Questionnaire

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

Name Markid	Age 21 Sex 14 Date 1-10-95
	2 3
Symptoms for condition 1. Acure	SHOOPING AND
Symptoms for condition 2.	
Symptoms for condition 3	
	yones 23
How much pain, discomfort or distress a	are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain discomfort or distress for condition	n 13
am, discondition or distress for condition	1 1 2 3
	1 1 2 2 3
	1 1 2 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	1 1 7 2 3
	1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Time session begins 2.45	After the session
Time session begins 2.45	
Time session begins 3.45 Time session ends 4:00	
Time session begins 3.45 Time session ends 4:06 How much pain, discomfort or distress as	After the session

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Comments: ____

Questionnaire

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Name Bran Age 19 Sex M Date 1-18- Condition 1. back problems 2. 3.	96
Condition 1. back problems 2. 3.	WAS AND THE STATE OF THE STATE
Symptoms for condition 1. Lenses up extrem pain	
Symptoms for condition 2.	
Symptoms for condition 3.	
How long have you had condition 1 a coyele reeks 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	
After the session	
Time session ends 4:30	
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10=	avtrama)
Pain, discomfort or distress for condition 1 5 2 3 3	caucino)
What did you notice from the session? Loosened it up mone 50	

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Questionnaire

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

	Age 21 Sex M Date 1-10-96
_	2. RIGHT Show DER3.
Symptoms for condition 1. Sharp P	AN WITH JUMP
	WITH ARM SWING
Symptoms for condition 3.	ears 2 2 years 3
How long have you had condition 1 4	ears 2 2 years 3
	e you experiencing on a scale of 1-10? (I= slight, 10= extreme)
Pain, discomfort or distress for condition	1_8 2_7 3
Time session begins 4:30 p.h.	
	After the session
	After the session
Time session ends 4:55	
Time session ends 4:55_	
Time session ends 4:55 How much pain, discomfort or distress are Pain, discomfort or distress for condition	e you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Time session ends 4:55 How much pain, discomfort or distress are Pain, discomfort or distress for condition	e you experiencing on a scale of 1-10? (1= slight, 10= extreme) 1
Time session ends 4:55_ How much pain, discomfort or distress are Pain, discomfort or distress for condition What did you notice from the session?	e you experiencing on a scale of 1-10? (1= slight, 10= extreme) 1
Time session ends 4:55_ How much pain, discomfort or distress are Pain, discomfort or distress for condition What did you notice from the session?	e you experiencing on a scale of 1-10? (1= slight, 10= extreme) 1 5 2 4 3 REMAXING AND A PENETRATING SEMS
Time session ends 4:55_ How much pain, discomfort or distress are Pain, discomfort or distress for condition What did you notice from the session?	e you experiencing on a scale of 1-10? (1= slight, 10= extreme) 1 _ 5 _ 2 _ 4 _ 3 REMAXING AND A PENETRATING SEMS

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Questionnaire

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

After the session After the session After the session Time session ends 7:00 Town much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) After the session Time session ends 7:00 Town much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Town much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) That did you notice from the session? The more marement, swelling That did you notice from the session? The more marement, swelling That did you notice from the session? The more marement, swelling	Before the sessi	ion
Symptoms for condition 1. Swelling spaces, can put little pressure on the Symptoms for condition 2. Symptoms for condition 3. How long have you had condition 1 12 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 3 Time session begins 6:05 After the session Time session ends 7:00 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? 1 the wave mavement, swelling down a scale of 1-10? Swelling down single pain slight, 10= extreme)	Name Stephanie Age 18	Sex F Date 1/10/96
Symptoms for condition 1. Swelling, spaces, can put little pressure on the symptoms for condition 2. Symptoms for condition 3. How long have you had condition 1 12 days 2 3 4 1 1 1 1 2 days 2 3 4 1 1 1 2 days 4 1 1 2 days 4 1 1 2 days 4 1 1 1 2 days 4 1 1 1 2 days 4 1 1 2 days 4 1 1 1 2 days 4 1 1 2 days 5 1 1 2 days 6 1 1 1 1 2 days 6 1 1 1 1 2 days 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Condition 1. Sprained ankle, 2.	3.
After the session Time session ends 7:00 After the session Time session for or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Time session ends 7:00 After the session Time session or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? If the more markment, swelling down pain, pain slowly downed ains	Symptoms for condition 1. Swelling, some 95, of Symptoms for condition 2.	an put little pressure on it
After the session After the session After the session Time session ends 7:00 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Time session ends 7:00 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? 1 He wave marement, swelling down a scale of 1-10? (1= slight, 10= extreme)	Symptoms for condition 3.	
After the session After the session After the session Time session ends 7:00 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) Time session ends 7:00 Low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? 1 He wave marement, swelling down a scale of 1-10? (1= slight, 10= extreme)	How long have you had condition 1_12 days 2_	3
After the session After the session Time session ends 7:00 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? Little more movement, swelling down, pain slowly downers ains	How much pain, discomfort or distress are you experiencing or	n a scale of 1-10? (1= slight, 10= extreme)
After the session Time session ends 7:00 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? Ithe more marement, swelling down, pain slowly downers ains	Pain, discomfort or distress levels for condition 1 4	_ 2 3
After the session Time session ends 7:00 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? Ithe more marement, swelling down, pain slowly downers ains	Time session begins 6:05	
Time session ends 7:00 Now much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? I the more marement, swelling down, pain slowly downers are		nesting the expectate as
low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? ittle more movement, swelling down, pain slowly downers ains	After the sessi	on
low much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ain, discomfort or distress for condition 1 3 2 3 What did you notice from the session? ittle more movement, swelling down, pain slowly downers ains	7:00	
what did you notice from the session? I the more movement, swelling down, pain slowly decreasing		
what did you notice from the session? Little more movement, swelling down, pain slowly downersing		
down, pain slowly decreasing	What did you notice from the session?	nanamat cualling
0		
omments:	South Story agree Story	8
	Comments:	

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Questionnaire

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

6 601+humb 2. 3.
ition 1. Dain
ition 2.
ition 3.
had condition 1_1 day 23
comfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
distress levels for condition 1 2 3
5:25
After the session
5:32
comfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
distress for condition 1 2 2 3
from the session?
n lossened; was a bit stiffer; mobility in thumb
1 1

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Report Summary for *Quantum-Touch* * Cabrillo College Baseball March 18-19, 1996

Averages	Pain Before	Pain After	% of Pain Reduced	Length of Session
Mean	5.8	2.6	54%	8.6 minutes
Median	6	3	50%	7.0 minutes

Name	Page	Condition	Pain Before	Pain After	Time of Session	Swelling
Vince	1	Right Shoulder Pain	5	2	4 minutes	
Vince	1	Stiffness in Shoulder	4	2	4 minutes	
Daniel	2	Sore Elbow	5	1	13 minutes	
Daniel	2	Sore Side	6	2.5	10 minutes	y comments and the second
Во	3	Right Anterior Elbow	7	2	10 minutes	
Во	3	Chronic Sore Ankle	7	2	8 minutes	
Во	3	Neck Tightness	5	3	6 minutes	
Anthony	4	Sprained Rotator Cup	8	4	12 minutes	A CONTRACTOR OF THE
Anthony	4	Sore Knuckle	8	4	7 minutes	
Mike J.	5	Tight Shoulder	5	0	11 minutes	
Brian	6	Chronic Knee Pain	7	3	10 minutes	
Brian	6	Strained Hand Ligaments	7	4	8 minutes	
Brian	6	Knot in Shoulder	7	2	6 minutes	
Ben	7	Tendonitis in Shoulder	8	3	20 minutes	
Robin	8	Sore Shoulder	4	1.5	6 minutes	
Robin	8	Sore Elbow	4	1	5 minutes	1
Stephen	9	Sore Arm and Elbow Pain	2	1.3	7 minutes	
G. Arnot	10	Sore Shoulder	5	3	14 minutes	
Bo	11	Sore Shoulder	6	4	3 minutes	
Brian	12	Chronic Knee Pain	5	3	6 minutes	
Brian	12	Shoulder Pain	6	2	5 minutes	
Brian	12	Strained Hand Ligaments	4.5	3.5	6 minutes	
Elgin	13	Sinus Problems - Allergies	3	1	5 minutes	
Anthony	14	Elbow Pain	10	4	13 minutes	
Luke	15	Rotator Cuff	9	7	15 minutes	
Ryan	16	Tight Hamstring	8	5	13 minutes	
Jason	17	Pitched 6 innings				
Bill	18	Sore and Weak Rotator	6	3	5 minutes	

Quantum-Touch * Questionnaire

	Before The Session
Name VIVO	Age 47 Sex 11 Date 3-18-96
Condition 1 1	AN RT SHOWER STIFFNESS
Symptoms for o	ondition 1 SAIN - MOVEMENT RESTRICTED
	ondition 2. SAME
Symptoms for c	ondition 3.
How long have	you had condition 1 2 WKS 2 ZWKS 3
	discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme
Pain, discomfor	t or distress levels for condition 1 5 2 4 3
	13.6

	1313	After T	he Session		
Time session en	is //3				
How much pain.	discomfort or dist	tress are you expe	riencing on a scale	of 1-10? (1= sl	ight. 10= extreme
Pain. discomfort	or distress for con	ndition I Z	2_ Z	3	
What did you not	ice from the sessi	ion? LESS	PAIN	- MOR.	E
MOUTEN	wnT				
Comments:	DO FA	EEL BI	ETTER.	I WOGGE	2 HAUE
TO HAV	e MORE	SESSION	S TO M	AKE MY	<u> </u>
7		S HELPI			

Questionnaire

Age 18 Sex M Date 3-18-76 Indition 1 Sour Flow 2 Sore side 3 Introduction 1.	
nptoms for condition 1.	w
interns for condition 2	
proms for condition 2	
optoms for condition 3.	
long have you had condition 1 5 years 2 5 years 3	
much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= ex	
a. discomfort or distress levels for condition 1 5 2 6 3	,
e session begins 2:55	
After The Session	
much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= ex	treme)
discomfort or distress for condition 1 1 2 3+07 3	
at did you notice from the session? tingling in the ribow, loss of	
poreness	
mander to the same of the same	
ments: It seems pretty effective.	
mens: -1 seems pretty effective.	

Quantum-Touch * Ouestionnaire

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

Name Bo Age 19 Sex M Date 3.18.96 Condition 1. Cight website elbanz right Intend Melledus 3. Neck. Symptoms for condition 1. Seveness tightness. Symptoms for condition 2. chronic Seveness in [lammatium, tendenih]. Symptoms for condition 3. Tightness (enstantly adjustment How long have you had condition 1.2 means 2.272 means 3. / month 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 1.7.2.7.3.5 Time session begins 3.14

			ie Session		
Time session e	nds 3:38				
How much pair	n. discomfort or dis	stress are you experi	iencing on a scale	of 1-10" (1=	slight. 10= extreme)
What did you n	n or distress for co otice from the sess outness.	ndition 1 Z	2 2 as reduced	1 and 7	Felt
Comments: _&	every thing	decreamed	in pa	in Feli	t great!

Questionnaire

Name ANTHONY	Age 18 Sex M Date 3/18/96
Condition 1.58445	Rutato Cup 2
Symptoms for condition	1 L
Symptoms for condition	12. Soic NUNITE
Symptoms for condition	13
How much pain, discon	condition 14 Months 2 3 Ifort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	ress levels for condition 1 8 2 8 3 3 4
Time session begins	3. 3 9 After The Session
Time session begins	3. 3 9 After The Session
Time session begins Time session ends 3 How much pain, discom	After The Session 5 % from or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Time session begins Time session ends 3 How much pain, discom	After The Session
Time session begins Time session ends 3 How much pain, discompain, discomfort or distributed by the discomfort of the	After The Session 5 % Inform or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ress for condition 1 * 4 2 4 3 * 3 * 3 * 3 * 4 * 4 * 4 * 3 * 4 * 4
Time session begins Time session ends 3 How much pain, discompain, discomfort or distributed by the session begins 1	After The Session 5 8 Inform or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ress for condition 1 4 4 2 4 3
Time session begins Time session ends 3 How much pain, discompain, discomfort or distributed to the pain and the pain and the pain are the pain. The pain are t	After The Session 5 8 Infort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ress for condition 1 * 4 2 4 3 In the session? That If were A 10+ Before
Time session begins Time session ends 3 How much pain, discompain, discomfort or distrements and the comments of the comment	After The Session 5 % Inform or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) ress for condition 1 * 4 2 4 3 * 3 * 3 * 3 * 4 * 4 * 4 * 3 * 4 * 4

Quantum-Touch * Questionnaire

Name Mke Condition 1. Tig Symptoms for cond	Miness in shealth? Age 20 Sex M I	Date 3/18/16
symptoms for cond	min 1. Tight was 1 60 str. cuf	
Symptoms for cond	lition 2.	
Symptoms for cond	ition 3.	
fow long have you	had condition 1 of ton y/3, 2	.3
	scomfort or distress are you experiencing on a scale of 1-10?	
ain, discomfort or	distress levels for condition 1 5 2	3
Γime session begin	s 402	
Andread State of the Control of the	After The Session	
ime session ends		
	scomfort or distress are you experiencing on a scale of 1-10?	
ain, discomfort or What did you notice	distress for condition 1 2 2 3 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Comments: 7	erapy worked well	

Quantum-Touch * Questionnaire

B.	19 . 11 . 3/12/0/
Condition 1	Knees 2 Hand 3/18/96
100	condition 1. 3 oreness esp. right outer knee
Symptoms for o	ragging pain told in mylan sheath supporting kneer condition 2. strained tens ligaments between middle fingers: bruise on right palm condition 3 knots in shoulder it to rotator muscles
How much pain	you had condition 1 10 months 2 2 weeks 3 6 months i. discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) it or distress levels for condition 1 7 2 7 3 7
Time session b	egins <u>4118</u>
	After The Session
	AND STATE OF THE S
Γime session e	nds 4:42

Quantum-Touch * Ouestionnaire

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

Condition 1. TENDON 177 S	2	3
		OF SHOULD BR
Symptoms for condition 2.		
Symptoms for condition 3.		
How long have you had condition 1	(months 2	3
		scale of 1-10? (1= slight, 10= extr
Pain, discomfort or distress levels fo	r condition 1 8	23

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 3 2 3

What did you notice from the session? LODSENING OF MUSCLE TIBBUE AROUND

DEFFECTED AREA AS WELL AS DOWN LUNDING OF ARM. TINGLING

SENTAMONS IN HANDS DURING REATMENT.

Comments: IMMEDIATELY FOLLOWING SESSION THEEF WAS NOTICEABLE

DIFFERENCE IN THE AMOUNT OF PAIN I FELT IN THE APPENTED AREA.

I AM LODERN FORWARD TO THEOWING.

Quantum-Touch * Ouestionnaire

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

Name Refore The Session Name Robin Age 19 Sex 10 Date 3/19/96 Condition 1. Shoulde What 2. Elbow 3. Symptoms for condition 1. Solutions 1. Solutions 1. Solutions 1. Solutions 1. Solutions 2. The houses Symptoms for condition 3. Symptoms for condition 3. How long have you had condition 1 Aplox, 1 year 2 aplox, 1 year 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 1 2 2 3 3 Time session begins 11:12 | Stoppel 11/15 | Stopp

After The Session Time session ends 11:28 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 1-7 2 1-3 What did you notice from the session? The pain seemed to be Moving Up my shoulder as you whool it out. Comments: I didn't really feel you actually Massaging but I did feel you actually Massaging that I

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Questionnaire

Condition 1. Arm /e/Das)	Age 2) Sex 10 Date 3/19/96
Symptoms for condition 1.	e tricep tendon is sore.
Symptoms for condition 2. Stiff	ff neck, cracks frequently,
Symptoms for condition 3.	
How long have you had condition	11 month 2 3 years 3
	ess are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels f	for condition 12 10 2 5 3
Time session begins 17:20	12:27 stapped before working on neck
	After The Session
Time session ends /2 27	
32 C 2 C 200 200 C C 20 C 200 C C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ess are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
What did you paties from the	lition 1 1,3 2 3
w nat did you nonce from the session	11? Reduced from in inter ance.
1/0 05	
No pain un a	Throwing Autile
water less pain.	
water less pain.	Throwing Autile
water less pain.	

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Questionnaire

Name G ,	Age 18 Sex	M Date 3/19/94
Condition 1. Sore She	older 2	3
Symptoms for condition 1	tightness	
Symptoms for condition 2		
Symptoms for condition 3.		
How long have you had conc	dition 1 Day 2	3
		eale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress	levels for condition 1	3
Fime session begins 1.2	0	
	10. Th C 1	
	After The Session	
Time vession ends F24	After The Session	
	_	ale of 1-10? (1= slight 10= extreme)
low much pain, discomfort	or distress are you experiencing on a sc	ale of 1-10? (1= slight, 10= extreme)
How much pain, discomfort or Pain, discomfort or distress for What did you notice from the	_	3
ain, discomfort or distress f	or distress are you experiencing on a sc for condition 1 3 2	3
Now much pain, discomfort of discomfort or discomfort or distress for the synthesis of the	or distress are you experiencing on a sc for condition 1 3 2 c session? My shoulder	3

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Questionnaire

0			0 .
Name Bo	Age <u>1</u>	9 Sex M	Date 3.19.96
Condition 1. 500c	Shoulder 2.		3
	n I. Soveness		
Symptoms for condition	ı 2.		
Symptoms for condition	13		
How long have you had	condition 1 Today unly	2	3
How much pain, discon	nfort or distress are you experience	cing on a scale of 1	10? (1= slight, 10= extreme)
Pain, discomfort or dist	ress levels for condition 1	<u></u>	3
	1.00	anna an Aranga an	
Time session begins	1:24 HAD TO S	TOP ATTER 3	MINNES.
Time session begins	After The		A W-TES.
	After The		MW-185
Time session ends	After The	Session	10? (1= slight, 10= extreme)
Time session ends How much pain, discon Pain, discomfort or dist	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)
Time session ends How much pain, discon Pain, discomfort or dist	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)
Time session ends	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)
Time session ends	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)
Time session ends	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)
Time session ends	After The	Session cing on a scale of 1-	10? (1= slight, 10= extreme)

Quantum-Touch *

Questionnaire

Before The Session
Name By ign Age Sex M Date 3/19/94 Condition 1. Knock 2. Shoulder 3. Hand
Symptoms for condition 1. Fold i'm mylon sheeth in it. knee .
Symptoms for condition 2. Over use of of shoulder from through
Symptoms for condition 3. stractured bequests between modelle
How long have you had condition 1 10 months 2 6 months 3 2 weeks
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 5 2 6 3 4 e 5
Time session begins 1.58

After The Session
Time session ends 12-15
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 3 2 2 3 4 or 5
What did you notice from the session? For a labouring from the
Mich dulled any sharp palms.
Comments: Between this session & the last
I've noticed a remarkable difference in shoulder stability. Bench over hireased 20 pours
1

Quantum-Touch® Questionnaire

ne EUIN Age 26 Sex M Date 3-19-96
dition 1. Allerage 2. 3. sptoms for condition 1. Sinus Programs Allergier
eptoms for condition 1. Sinus Problems Williams
ptoms for condition 2.
ptoms for condition 3.
long have you had condition 1 46ARS 2 3
much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
discomfort or distress levels for condition 1 3 2 3
e session begins /: 3/
After The Session
e session ends 1.36
much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) discomfort or distress for condition 1 {
at did you notice from the session? Surveys Starked DRAINE
i did you notice from the session? Since session Started True of New
ments: worke & Profty well.
michis. Covered C. Edda Commen

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Questionnaire

(3)	Before The Session
Name	Age 10 Sex Date 399
Condit	ion 1. Rojutur Cutt 2. 3.
Sympto	oms for condition 1. Over find throw we size orm
Sympto	oms for condition 2.
Sympto	oms for condition 3.
How lo	ng have you had condition 13/) 4 2 3
	uch pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, d	iscomfort or distress levels for condition 1 9 2 3
Time s	ession begins 3.42
	After The Session
Time s	ession ends 3°.57
How m	uch 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
	id you notice from the session? The thing seems to
7711	
	ents:
	ents:

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Questionnaire

2 10	
	Age 18 Sex M Date 3/19-96
	<u>1</u> 2 3
Symptoms for condition 1. 500	
Symptoms for condition 2.	
Symptoms for condition 3.	
flow long have you had condition	1 DAY 2 3 3
	ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
	for condition 1 10 2 3
ann, discomport or distress levels	for condition 1 /// 2 3
	for condition 1 12 2 3
	for condition 1 10 2 3
	for condition 1 10 2 3
	for condition 1 10 2 2 3
	After The Session
Fime session begins 1:40	
Fime session begins 1:40	
Fime session begins 1:40 Fime session ends 1:53 How much pain, discomfort or distr	After The Session
Fime session begins 1:40 Fime session ends 1:53 How much pain, discomfort or distression, discomfort or distress for conditions	After The Session ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) dition 1 4 2 3
Fime session begins 1:40 Fime session ends 1:53 How much pain, discomfort or distression, discomfort or distress for conditions	After The Session ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Fime session begins 1:40 Fime session ends 1:53 How much pain, discomfort or distression, discomfort or distress for conditions.	After The Session ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) dition 1 4 2 3
Time session begins 1:40 Time session ends 1:53 How much pain, discomfort or distress for cond What did you notice from the session	After The Session ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) dition 1 4 2 3 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Time session begins 1:40 Time session ends 1:53 How much pain, discomfort or distress for concern, discomfort or distress for concern the session what did you notice from the session to the session t	After The Session ress are you experiencing on a scale of 1-10? (1= slight, 10= extreme) dition 1 4 2 3

Quantum-Touch "

Questionnaire

Rugar	. 19	WA - 2-189-01
Name Name	Age // Sex	M Date 3-189-96 3
Condition 1. Agnt haw	15 17 mg 2.	3.
to stretch	ight, feels like ,	will full, pains
Symptoms for condition 3		
How long have you had condition	on 15 days 2	3
		le of 1-10? (1= slight, 10= extreme)
	els for condition 1 1 2 2	
	_	1187
Time session begins 35%	20	
Time session begins 3.5/	2p	
Time session begins Sisk	<u>2</u> p	***************************************
Time session begins 3.5k		
Time session begins 3.5k	After The Session	
Time session ends 4,09	After The Session	le of 1-102 (1= clight 10= ovtreme)
Time session ends 4,09 How much pain, discomfort or o	After The Session	le of 1-10? (1= slight, 10= extreme)
Time session ends 4,09 How much pain, discomfort or or Pain, discomfort or distress for or district for or di	After The Session distress are you experiencing on a sca	3
Pain, discomfort or distress for o	After The Session distress are you experiencing on a sca	3
Time session ends 1,09 How much pain, discomfort or or Pain, discomfort or distress for or district for or di	After The Session distress are you experiencing on a sca	
Time session ends 4, 69 How much pain, discomfort or	After The Session distress are you experiencing on a sca condition 1 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gratly, will try again
Time session ends 4, 69 How much pain, discomfort or of the pain, discomfort or distress for the selection with the selection	After The Session distress are you experiencing on a sca	gratly, will try again
Time session ends 4, 69 How much pain, discomfort or	After The Session distress are you experiencing on a sca condition 1 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gratly, will try again

Quantum-Touch ** Questionnaire

	#2000 AS		
			Date 3-19-96
Condition 1. Sore 1	occap - forcum2.		3,
Symptoms for condition	1. throbing p	un between	n mange
Symptoms for condition	2		
Symptoms for condition	3	es Vien	
How long have you had	condition 1	2	3
How much pain, discom	ufort or distress are you exp	eriencing on a scale o	of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distr	ress levels for condition	12	3
Time session begins	Pitched to 1	unides = 1	LORKED ON Him BUN INN
Lime session begins		 	DUKKED ON HIM GRAN INN
session begins		The Session	JOKK ED ON HILL ETILN INN
	After T		JOKKER ON HILL ETWN INN
Time session ends	After T	The Session	
Time session ends How much pain, discom	After T	The Session	of 1-10? (1= slight, 10= extreme)
Time session ends How much pain, discom Pain, discomfort or distr	After 1	The Session eriencing on a scale o	of 1-10? (1= slight, 10= extreme)
Time session ends How much pain, discompain, discomfort or distr What did you notice from	After 1 fort or distress are you express for condition 1 m the session?	The Session eriencing on a scale o	of 1-10? (1= slight, 10= extreme)
Time session ends How much pain, discom Pain, discomfort or distr What did you notice from Asom getting	After To distress are you express for condition 1 must be session? and the session?	The Session eriencing on a scale of	of 1-10? (1= slight, 10= extreme) 3 Conterned pain
Time session ends How much pain, discom Pain, discomfort or distr What did you notice from Asom getting	After To distress are you express for condition 1 must be session? and the session?	The Session eriencing on a scale of	of 1-10? (1= slight, 10= extreme) 3 Conterned pain

Questionnaire

Name July Age 19 Sex M Date 3/19 Condition 1. Zetatos 2. 3. Symptoms for condition 1. Sone, weak.					
Condition 1.	andition 1 State of the	3			
Muhoms for c	ordination 1. 0010; well				
Symptoms for c	ondition 2.				
Symptoms for c	ondition 3.				
How long have	you had condition 1 4 months 2	3			
	, discomfort or distress are you experiencing on a sca				
xon macin pain					
	t or distress levels for condition 1 6 2				
Pain, discomfor					
Pain, discomfor	egins 6:10 PM. After The Session				
Pain, discomfor Time session bo	t or distress levels for condition 1 6 2				
Pain, discomfor Time session be	egins 6:10 PM. After The Session	3			
Pain, discomfor Time session be Time session er How much pain Pain, discomfor	After The Session ds 6:15 PM discomfort or distress are you experiencing on a session or distress for condition 1 3 2	3			
Pain, discomfor Time session be Time session er How much pain Pain, discomfor	After The Session ds 6:15 PM discomfort or distress are you experiencing on a sec	3			

Final Analysis

When all 87 conditions from all 3 reports are taken into account, the results are as follows:

Averages	Pain Before	Pain After	% of Pain Reduced	Length of Session
Mean	5.95	2.81	52.7%	12.7 minutes
Median	6.0	3.0	50.0%	10.0 minutes

The degree of pain relief obtained from the *Quantum-Touch* sessions appears to vary somewhat based upon the levels of initial pain. The table below is a mean average breakdown of all 87 documented conditions.

3	1.0	67%
4	1.3	67%
5	2.2	56%
6	3.1	49%
7	3.4	52%
8	4.3	47%
9	4.5	50%