

Quantum-Touch™

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 Abel [REDACTED] M Sex M Date Oct 31, 1995
The condition to be worked on _____
Symptoms Thumb Finger
How long have you had this condition? 30 mins
How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 7
(1= slight, 10= extreme)

Time session begins 7:00

After the session

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 2
(1= slight, 10= extreme)
How long was the session? 5 min Time 7:05
What did you notice from the session? Just relaxing, makes the pain go away!
Comments: Felt good!

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Before the session

Name JAVED [REDACTED] Age 24 Sex M Date 10-31-95
The condition to be worked on _____
Symptoms Knee pain and thumb pain
How long have you had this condition? 5 yrs^{Knee} + 3 weeks (thumb)
How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 5 + 8
(1= slight, 10= extreme)

Time session begins 8:10

After the session

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 1 + 0
(1= slight, 10= extreme)
How long was the session? Session Time 7:18
What did you notice from the session? The pain in my thumb lessened ~~for~~ and it increased my movement. The pain in my knee disappeared.
Comments: This is amazing. I can't explain it but I do like the results. I want my own teacher. After a couple more minutes

Pain in thumb was completely
Quantum-Touch, PO Box 852, Santa Cruz, CA 95061-0852, (408) 454-9740

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Before the session

Name Adam [redacted] Age 21 Sex M Date Oct 31

The condition to be worked on Spinal Ankle

Symptoms Pain and Swelling in Ankle

How long have you had this condition? 4 years (off and on)

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

Time session begins 7:20 - 7:30

After the session

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

How long was the session? 10 min Time 7:30 pm

What did you notice from the session? Reduced swelling and pain.
increased mobility.

Comments: I was surprised by simplicity of the
technique. It worked.

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Before the session

Name Beau Age 18 Sex m Date 10/31/85
The condition to be worked on jammed finger, chronic back injury
Symptoms Can't bend my finger, extreme lower back pain
How long have you had this condition? finger for 1 week, lower back for 3 yrs.
How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? back - 8 finger - 6
(1= slight, 10= extreme)

Time session begins 7:30

After the session

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? back - 5 finger - 2
(1= slight, 10= extreme)
How long was the session? 15 min Time 7:45
What did you notice from the session? I felt the energy transfer and the pain decreased and mobility increased
Comments: I would love to see this more explored in the scientific field. The advantages are endless. I will definitely tell my psych teacher about you and your teachings.

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Before the session

Name Stephen [redacted] Age 18 Sex M Date 10/31/95
The condition to be worked on high in flamed
Symptoms strained right thigh
How long have you had this condition? 5 days
How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 4
(1= slight, 10= extreme)

Time session begins _____

After the session

How much pain, discomfort or distress are you experiencing now, on a scale of 1-10? 0
(1= slight, 10= extreme)
How long was the session? 5 min Time _____
What did you notice from the session? Releasing of tightness, loosening;
day after felt much better.
Comments: _____

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Before the session

Name Nate [redacted] Age 18 Sex M Date 11/7/95

Condition 1. Sore Left Arm 2. _____ 3. _____

Symptoms for condition 1. Pain

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 One Day 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 1 6-8 2 _____ 3 _____

Time session begins _____

After the session

Time session ends _____

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 6 2 _____ 3 _____

What did you notice from the session? The next day, arm felt better.

Comments: At first, there was no change, but I gradually felt better.

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Before the session

Name MARK [REDACTED] Age 22 Sex m Date 11/2/95
Condition 1. neck 2. shoulders 3. _____
Symptoms for condition 1. stiffness
Symptoms for condition 2. stiffness
Symptoms for condition 3. _____
How long have you had condition 1 2 years 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 1 5 2 5 3 _____
Time session begins _____

After the session

Time session ends _____
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 3 2 3 3 _____
What did you notice from the session? MAKE WARMTH

Comments: _____

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Before the session

Name Adam [redacted] Age 21 Sex M Date Nov 13
Condition 1. Injured (ankle) L.F. 2. _____ 3. _____
Symptoms for condition 1. Soreness and lack of mobility
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 4 days 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 1 9 2 _____ 3 _____
Time session begins 5:40

After the session

Time session ends 5:50
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 _____ 3 _____
What did you notice from the session? Increased flexibility and decreased pain.
Comments: I have been helped before and it has always been successful. It has always helped to relax my muscles and decrease soreness.

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Before the session

Name DAVID [REDACTED] Age 21 Sex M Date Nov 13, 1995
Condition 1. Tennis elbow 2. _____ 3. _____
Symptoms for condition 1. pain in elbow
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 1 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 1 8 2 _____ 3 _____
Time session begins 6:40

After the session

Time session ends 6:18
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 3 2 _____ 3 _____
What did you notice from the session? The energy flow
felt increased and the pain
subsided a bit. My arm is bearable now
Comments: Very dramatic results. I just
hope it continues to heal afterwards

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Before the session

Name Beau [redacted] Age 18 Sex M Date 11/13/95
Condition 1. Bruised Heel 2. _____ 3. _____
Symptoms for condition 1. Pain on the bottom of my foot when I walk? jump
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 3 days 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 1 8 2 _____ 3 _____
Time session begins 6:00

After the session

Time session ends 6:10
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 3 2 _____ 3 _____
What did you notice from the session? The pain decreased dramatically in a short amount of time. It is much easier to walk now.
Comments: The process really seems to work and proves very helpful in recovery time.

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WOMAN'S BASKETBALL

Before the session

Name Nadine Age 19 Sex F Date 11/13/95
Condition 1. sore ankle 2. jammed index finger 3. shin splits
Symptoms for condition 1. sore & swollen
Symptoms for condition 2. jammed & swollen (jammed it & re-jammed it)
Symptoms for condition 3. sore or shin splits
How long have you had condition 1 2 hours 2 2 weeks 3 on & off for 6 years
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 4-5 2 7 3 4
Time session begins 6:40

After the session

Time session ends 7:10
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 2 3 R=0 L=1
What did you notice from the session?

Comments: finger feels better than before. I re-jammed it. right shin split feels 100% better. left shin split feels 100% better on the inside and slight on the outside. The ankle feels slight discomfort, although much improved.

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Before the session

Name Paul [redacted] Age 21 Sex M Date 11/13/95
Condition 1. Back spasms 2. Sore knees 3. _____
Symptoms for condition 1. Spasms, soreness
Symptoms for condition 2. pain, limited mobility (left worse)
Symptoms for condition 3. _____
How long have you had condition 1. Since 3 months 2. 1 month 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 1 5 2 7 3 3
Time session begins 7:15

After the session

Time session ends 7:40
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 4 2 6 3 1
What did you notice from the session? _____

Comments: Condition 1 vertebrae slipped ligaments torn July
Condition 2+3 tibial swollen periodically from
injury past 8 years
left knee bruised 11/11/95

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Before the session

Name Dakarai [REDACTED] Age 20 Sex M Date 11-13-95
Condition 1. Left Cheekbone 2. Left Ankle 3. _____
Symptoms for condition 1. Ache, little swollen, took bad fall
Symptoms for condition 2. minor sprain " " "
Symptoms for condition 3. _____
How long have you had condition 1. _____ 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 1 8 2 6 3 _____
Time session begins 7:50 PM

After the session

Time session ends 8:00 PM
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 ~~was~~ subsided rapidly. when I fell, I could hardly walk. My left cheekbone ached like a migraine headache
Comments: and my ankle felt similar. I really didn't think this would work until I saw the results. This was very amazing!!!!

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Before the session

Name Nate [redacted] Age 18 Sex M Date 11/13/95
Condition 1. Spained Left Ankle 2. _____ 3. _____
Symptoms for condition 1. Swelling, pain
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 20 minutes 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 1 5 2 _____ 3 _____
Time session begins 8:10

After the session

Time session ends 8:27
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 3 2 _____ 3 _____
What did you notice from the session? Swelling decreased. Able to walk on it a little.
Comments: After 15 minutes, it deswelled and felt a little better. Still some pain when I walk on it.

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Trainer said 10-14 days. Health Ctr said 2+ weeks from today.

Before the session

Name Nate [redacted] Age 18 Sex M Date 11/29/95
Condition 1. Sprained Ankle (left) 2. _____ 3. _____
Symptoms for condition 1. Minor swelling, pain during movement.
Symptoms for condition 2. _____
Symptoms 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 1 3-4 2 6 3 _____
Time session begins 6:45 sitting walking

After the session

Time session ends 7:50
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 2 2 0 3 _____
What did you notice from the session? Swelling & pain decreased.
Able to walk better.
Comments: No pain unless I walk on it, unlike before. Swelling decreased in all areas where I was worked on in order.

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Follow up on session 11/20

Before the session

Name Nate [REDACTED] Age Sex Date 11/27/95
Condition 1. 2. 3.
Symptoms for condition 1.
Symptoms for condition 2.
Symptoms for condition 3.
How long have you had condition 1 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 1 2 3
Time session begins

After the session

Time session ends
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 2 3
What did you notice from the session? At health center on morning,
they said not to walk for a week. I was
treated, felt better right away. Swelling
Comments: went down immediately. The
next day I started walking & by Wednesday
I could walk normally.

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Before the session

Name ZEPHYR [REDACTED] Age 18 Sex M Date Nov. 27, 95

Condition 1. CRAMP (STOMACH) PULSED MUSCLE? 3. _____

Symptoms for condition 1. _____

Symptoms for condition 2. _____

Symptoms 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 1 5 2 _____ 3 _____

Time session begins 6:15

After the session

Time session ends 6:19

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 0 2 _____ 3 _____

What did you notice from the session? The pain went away.

Comments: _____

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Before the session

Name Nate [redacted] Age 18 Sex M Date 11/07/95
Condition 1. Sprained Left Ankle 2. Slight reinjury 3. _____
Symptoms for condition 1. Pain, some swelling
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 Two weeks 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 1 6 2 _____ 3 _____
Time session begins 7:40

After the session

Time session ends 8:15
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 2 _____ 3 _____
What did you notice from the session? Pain decreased on side of ankle, but still a little left. Swelling decreased on top & back of foot.
Comments: Sharp pain is gone.

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Before the session

Name Adam [redacted] Age 17 Sex M Date Dec. 4
Condition 1. Sore Throat 2. _____ 3. _____
Symptoms for condition 1. Scratchy back of Throat
Symptoms for condition 2. enflamed throat
Symptoms for condition 3. _____
How long have you had condition 1. 1 day 2. _____ 3. _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? 3 (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. _____ 2. _____ 3. _____
Time session begins 6:00

After the session

Time session ends 6:10
How much pain, discomfort or distress are you experiencing on a scale of 1-10? 2 (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. _____ 2. _____ 3. _____
What did you notice from the session? tender glands on throat
feels better now. → After practicing it
became a 1.
Comments: Thanks!

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Before the session

Name JAMIE [REDACTED] Age 19 Sex F Date 12/9/95
Condition 1. KNEE PAIN (LEFT) 2. _____ 3. _____
Symptoms for condition 1. SWELLING AND INFLAMMATION
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1. 3 DAYS (COMES + GOES) 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 1. 5 2. _____ 3. _____
Time session begins 6:30

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 NOTICED IN THE BEGINNING MY KNEE WAS INFLAMED AND SURE AND VERY TENSE. OVER TIME IT BEGAN TO RELAX AND I FELT A FEW SHARP PAINS. IT FEELS MUCH BETTER, AND BROUGHT DOWN THE SWELLING.
Comments: I REALLY WAS IMPRESSED, I WOULDN'T MIND HAVING IT DONE EVERY TIME I HAD SWELLING. I THINK THIS SHOULD BE A REGULAR PRACTICE. ITS LIKE THE PAIN MELTS AWAY.

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Before the session

Name Adam Age 21 Sex m Date Dec 4
Condition 1. Chills 2. Headache 3. Sore Throat
Symptoms for condition 1. Sweating, inability to get warm, fever
Symptoms for condition 2. _____
Symptoms for condition 3. Scratchiness in throat, general soreness
How long have you had condition 1. 16 hrs 2. 16 hrs 3. 16 hrs
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. 6 2. 7 3. 3
Time session begins 6:45

After the session

Time session ends 7:12
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. 5 2. 5 3. 1
What did you notice from the session? My fever and chills decreased slightly and my general soreness in the throat and head came down. I feel slightly better than at
Comments: The session's outset.