

Quantum Vitality

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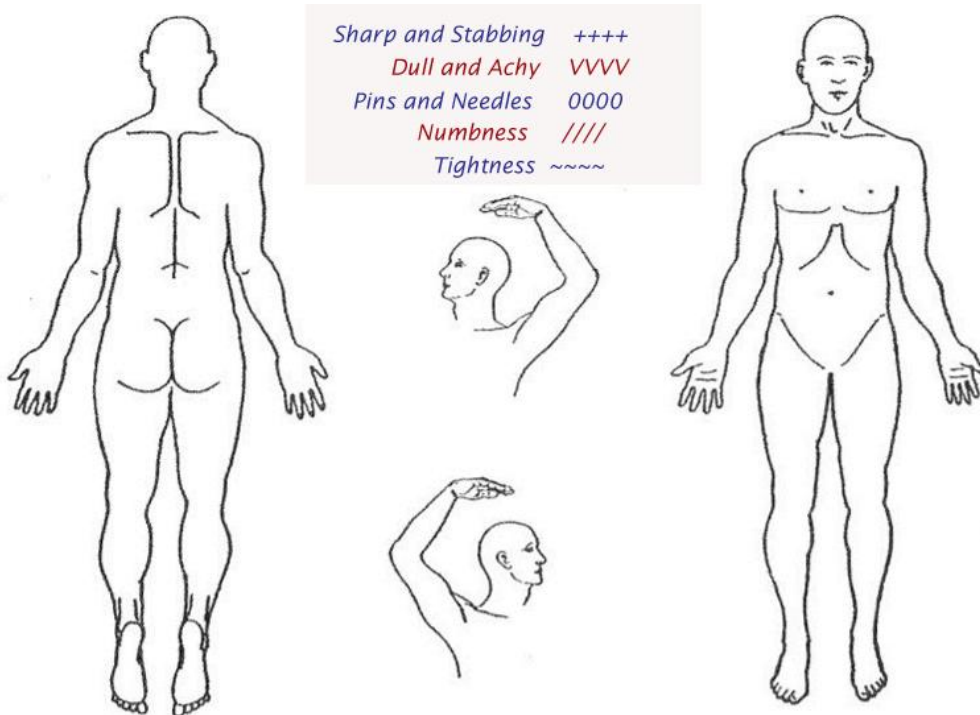
Body Awareness Questionnaire

Fields marked with an * are required

Please complete this questionnaire based on your current awareness of physical discomfort.

Name *

Email *



Please indicate the area and nature of the discomfort you are experiencing below - rate the body area(s) that are affected, on a scale of 1 (no discomfort evident) to 10 (severe discomfort).

Neck



Middle Back



Left Hip



Right Hip



Left Shoulder



Right Shoulder



Left Arm



Right Arm



Left Leg



Right Leg



Headaches



Left Jaw



Right Jaw



Add any other area(s) affected - please describe

Nature of Discomfort (select all that apply) *

- Sharp and Stabbing
- Dull and Achy
- Pins and Needles
- Numbness
- Tightness
- Constant
- Intermittent

Please add any further details you would like to share

SUBMIT

(Edit)

