



Please circle TRUE or FALSE when answering the following questions:

1. I was treated with compassion throughout my therapy and training at TNN INC.	True	False	
2. I felt Alexandra acted as an advocate for me during my work with TNN INC.	True	False	
3. There was an increase in my ability to cope with the stress that occurs in my everyday life - following therapy and training with TNN INC.	True	False	
4. I was offered evidence-based practice techniques specific to my training plan.	True	False	
5. Alexandra took the time to be sure I understood the treatment program we followed.	True	False	
6. I have a regimen to follow if I begin to lose improvements that occurred during treatment. (Please mark N/A if no improvements occurred).	True	False	N/A
7. If there were no improvements that occurred, I understand that I may request TNN to source a referral for me to pursue low level stimulation and biofeedback with another provider.	True	False	
8. If a different approach or change in therapy plan was requested, it was provided to me in a timely manner.	True	False	

Please provide any additional comments regarding your treatment experience below:

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