Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

Symptoms	Van finger
How long	have you had this condition?30 Min_5
How much	pain, discomfort or distress are you experiencing now, on a scale of 1-10? Z (1= slight, 10= extreme)
Time sess	ion begins 7 60
	After the session
	pain, discomfort or distress are you experiencing now, on a scale of 1-10? 2 (1= slight, 10= extreme)
	ou notice from the session? <u>VUST</u> relaxing, mate
Comments	tell and

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

				humb pain				- 1
How long	have you had	d this condition	on? 5yr, Kree	+ 3 vee to	(Humb)			
How much	pain, discor	mfort or distr	ess are you exp	eriencing now,	on a scale of 1	-107 5 d	8	
				sees o	(1	= slight, 10=	extreme)	
Time sess	ion begins	事:10						
			After	the session				
			a ma work	DOUDEULE				- 3
								- 5
How much	nain discon	nfort or distre	ecc are von evo	eriencing now	on a scale of 1	102	A	
				eriencing now,		-107 🛊 🕹	CO	
How long v	was the sessi	on? Corie	Time _7:/	P	(l= slight, 10	= extreme)	
How long v	was the sessi	on? Corie	Time _7:/	P	(l= slight, 10	= extreme)	
How long w	vas the session	on? <u>()</u>	Time 7:1	Pain i	(1 My	1= slight, 10= +long	= extreme)	
How long w	vas the session	on? <u>()</u>	Time 7:1	Pain i	(1 My	1= slight, 10= +long	= extreme)	<u>.</u>
How long w	ou notice fro	on? Sonia om the session and it	Time 7:1 m? 162 increase disappe	Pain in order	i my	1= slight, 10= thumb The	Prin	- 18
How long what did y	ou notice fro	on? Soria om the session and it	Time 7:1 1/12 increase clis-ppe ann-zi.	pain in el my or exist.	novement.	1= slight, 10= +hump The	prin +	-
How long what did y	ou notice fro	on? Soria om the session and it	Time 7:1 1/12 increase clis-ppe ann-zi.	pain in el my or exist.	novement.	1= slight, 10= +hump The	prin +	-
What did y (2) 2 2 2 Comments	ou notice fro	on? Soin on the session and it laree	Time 7:1. 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	pain in el my or avid.	novement.	1= slight, 10= thumb The egts	prin it wow	- -
What did y (2) 2 2 2 Comments	ou notice fro	on? Soin on the session and it laree	Time 7:1. 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	pain in el my or exist.	novement.	1= slight, 10= thumb The egts	prin it wow	_ _ ,t

Questionnaire

The purpose of this questionnaire is to document the impact of these dessions. Your help with this form is greatly appreciated.

	Before the session
Name Adam The condition to be w	orked on Sprainced Ankle
	and Swelling in Ankle
How long have you ha	nd this condition? 4 years (off and oa)
How much pain, disco	emfort or distress are you experiencing now, on a scale of 1-107

Time session begins 7:20 - 7:30

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? (1= slight, 10= extreme) What did you notice from the session? Record and pain. Comments: The property of the session of the se

After the session

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

Time session begins 7:30

After the session

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? book - 5 finger & (1= slight, 10= extreme)

How long was the session? I feet the mangy transfer and the pain decreased and mability increased

Comments: I would love to see this more explored in the scientific field. The advantages are endlared and walled the pay the deacher about the scientific field. The advantages are endlared to see this way pay the deacher about the scientific field the section of the scientific field. The advantages are endlared to see the scientific field. The advantages are

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

	is condition? Solays	
How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? (1= slight, 10= extreme)		
Time session begins		
	After the sessi	ion
	t or distress are you experiencing n	now, on a scale of 1-10? 10= extrem
low long was the session?	0 1	1 1 1 1
	he session? Releasing in	better.

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

NI.	i i
Name Va	Age 18 Sex M Date 11/7/95
a contract of the	Some Left Arm 2. 3.
Symptoms for	or condition 1. Pain
	or condition 2.
Symptoms fo	or condition 3.
	eve you had condition 1 Oro Day 2 3
	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discom	afort or distress for condition 1 68 2 3
Time session	n begins
	No. of the second secon
	After the session
	After the session
Time session	
How much pa	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) fort or distress for condition 1 2 2 3
How much pa	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
How much participation of the Pain, discommendated with the Pain of the Pain o	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) fort or distress for condition 1 6 2 3 and 46 to the session? The rest Days are 46 to the form the session?
Pain, discom	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) fort or distress for condition 1 2 2 3 Act Part Day are Reft

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Name MARK		Age 2Z	Sex A	Date	11/7/9-
Condition 1.	jeck 2	: > houlder	5	3.	-/-/-/)
Symptoms for cond	tion 1. Shiffress				
Symptoms for cond	tion 2. 5 Liffuess				
Symptoms for cond	tion 3.				
	had condition 1 2 ye				
	comfort or distress are y				
Pain. discomfort or	distress for condition	1_5 2	_5_	3	_
Time session begin					
vime session begin	*				
	63 52	2)			
	A	fter the ses	sion		
Time session ends	A	fter the ses	sion		
	A			[1-107]	= slight 10= extreme
How much pain, dis	A comfort or distress are y	ou experiencing	on a scale of	f 1-10? (1=	= slight, 10= extreme
Pain, discomfort or	comfort or distress are y	ou experiencing	on a scale of	3	
How much pain, dis Pain, discomfort or	A comfort or distress are y	ou experiencing	on a scale of	3	
How much pain, dis Pain, discomfort or	comfort or distress are y	ou experiencing 1 3 2 WRE WAR	on a scale of	3	
How much pain, dis Pain, discomfort or What did you notice	comfort or distress are y distress for condition from the session?	ou experiencing 1 3 2 2488 WAR	on a scale of	3	
How much pain, dis Pain, discomfort or What did you notice	comfort or distress are y	ou experiencing 1 3 2 2488 WAR	on a scale of	3	

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

	Before the session		
Name Hom	Age 21 Se	Date Vol	(3
Condition 1. Journal Carles		3	
Symptoms for condition 1. 500	ac35 and lack of w	ebility	THE PROCESSES CONTRACTOR
Symptoms for condition 2.			
Symptoms for condition 3.			
How long have you had condition	14 day 5 2	3	
How much pain, discomfort or di	V		
Pain, discomfort or distress for co	ndition 1 2	3	
Time session begins 5:48			
The second segms of to	Ž.		
	After the session		
r m			
Time session ends 5.58			

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

What did you notice from the session? Increased flexisility and decressed

Pain, discomfort or distress for condition 1 4 2 3

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

ondition 2 ondition 3 you had condition , discomfort or d	n 1 / welk istress are you expe ondition 1 8	2	3 e of 1-10? (1= s	slight, 10= extrem	_
ondition 3 you had condition , discomfort or d t or distress for c	n 1 / welk istress are you expe ondition 1 8	2 riencing on a scal	3 3 (1= s	slight, 10= extrem	_
, discomfort or d t or distress for c	istress are you expe ondition 1 8	22 riencing on a scal	3 e of 1-10? (1= s	slight, 10= extren	
t or distress for o	ondition 1 8				ne)
	VIII. (1104) 27.100.	2	3		
egins 6:10					- 1
<u> </u>	72				
NAME OF TAXABLE PARTY.					1
	THE PERSON NAMED OF THE PERSON NAMED OF				
	After ti	he session			
.0		ac Session.			
		Though a settle of the property	e of 1-10? (1= s	light, 10= extrem	ne)
			_ 3	var	
	-	The state of the s	car fi	on	-
A	ul a	e to	il pr	in	- 1
L-/_	2 6.1	- ny	ayas	15 bec	wable i
-	t or distress for contice from the ses	nds 6:18 discomfort or distress are you expet or distress for condition 1 otice from the session? The	to distress for condition 1 3 2 ontice from the session?	ads 6:18 discomfort or distress are you experiencing on a scale of 1-10? (1= stor distress for condition 1 3 2 3 potice from the session? The analytic processed only the processed on	ads 6:18 discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extrem tor distress for condition 1 3 2 3 potice from the session? The analy flag. We selected only the pain

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Name Beau		Age <u>18</u>	Sex	Date 11/1	3 95	
Symptoms for condition	in 1 Police and	Mar Land		C		
Symptoms for condition	sed theel 2. on 1. Pain on on 2.	1400 801	Com of and	400£ 610000	00000	180
	on 3.					1
	d condition 1 3			3		1
	mfort or distress are ye					1
	stress for condition 1				, 10 CARCINE)	
	20 2 5247774		·			
Time session begins	6:00					
The same of the sa			manufacture in the first of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a section of the se			
						annii
						7
	At	fter the ses	sion	A A A A A A A A A A A A A A A A A A A		1
	C 1929/9400	fter the ses	sion			
	6:10					
	C 1929/9400			0? (1= slight	, 10= extreme)	
How much pain, disco Pain, discomfort or dis	6 '. 10 mfort or distress are years for condition 1	ou experiencing	on a scale of 1-1	18 6-50 6	2 1040	
How much pain, disco Pain, discomfort or dis	6 '. 10 mfort or distress are yo	ou experiencing	on a scale of 1-1	18 6-50 6	2 1040	
How much pain, disco Pain, discomfort or dis What did you notice fr	mfort or distress are your tress for condition 1 om the session?	ou experiencing	on a scale of 1-1	cased a	l amadica	"3
How much pain, disco Pain, discomfort or dis What did you notice fr	6 '. 10 mfort or distress are years for condition 1	ou experiencing	on a scale of 1-1	cased a	l amadica	"3
Pain, discomfort or dis What did you notice fr	mfort or distress are your tress for condition 1 om the session? The second of the session?	ou experiencing	on a scale of 1-1	ranged o	loamadia muc-	A.
How much pain, disco Pain, discomfort or dis What did you notice fr	mfort or distress are yetress for condition 1 om the session?	ou experiencing 3 2 4 Fair 6 Calle	on a scale of 1-1	The is	homadica much	1

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

	Before the session
Name Nadine	Age /9 Sex F Date 11/13/95
Condition 1. Son an	Le 2 jammed under finger 3. Shin solution
Symptoms for condition 1.	
Symptoms for condition 2.	jamed & Swollen (journel + t represent +)
	Gare or shin soliats
How long have you had con	dition 1 2 hours 2 22 weeks 3 on boff for 6 years
	or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress	for condition 1 <u>4-5</u> 2 <u>7</u> 3 <u>4</u>
Time session begins 6.4	10

Time session ends 7:10 How much pain, discomfort or distress are you experiencing on a scale of 1-10 Pain, discomfort or distress for condition 1 / 2 2 3 What did you notice from the session?	0? (1= slight, 10= extreme)
Comments: frager feels better than the happy. I rejumned ; feels 100% better at the on the outside. The amble feels short decontact, although my	t. eight shin sphort

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Name Paul	Age 21 Sex M Date 11/13/55
Condition 1. Back spasmy	2. Sore kneas 3.
Symptoms for condition 1. Spec	m, sore ness
	imited mobility (10ff worse)
Symptoms for condition 3.	
How long have you had condition	1 Spyp. 3 month 2 1 month 3
How much pain, discomfort or distre	ess are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
ain. discomfort or distress for cond	

Time session	ends 7,40
	ain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	fort or distress for condition 1 2 2 3 3 1 unotice from the session?
Comments:	condition I vertebrae slipped ligarety form July condition 2003 tibis swellen periodically from

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

	Before the session	n
Name Da Karai	Age <u>20</u> Se	ex M Date 11-13-95
Condition 1. Left Checkbon		
Symptoms for condition 1. Ache, t	ittle avolle	n , tuok bool fall
Symptoms for condition 2.		
Symptoms for condition 3.	*1	
Symptoms for condition 5.		
	2	3
How long have you had condition 1		3
How long have you had condition 1 How much pain, discomfort or distress a Pain, discomfort or distress for condition	re you experiencing on a	3

After the session

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 4 2 2 3

What did you notice from the session? I noticed the pain producted walk. My

Left cheek bone ached like a migrane head ache

Comments: and my ankle felt similar. I really

clickt think this would work until I saw

the results. This was very anazing!!!

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Name Nate	Ag	e <u>18</u> Sex	Date	11/13/95
Condition 1. Spreadles	Ankle 2.		3	7-1-
Symptoms for condition 1. Sta		ain		
Symptoms for condition 2.))(
Symptoms for condition 3.		115-80		
How long have you had condition	1 20 Mihu	12 2	3	
How much pain, discomfort or dist	ress are you expe	riencing on a so	cale of 1-10? (1	= slight, 10= extreme)
Pain, discomfort or distress for con	dition 1	2	3	(1990) (1 999) 1980) 1980 (1990) 199
Time session begins 8'.\0	=			

After the session	
Time session ends 8:27	
How much pain, discomfort or distress are you experiencing on a scale of I-10	? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1 3 2 3. What did you notice from the session? Swelling decreased by walk on 1+ a 11+1e.	sed. Able
comments: After 15 minutes, it desure a little better. Still some p I walk on it.	Hedanel Fett

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Trainer said 10-14 days. Health Corsaid 2+ weeks Com today

	Before the session
Nam	tition 1. Sprained Ankle (Left) Age 18 Sex M Date 11/2995 ition 1. Sprained Ankle 2. ptoms for condition 1. Miner swelling, pain alwing movement.
Cond	lition 1. Sprained Ankle 2.
Symp	proms for condition 1. Miner swelling, such during more ment.
Symp	ptoms for condition 2.
Symp	otoms for condition 3.
How	long have you had condition 1 one week 2 3
How	much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain,	discomfort or distress for condition 13-4 2 6 3
Time	discomfort or distress for condition 34 2 5 3 3 2 4 4 5 4 5 4 5 4 5 5 4 5 5 6 5 6 6 6 6 6
	Joseph Marie
- versions	
-	
	After the session
Time	session ends 7.50
Time	Jaking STII's
HOW I	much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Quantum-Touch, PO Box 852, Santa Cruz, CA 95061-0852, (408) 454-9740

What did you notice from the session? Swelling & pain docreased.

Comments: No painudess I walk on it, unlike before. Swellis Decreased in all arrasulere I was worked

Able to walk better.

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Bei	fore the session	
Name Note	Age Sex	Date 11/27/95
Condition 1 2.		
Symptoms for condition 1.		
Symptoms for condition 2.	0.1926-u	
Symptoms for condition 3.		
How long have you had condition 1	2	3
How much pain, discomfort or distress are yo	ou experiencing on a scale of	of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1		
Time session begins		
	iter the session	
Af	ter the session	
Af		f 1-10? (I= slight, 10= extreme)
Fime session ends How much pain, discomfort or distress are your pain, discomfort or distress for condition 1	ou experiencing on a scale o	3
Fime session ends How much pain, discomfort or distress are you Pain, discomfort or distress for condition 1 What did you notice from the session?	noath center	3_h marnites

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

The second secon	
Name ZEPHYR Age	8 Sex M Date Nov. 27 95
Condition 1. CRAMP (STOMACH). Pous	'고리' [전리 김 교 교통 : [[[[[[[[[[[[[[[[[[
Symptoms for condition 1.	
Symptoms for condition 2.	
Symptoms for condition 3.	
How long have you had condition 1 ONE WEEK	23
How much pain, discomfort or distress are you experience	ring on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1	2 3
Time session begins 6:15	
Time session begins 0.15	
After the s	ession
Time session ends 6:19	
How much pain, discomfort or distress are you experience	ring on a scale of 1-10? (1= slight 10= extreme)
Pain, discomfort or distress for condition 1	
What did you notice from the session?	
1/4	
addition in the first of the control	
Comments:	
Comments:	

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

		peiore me	26221011		
Name Note	a.h	Age	18 Sex	M D	ate 11/07/95
	cined Lot Ank		renjury	3	1
Symptoms for cond	lition 1. Pour	some	Swelli	20	
Symptoms for cond	lition 2.	TARROW MANAGEMENT	NV-S-MOVE-VENIEN	0	
Symptoms for cond		2562 II 2560 (2011) WALLE	2-780		
How long have you	had condition 1	weeks) 2		3
How much pain, di	scomfort or distress a	re you experier	icing on a scal	le of 1-10?	(1= slight, 10= extreme
	distress for condition				
	9200000 22	31			
Time session begii	18 1.40				
				-	
		A 64 41			
		After the	session		
Time session ends	8:15				
					7
low much pain, di	comfort or distress a	re you experien	icing on a scal	le of 1-10?	(1= slight, 10= extreme)
ain, discomfort or	distress for condition	11-2	2	3	
Vhat did you notic	from the session?_	Pain de	c-ecc	ed on	5100 OF
anto.	hut still	1.41.	194	37. <	Sin Wha
Openio	SOOO	24 50	1/20	2	
SI SI	200 Un 70	p \$ 50	4	7 7	0011
Comments:	arp pais	12 dos	De 1		
	The state of the s			Barrier Charles	

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

Condition 1.		1 / /+			
	ion 1. Scratzky	· · · · · · · · · · · · · · · · · · ·			Transperson and as the
Symptoms for condi-	ion 2. emfaned	theat			
Symptoms for condi-	ion 3				
How long have you l	nad condition 1 1 d	en 2	W" A SWEET	3	
	comfort or distress are you				
	listress for condition 1_			-	
Time session begins	6:00				
	₩.				
	Aft	er the session	1		
'ime session ends/	\$6.000.00 To	er the session	1		
	0:10			027	oh 10- osto-
low much pain, disc	omfort or distress are you			0? <u>/ (1</u> = sli	ght, 10= extreme
ain, discomfort or d	omfort or distress are you istress for condition 1	experiencing on a	scale of 1-1	1170-1117	ight, 10= extreme
How much pain, discomfort or d	omfort or distress are you		scale of 1-1	1170-1117	ght, 10= extreme
How much pain, discomfort or d	omfort or distress are you istress for condition 1	experiencing on a	scale of 1-1	1170-1117	ight, 10= extreme
How much pain, discomfort or d	omfort or distress are you istress for condition 1	experiencing on a	scale of 1-1	1170-1117	ight, 10= extreme
How much pain, discomfort or d	omfort or distress are you istress for condition 1	experiencing on a	scale of 1-1	1170-1117	ight, 10= extreme

Questionnaire

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Name JAMIE	Age 19	Sex F Date	12/9/95
Condition 1. KNEE POIN	(4FT ₂)	3	W. W
Symptoms for condition L	DIESS AND IN	1 FLAMMATION	- 10-24-31-10-1-10-17-10-20-11-11-10-10-11-11-10-10-11-11-10-11-11
Symptoms for condition 2.			
Symptoms for condition 3.			
How long have you had condition	13 DAKS (COMES	*GOET) 3	
How much pain, discomfort or dis	stress are you experiencing	g on a scale of 1-10? (l= slight, 10= extreme
		2 3	
Pain, discomfort or distress for co	ndition 1 5	43	

After the session
Time session ends 6:40
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1 1 2 3
What did you notice from the session? I NOTHED IN THE SECURING MY KNEE
WAS INFLAMMED AND SORE AND & VERY TENSE. OVER TIME
Comments: FEELS MUCH BETTER, AND BROIGHT DOWN THE SWELLING.
I REALLY WAS IMPERSSED, I WONDA'T MIND HAVING
IT DON'T EVERY TIME I HAD DRINKS I STHINK
THIS COOKED BE A REGULAR PRACTICE. IT'S LIKE THE
PAIN MELTS AWAY.

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

	Before the session
Name Adam	Age 21 Sex M Date Dea 4
Condition 1. Chills	2. Headashe 3. Sore Throat
Symptoms for condition 1	eding, inability to get worm forcer
Symptoms for condition 2.	
Symptoms for condition 3. 500	etclines in throat, general surviess
How long have you had condition	1_16 hes 2_16 hes 3_16 hes
	stress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
ain, discomfort or distress for co	ondition 1 6 2 7 3 3
Time session begins	\$
	After the session
Time session ends 7:12	
low much pain, discomfort or dis	stress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
ain, discomfort or distress for co	ndition 1 <u>5</u> 2 <u>5</u> 3 1
What did you notice from the sess	sion? My fever and shills decreased
slightly and my	just sieress in the throat and
head I come down	in. I feel slightly better then at
Comments: 16 Sussid	artset.