_____
disturbed by predictability or sameness	Before	_____	Now	_____
restfulness or sleep	Before	_____	Now	_____
eager to take on new projects	Before	_____	Now	_____
hold on to tensions, anxiety	Before	_____	Now	_____
hold a grudge	Before	_____	Now	_____
feel compassion towards others	Before	_____	Now	_____
feel responsible towards your environment	Before	_____	Now	_____
feel symptoms with getting disturbed or frightened	Before	_____	Now	_____
feel symptoms and observe them without fear or worry	Before	_____	Now	_____
bounce back from physical trauma	Before	_____	Now	_____
bounce back from emotional trauma	Before	_____	Now	_____
bounce back from mental stress	Before	_____	Now	_____
bounce back from sickness, or symptom episodes	Before	_____	Now	_____
aware of what my body wants from me	Before	_____	Now	_____
aware of what I need to eat	Before	_____	Now	_____
aware of what does not work for me	Before	_____	Now	_____
express my needs to others	Before	_____	Now	_____
take responsibility for areas of my life	Before	_____	Now	_____
unwind from my tensions	Before	_____	Now	_____
spontaneously express emotions	Before	_____	Now	_____
feel empowered in life	Before	_____	Now	_____
experience peace	Before	_____	Now	_____
experience greater self-awareness	Before	_____	Now	_____
spontaneously forgive myself	Before	_____	Now	_____
spontaneously forgive others	Before	_____	Now	_____
ability to self heal	Before	_____	Now	_____

8. Since I have begun Level Three of care, I have made changes in the following areas of my life: (relationships, home, work, school,)

Please comment: _____

9. Since I have begun Level Three of care, I have had the following marked physical, emotional, or chemical stresses or traumas:

10. Did you deal with these differently OR in the same way as you would have before beginning care in this office?

11. I have changed my (exercise, meditation, medical, therapeutic) program since beginning Level Three Care. Please explain:

12. Is there anything else you would like to discuss with Dr. Hartley at this point in care?

13. Are you interested in continuing with Level Three and/or Level Four care in this office?
