SWIN IEAN

Quantum-Touch.

MEN'S SWIM TEAM

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 OSh Age 18 Sex M Date 1/2/96
Condition 1. Sore Shall A. 3.
Symptoms for condition 1. Hurses when I rotate it
Symptoms for condition 2.
Symptoms for condition 3.
How long have you had condition 1 1 1 2 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 levels for condition 1 _ 0 _ 2 3
After the session
Time session ends

JWW TEAM

MEN'S SWIM TEAM

Quantum-Touch.

Questionnaire

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

Age 24 Sex M Date 124/46 Condition 1. Class Pain 2. And Pain 1. Alegan 3. Symptoms for condition 1. Sharp have Pain 1. Alegan Symptoms for condition 2. Sharp have Pain 1. Alegan Symptoms for condition 3. How long have you had condition 1 2 with 2 2 2 4 4 4 5 5 5 Fine session begins 4:58 After the session After the session Time session ends 5:12 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Fine session ends 5:12 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Fine session ends 5:12 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Fine session ends 5:12 How much pain, discomfort or distress for condition 1 5 2 3 What did you notice from the session? Flow for 1t losses 1 Congress the Italy and the Italy a		Before the session
After the session After the session Condition 1. Character for condition 2. Shall be for five for fi	Name_	Brent Agg 24 Sex M Date 12/2/96
After the session After the session Cime session ends 5 After the session What did you notice from the session? Flow for the session? Element of the session of of the se	Conditio	
After the session After the session Cime session ends 5 After the session What did you notice from the session? Electric for condition 1 5 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Sympton	ms for condition 1. Sharp bone Dain A. el Gray
After the session After the session Cime session ends 5: 5 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) After the session Cime session ends 5: 5 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Time session ends 5: 5 Low 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 What did you notice from the session? Flow for it loss of 1-10 for the session?		
After the session After the session Cime session ends 552 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) After the session Cime session ends 552 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 What did you notice from the session? Flow for It losses - It could be session.	Sympton	ms for condition 3.
After the session After the session After the session Sime session ends 5:2 Now 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 What did you notice from the session? Floor for It bessey - It congress the Heaven.	How lon	ng have you had condition 1 2 wates 2 2 4 gas 3
After the session Sime session ends 5.2 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Fain, discomfort or distress for condition 1 5 2 3 What did you notice from the session? Floor for it because it consequently the strain.	How mu	ich pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
After the session Time session ends 572 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) rain, discomfort or distress for condition 1 5 2 3 What did you notice from the session? Floor for it because 1 conjugate the first form.	Pain, dis	scomfort or distress levels for condition 1 8 2 7 3
After the session Time session ends 572 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) rain, discomfort or distress for condition 1 5 2 3 What did you notice from the session? Floor for it because 1 conjugate the first form.	Time se	assign begins 11.68
Time session ends 5.72 Now 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 What did you notice from the session? Flow for it looses - It conjugate the first of the session?	A line se	231011 Orgins 4.70
Now 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 What did you notice from the session? Eller for 1 hosey - 12 configuration.		After the session
Now 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 What did you notice from the session? Flow or It loosey - It copyed the Strate.		F.h
Vhat did you notice from the session? Flow or it loosey - it esquel be strong		
What did you notice from the session? Eller frit losser - It was get the Station		
comments: This is a giral stray what on the results?	What did	d you notice from the session? Eller or It loosey - it cosque the atturn
comments: This is a giral study what one the results?	-	
Comments: NS & a giral study what on the 1454/13!		1
	Commen	nts: IMS is a giral study what are the results!
		,

City Leabue - Playing UCSC WOMAN'S TEAM

Quantum-Touch.

Questionnaire

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

-	16 KIM Age 36 Sex F Date 1/2/96
Con	dition 1. Jamed Thumb 2. 3.
Syn	ptoms for condition 1. pain in thumb joint
	ptoms for condition 2.
50.	ptoms for condition 3.
How	long have you had condition 1 1 hr. 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
Γim	e session begins 7 maja. C:45
Charles .	
	After the session
	- 52.1
	e session ends 7min. 6:52
Iow	e session ends 7 min. 6:57 much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
low ain	e session ends 7 min. 6:52 much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) discomfort or distress for condition 1 2-3 2 3
low ain	e session ends 7 min. 6:52 much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) discomfort or distress for condition 1 2-3 2 3
low ain Vha	e session ends 7 min. 6:52 much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) discomfort or distress for condition 1 2-3 2 3 did you notice from the session? My thumb was through the condition the session? My thumb was through the condition the condition that the condition the session?
Iow Pain Wha	e session ends 7 min. 6:57 much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

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	27
Name Stephanic Age 18 Sex F D	Pate 1296
Condition 1. Speciaed andle 2. 3.	
Symptoms for condition 1. Can't put any Dressur	e on At
Symptoms for condition 2. 45/19 court hat	
Symptoms for condition 3. sprained on both side	S
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 levels for condition 1 2 2 2	3
Time session begins 7:05	

Questionnaire

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

Vame Robert	Age 18	Sex M Date	10/3/96
Condition 1. Some back 2		3	7
Symptoms for condition 1. after a U	mledowak b	egins to cram	000
Symptoms for condition 2.		u u	1. 1
Symptoms for condition 3.	200 March 1912 280 110 120 1		
low long have you had condition 1 3	days 2	3	
ow much pain, discomfort or distress are y			
ain, discomfort or distress levels for cond	III De i	(T)3	TO 10-57 USS
ime session begins 9:25	اب ا	nen hustorte	al .

Time session ends 9:38 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 3 What did you notice from the session? The pain in the lower back cleaned Defalor and it wasn't as tight as it was wasn't are again.

After the session

comments: I felt that it was amazing that he could make the pain inthe book op away so fort without putting to much pressure on the book.

Questionnaire

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

Name (ATH	Age 18 Sex F Date 01 04 96
	PULSEY PIBS 2. 3.
	ndition I.
	ndition 2.
Symptoms for cor	ndition 3.
How long have yo	ou had condition 1 2 WEEKS 2 3
How much pain, o	discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort of	or distress levels for condition 1 _ 7 _ 2 3
Time session beg	ing U:18
rime session beg	
	After the session
l'ime session end	
How much pain, or Pain, discomfort or	s 6.30 liscomfort or distress are you experiencing on a scale of 1-10? (I= slight, 10= extreme) or distress for condition 1 2 3
How much pain, or Pain, discomfort or	s 6:30 liscomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
How much pain, or Pain, discomfort of	s 6.30 liscomfort or distress are you experiencing on a scale of 1-10? (I= slight, 10= extreme) or distress for condition 1 2 3
How much pain, o Pain, discomfort o What did you noti	s 6.30 discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) or distress for condition 1 2 2 3
Pain, discomfort o	s 6.30 liscomfort or distress are you experiencing on a scale of 1-10? (I= slight, 10= extreme) or distress for condition 1 2 3

Questionnaire

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

Name _	Stephanie Age 18 Sex F Date 1/4/96
Conditio	n I. Sprained antie 2.
Sympton	ns for condition 1. Little Sipoller, tender
Sympton	ns for condition 2.
Sympton	ns for condition 3.
How lon	g have you had condition 1 lo days 2 3
	ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme
Pain, dis	comfort or distress levels for condition 1 5 2 3
Time se	5.25
	sion begins 3.4.7
	ssion begins 5:25
	After the session
	After the session
Time see	After the session
Time set	After the session usion ends 6:05 ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme
Time see	After the session sion ends 6:05 ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme comfort or distress for condition 1 3 2 3
Time see	After the session sion ends 6:05 ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme comfort or distress for condition 1 3 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Time see How mu Pain, dis	After the session usion ends 6:05 ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme comfort or distress for condition 1 3 2 3 lyou notice from the session? Swelling reduced even more able to point my the session.
Time see How mu Pain, dis	After the session sion ends 6:05 ch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme comfort or distress for condition 1 3 2 3 lyou notice from the session? Swelling reduced even more able to point my test was foot from side to Side. Much improvement

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 2 Sex M Date 1/4/94
Condition 1. back pai	23
Symptoms for condition 1	pesm , stibless
Symptoms for condition 2	
Symptoms for condition 3	
How long have you had conditi	ion 1 5 mos 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 lev	vels for condition 1 6 2 4 3
Fime session begins 6:5	S
	After the session
Time session ends	After the session
Time session ends	
Time session ends How much pain, discomfort or	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme
Time session ends How much pain, discomfort or Pain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
How much pain, discomfort or Pain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
low much pain, discomfort or ain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3
How much pain, discomfort or Pain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3 3 5 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6
How much pain, discomfort or Pain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
How much pain, discomfort or Pain, discomfort or distress for What did you notice from the s	distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme condition 1 4.5 2 3 3 5 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6

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WOMAN'S SWIM TEAM

Quantum-Touch.

Questionnaire

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

DIVE TEAM

	DIVE TEAM
	Before the session
1/411	
Name Kelly	Age 19 Sex F Date Van 5,1996
Condition 1. VY	uised elbow 2.
Symptoms for condi	uised elbou 2. Age 19 sex F Date Van 5,1996 uised elbou 2. ition 1. discolored, not broken but may be splinten
Symptoms for condi-	tional SUNDLEN, jammed arm doesn't straiten out
Symptoms for condi-	
How long have you l	had condition 1 Week 3
	comfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or o	distress levels for condition 1 5 4 5 3
Time session begins	2:15
	After the session
Γime session ends	2:55
	comfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	distress for condition 1 3 2 3
	from the session? I could feel an almost electrode
C 1	my arm It is easier to straiten my
telling in	41100101
arm out	
arm out.	hink this type of healing is really
Comments: FY	
Comments: FY	ely recovering from an injury is
Comments: I +	hink this type of healing is really lely recovering from our injury is ortant. Swelling went down

WOMAN'S SWIM TEAM

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	e the session	
Name Lindsan	4	Age 19 Sex	F Date 1-6-96
Condition 1. Short	ilder pain 2.		1 when swimming. - past 90° when pai
Symptoms for condit	ion 1. Shooting par	in discomfor	1 when swimming
Symptoms for condit	ions inability -	to raise arm	. past 90° when pai
Symptoms-for-condit	ion3 occurs. (from	m tendonitis)	
How long have you h	ad condition 1 6 ye	ar8 2	3
How much pain, disc	omfort or distress are you ex	xperiencing on a scale	of 1-10? (1= slight, 10= extreme)
Pain, discomfort or d	istress levels for condition	1 6 2	3
Time session begins	A:53	The state of the s	
Harrist Control of Con			
	Arter	r the session	
Time session ends	19 9:13		
How much pain disc	omfort or distress are you ex	speriencing on a scale	of 1-10? (1= slight, 10= extreme)
muon pam, uisc	istress for condition 1	- C	3
Pain, discomfort or d		A CONTRACTOR OF THE CONTRACTOR	3
Pain, discomfort or d	from the session? W2	A CONTRACTOR OF THE CONTRACTOR	_ 3
Pain, discomfort or d		A CONTRACTOR OF THE CONTRACTOR	
Pain, discomfort or d What did you notice	from the session?	mtn	
Pain, discomfort or d What did you notice	from the session?	mtn	
Pain, discomfort or d What did you notice Comments: H W	ill be difficul-	to assess	absence/presence
Pain, discomfort or d What did you notice Comments: H W O f Pain Dols Not	from the session? War	to assess the Shou	absence/presence lder to swim
Pain, discomfort or d What did you notice Comments: H W O f Pain Docs Not Tendowtis	from the session? War ill be difficult Until Use hurt to raise pain came back	to assess the Shou my arm kafter on	absence/presence
Pain, discomfort or d What did you notice Comments: H W Of Pain Docs not Tendontis Muscle &	from the session? War	to assess the Show my arm Kafter on	absence/presence lder to swim anymore. imming a little-

Questionnaire

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

Condition 1. Pain a	loft shoulder Preestyle on	y sex my	Date 1/6/96
	n 1. Medium-slap pain		
	n 2	W-80	Section 1990 Annual Contraction of the Contraction
Symptoms for condition			
	d condition 1 1.5 week	The second secon	
			1-10? (1= slight, 10= extreme
Pain, discomfort or dis	tress levels for condition 1	<u> </u>	3
Fime session begins	9:20		
		The state of the s	
	After t	ne session	
	After the	he session	
Time session ends	2	he session	
	9:36		1-10? (1= slight 10= extreme
	9:36 mfort or distress are you expe	riencing on a scale of	1-10? (1= slight, 10= extreme
How much pain, discor	7.36 mfort or distress are you expe	riencing on a scale of	3
How much pain, discorpain, discomfort or dis What did you notice fr	7.36 mfort or distress are you expetress for condition 1 6 mm the session?	riencing on a scale of	3_214 + 3 rd fingers
How much pain, discorpain, discomfort or dis What did you notice fr	7.36 mfort or distress are you expetress for condition 1 6 mm the session?	riencing on a scale of	3_214 + 3 rd fingers
How much pain, discorpain, discomfort or dis What did you notice from of left a,	7.36 mfort or distress are you expe	riencing on a scale of landing	3

MEN'S SWIN TERM

Quantum-Touch.

Questionnaire

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

Name Justin	Age 23 Sex M Date 1/6/95
Condition 1. Brak	en Hand 2. 3.
	n 1. Thrabbing
Symptoms for condition	n2. Aches
Symptoms for condition	n 3. Swelling
How long have you ha	d condition 1 2 topo ks 2 3
	mfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	tress levels for condition 1 5 2 6 3 3
Time session begins	9.41
1 ime session begins	(. 70
1 ime session begins	After the session
Time session ends	After the session
Time session ends /	After the session
Time session ends /_	After the session

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Comments: Pain just disappeared from certain sports and did not return. Bone alignment of eith metacarpal fall better (straighter)

Questionnaire

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

Name Justin	SEATER SEATON	· lala.
	Age Sex	Date 1/8/94
Condition 1.		
Symptoms for condition 1.		
Symptoms for condition 2.		
Symptoms for condition 3.		
How long have you had condition 1		
How much pain, discomfort or distress are	you experiencing on a scale	of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for con	ndition 1 2 _	3
Fime session begins		
Fime session begins	After the session	From 1/6/2
	After the session	From 1/6/
l'ime session ends		,,,
	you experiencing on a scale	of 1-10? (1= slight, 10= extreme)
Fime session endslow much pain, discomfort or distress are	you experiencing on a scale	of 1-10? (1= slight, 10= extreme)
Fime session endslow much pain, discomfort or distress are	you experiencing on a scale	of 1-10? (1= slight, 10= extreme)
Fime session endslow much pain, discomfort or distress are	you experiencing on a scale 1 2 Voist pain (Can not came back	of 1-10? (1= slight, 10= extreme)

Questionnaire

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

Name OD	d Slagers 1 mildle	Date 1/8/96
Condition 1. Januar	d Singers 1. mildle	2 pinky
Symptoms for condition 1.		
Symptoms for condition 2.		
Symptoms for condition 3.		
How long have you had con	ndition 1 10 MIns 2	3
How much pain, discomfor	t or distress are you experiencing on a scale of	1-10? (1= slight, 10= extreme)
Pain, discomfort or distress	levels for condition 1_5 2_6	3
Time session begins 3		and a second of the second of
	After the session	
Time session ends 3:7		
	5	1-10? (1= slight 10= extreme)
	5 tor distress are you experiencing on a scale of	
How much pain, discomfort Pain, discomfort or distress	t or distress are you experiencing on a scale of for condition 1 2 2 3	3
How much pain, discomfort Pain, discomfort or distress	5 tor distress are you experiencing on a scale of	3
How much pain, discomfort Pain, discomfort or distress	t or distress are you experiencing on a scale of for condition 1 2 2 3	3
How much pain, discomfort Pain, discomfort or distress What did you notice from the	t or distress are you experiencing on a scale of for condition 1 2 2 3	3

Questionnaire

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

25.0	Before the session
Name Step)	nanie Age 18 Sex F Date 1/8/96 rained anklo 2. ition 1. very Soor, cant walk, some swelling ition 2.
Condition 1. Sp	ainel and 2. 3.
Symptoms for cond	ition 1. very some cant walk some swelling
Symptoms for cond	ition 2.
Symptoms for cond	1001 3.
How long have you	had condition 1 10 days 2 3
How much pain, dis	scomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or	distress levels for condition 1 2 2 3
Time session begin	•
	After the session
Time session ends	<u>4:15</u>
	4:15 comfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
How much pain, dis	distress for condition 1 2 2 3
How much pain, dis Pain, discomfort or What did you notice	scomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or What did you notice	distress for condition 1 2 3 3 (1= slight, 10= extreme)

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Quantum-Touch.

Questionnaire

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

Name Brian	Age 19 Sex M Date 1/8/96
Condition 1. pad be	-eK 2. 3.
	Smeness
Symptoms for condition 2	and the same of th
Symptoms for condition 3	
How long have you had cond	lition I a congle months 2 3
	or distress are you experiencing on a scale of 1-10? (1= slight, 10= extrem
Pain, discomfort or distress 1	levels for condition 1 7 2 3
	After the session
Firme session ends 4:3	
V2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1
How much pain, discomfort or Pain, discomfort or distress for	or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme or condition 1
How much pain, discomfort or Pain, discomfort or distress for	or distress are you experiencing on a scale of 1-10? (1= slight, 10= extrem
How much pain, discomfort or Pain, discomfort or distress for	or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme or condition 1

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vel2apo

20/104 Bay

Quantum-Touch.

Questionnaire

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

Name MARTIN	Age 21 Sex	M Date 1-8-95	
Condition 1. BACK ANN	Q. SMSMS	3	
Symptoms for condition 1.			
Symptoms for condition 2			111111111111111111111111111111111111111
Symptoms for condition 3			
How long have you had condition			
How much pain, discomfort or dist	tress are you experiencing on a s	cale of 1-10? * (1= slight, 10= e	xtreme)
Pain, discomfort or distress levels	for condition 1 7	23	
Time session begins 4:39			
Time session begins 7. J 1			
			Water de la fact
	After the session		
Time session ends 4:5200	After the session		
AND THE RESERVE AND THE PARTY OF THE PARTY O			xtreme)
Time session ends 4:52 PM How much pain, discomfort or dist Pain, discomfort or distress for con	tress are you experiencing on a s	cale of 1-10? 6 (1= slight, 10= e	xtreme)
How much pain, discomfort or dist	tress are you experiencing on a sudition 1 5 2	cale of 1-10? 6 (1= slight, 10= e	
How much pain, discomfort or dist Pain, discomfort or distress for con What did you notice from the sessi	tress are you experiencing on a solution 1 5 2 2 0 000? MUSILES SEEM M	cale of 1-10? 6 (1= slight, 10= e	
How much pain, discomfort or dist Pain, discomfort or distress for con What did you notice from the session	tress are you experiencing on a solution 1 5 2 2 on? MUSILES SEEM M	cale of 1-10?6 (1= slight, 10= e	
How much pain, discomfort or dist Pain, discomfort or distress for con What did you notice from the session	tress are you experiencing on a solution 1 5 2 2 on? MUSILES SEEM M	cale of 1-10?6 (1= slight, 10= e	

volley ball

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 Oded Age 21 Sex M Date 1-8-96
Condition 1R-KNEE 2. R-SHOULDER 3.
Symptoms for condition I. SHAPP PAIN ESP. WITH 3 UMPING
Symptoms for condition 2. PAIN WITH AWY SEVERE SHOVEDER W
Symptoms for condition 3.
How long have you had condition 1 5 years (office) 2 years 3
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for condition 1 8 2 7 3
Time session begins 5.79
Time session begins
After the session
Time session ends 5:22
Time session ends 5:22 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Time session ends 5.22 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 4 3
Time session ends 5.22 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 4 3 What did you notice from the session? Relaxing to the concentrated
Time session ends 5.22 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 4 3
Time session ends 5.22 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 4 3 What did you notice from the session? Relaxing to the concentrated

Questionnaire

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

Name Stephanie	Age 18 Se	x F Date 1/9/96	
Condition I. Sprained	anjella, 2.	3	
Symptoms for condition 1	Little swallen, cont pu	at much pressure of	n it
Symptoms for condition 2			
Symptoms for condition 3			
How long have you had co	ondition 1 11 days 2	3	
	ort or distress are you experiencing on a		eme)
Pain, discomfort or distres	s for condition 1 6	3	
Time session begins 4:2	5 Exemples	Alle a	
time session begins 7_4			
	After the session		
Firms receipt and 5:3			
	6	cools of 1 102 (15 slight 105 sutpe	
How much pain, discomfo	rt or distress are you experiencing on a		eme)
How much pain, discomfor Pain, discomfort or distres	rt or distress are you experiencing on a sis for condition 1 4 2	3	eme)
How much pain, discomfor Pain, discomfort or distres What did you notice from	nt or distress are you experiencing on a sister condition 1 4 2 the session?	lot page more l	oo se
Pain, discomfort or distres What did you notice from Pain 15 05 09	nt or distress are you experiencing on a session condition 1 4 2 the session? and be feels a away continuing the	lot floor more la	oose ama
How much pain, discomfor Pain, discomfort or distres What did you notice from Pain 15 Quing	nt or distress are you experiencing on a sister condition 1 4 2 the session?	lot floor more la	oose ama

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
	Stephen Age 19 Sex 14 Date 1/9/9C
Conditi	on 1. Shinsplints 2. ms for condition 1. Dain in Shin 3.
Sympto	ms for condition 1. Dain in Shin
	ms for condition 2.
Sympto	ms for condition 3.
How los	ng have you had condition 1 week 2 3
How m	uch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, di	scomfort or distress for condition 1 5 2 2 3
Time se	ession begins 5:33 - S
300000000000000000000000000000000000000	
	After the session
	*
	ssion ends <3:37
	sch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	scomfort or distress for condition 1 2 3
What di	
	d you notice from the session?
	d you notice from the session?
	d you notice from the session?