

# 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 MARTIN Age 21 Sex M Date 1-10-95  
Condition 1. CHRONIC BACK PAIN 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Symptoms for condition 1. ACUTE, SHOOTING PAIN  
Symptoms for condition 2. \_\_\_\_\_  
Symptoms for condition 3. \_\_\_\_\_  
How long have you had condition 1 4 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 7 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Time session begins 2:45

### After the session

Time session ends 4:00  
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? BACK MUSCLE FEEL MORE LOOSE. THERE  
SEEMS TO BE AN INCREASE IN FLEXIBILITY.  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Before the session

Name Brian Age 19 Sex M Date 1-10-96

Condition 1. back problems 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. tenses up, extreme pain

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 a couple 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 8 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 4:18

### 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= extreme)

Pain, discomfort or distress for condition 1 5 2 \_\_\_\_\_ 3 \_\_\_\_\_

What did you notice from the session? loosened it up more so

Comments: not as tight

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### Before the session

Name Oded [REDACTED] Age 21 Sex M Date 1-10-96  
 Condition 1. Right KNEE 2. RIGHT SHOULDER 3. \_\_\_\_\_  
 Symptoms for condition 1. SHARP PAIN WITH JUMP  
 Symptoms for condition 2. " " WITH ARM SWING  
 Symptoms for condition 3. \_\_\_\_\_  
 How long have you had condition 1 4 years 2 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 for condition 1 8 2 7 3 \_\_\_\_\_  
 Time session begins 4:30 p.m.

### After the session

Time session ends 4:55  
 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 AND A PENETRATING SENSATION.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### Before the session

Name Stephanie Age 18 Sex F Date 1/10/96  
Condition 1. sprained ankle 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Symptoms for condition 1. swelling, soreness, can put little pressure on it  
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 4 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Time session begins 6:05

### After the session

Time session ends 7:00  
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? little more movement, swelling down, pain slowly decreasing  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Before the session

Name Stephen [redacted] Age 19 Sex M Date 1/16/96

Condition 1. Stuck thumb 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. pain

Symptoms for condition 2. \_\_\_\_\_

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? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 4 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 5:25

### After the session

Time session ends 5:32

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? \_\_\_\_\_

Comments: pain lessened; was a bit stiffer;  
more mobility in thumb

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

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

Name	Page	Condition	Pain Before	Pain After	Time of Session	Swelling Reduced
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	
Bo	3	Right Anterior Elbow	7	2	10 minutes	
Bo	3	Chronic Sore Ankle	7	2	8 minutes	
Bo	3	Neck Tightness	5	3	6 minutes	
Anthony	4	Sprained Rotator Cup	8	4	12 minutes	
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	
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	

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## Questionnaire

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*Battling & Fighting Coach*

### Before The Session

Name VINCE [REDACTED] Age 42 Sex M Date 3-18-96

Condition 1 PAIN / RT SHOULDER STIFFNESS 2  3

Symptoms for condition 1 PAIN - MOVEMENT RESTRICTED

Symptoms for condition 2 SAME

Symptoms for condition 3

How long have you had condition 1 2 WKS 2 2 WKS 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 5 2 4 3

Time session begins 13:05 1:05

### After The Session

Time session ends 1313 4:5

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 2 3

What did you notice from the session? LESS PAIN - MORE

MOVEMENT

Comments: I DO FEEL BETTER. I WOULD HAVE

TO HAVE MORE SESSIONS TO MAKE ME

BELIEVE IT IS HELPING

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## Questionnaire

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### Before The Session

Name Daniel Age 18 Sex M Date 3-18-96

Condition 1. Sore Elbow 2. Sore side 3. \_\_\_\_\_

Symptoms for condition 1. \_\_\_\_\_

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1. 5 years 2. 5 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. 5 2. 6 3. \_\_\_\_\_

Time session begins 2:55

### After The Session

Time session ends 3:13

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+2 3. \_\_\_\_\_

What did you notice from the session? tingling in the elbow, loss of soreness

Comments: It seems pretty effective.



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### Before The Session

Name Bo [redacted] Age 19 Sex m Date 3.18.96

Condition 1. right anterior elbow? right lateral Malleolus 3. neck  
swelling fract broken ankle

Symptoms for condition 1. swelling, tightness

Symptoms for condition 2. chronic swelling, inflammation, tendinitis

Symptoms for condition 3. tightness, constantly, adjustment

How long have you had condition 1 2 weeks 2 2 1/2 months 3 1 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

### After The Session

Time session ends 3:38

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 2 3 3

What did you notice from the session? pain was reduced and I felt less tightness.

Comments: Everything decreased in pain. Felt great!

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## Questionnaire

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### Before The Session

Name Anthony Age 18 Sex M Date 3/18/96

Condition 1 Spans Rotator Cup 2 \_\_\_\_\_ 3 \_\_\_\_\_

Symptoms for condition 1. \_\_\_\_\_

Symptoms for condition 2. Soic Numb

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 14 months 2 8 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 8 3 \_\_\_\_\_

Time session begins 3:39

### After The Session

Time session ends 3:58

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 4 3 \_\_\_\_\_

What did you notice from the session? \_\_\_\_\_

I notice that it were a lot better

Comments: If works good. HE now what HE IS TALKING ABOUT.

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## Questionnaire

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### Before The Session

Name Mke [redacted] Age 20 Sex M Date 3/18/86

Condition 1. Tightness in shoulder 3. \_\_\_\_\_

Symptoms for condition 1. Tight won't loosen up

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 off & on yrs. 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 5 2. \_\_\_\_\_ 3. \_\_\_\_\_

Time session begins 4:03

### After The Session

Time session ends 4:14

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? Shoulder relaxed/loose

Comments: Therapy worked well

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## Questionnaire

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### Before The Session

Name Brian [redacted] Age 19 Sex M Date 3/18/96  
Condition 1. Knees 2. Hand 3. Shoulder  
Symptoms for condition 1. Soreness esp. right outer knee  
has a nagging pain fold in nylon sheath supporting knee  
Symptoms for condition 2. strained ligaments between middle  
& ring fingers & bruise on right palm  
Symptoms for condition 3. knots in shoulder & rotator muscles  
How long have you had condition 1. 10 months 2. 2 weeks 3. 6 months  
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. 7  
Time session begins 4:18

### After The Session

Time session ends 4:42  
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. 4 3. 2  
What did you notice from the session? More flexibility in location of  
pain. Warmth from hands and a feeling  
of current running through point of contact  
Comments: Feels quite a bit better. Definitely  
noticeable. I hope it holds through  
weight lifting.

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## Questionnaire

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### Before The Session

Name BEN Age 20 Sex M Date 3-19-96

Condition 1. TENDONITIS 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. NAGGING PAIN IN FRONT OF SHOULDER

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1. 6 MONTHS 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. 8 2. \_\_\_\_\_ 3. \_\_\_\_\_

Time session begins 10:39

### After The Session

Time session ends 10:59

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? LOOSENING OF MUSCLE TISSUE AROUND AFFECTED AREA AS WELL AS DOWN LENGTH OF ARM. TINGLING SENSATIONS IN HANDS DURING TREATMENT.

Comments: IMMEDIATELY FOLLOWING SESSION THERE WAS NOTICEABLE DIFFERENCE IN THE AMOUNT OF PAIN I FELT IN THE AFFECTED AREA. I AM LOOKING FORWARD TO THROWING.

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## Questionnaire

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### Before The Session

Name Robin [redacted] Age 19 Sex M Date 3/19/96  
Condition 1. Shoulder/Neck 2. Elbow 3. \_\_\_\_\_  
Symptoms for condition 1. Soreness; tightness  
Symptoms for condition 2. Soreness; tightness  
Symptoms for condition 3. \_\_\_\_\_  
How long have you had condition 1 approx. 1 year 2 approx. 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 4 2 4 3 \_\_\_\_\_  
Time session begins 11:12 / stopped 11:15 Started 11:20

### 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 1-2 2 1- 3 \_\_\_\_\_  
What did you notice from the session? The pain seemed to be moving up my shoulder as you worked it out.  
Comments: I didn't really feel you actually massaging, but I did feel a difference in the level of pain.

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### Before The Session

Name Stephen [REDACTED] Age 21 Sex m Date 3/19/96

Condition 1. Arm/elbow 2. Neck 3. \_\_\_\_\_

Symptoms for condition 1. The tricep tendon is sore.

Symptoms for condition 2. Stiff neck, cracks frequently.

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 1 month 2 3 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 10 2 5 3 \_\_\_\_\_  
changes

Time session begins 12:20 12:27 stopped before working on neck.

### After The Session

Time session ends 12:27

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 1.3 2 \_\_\_\_\_ 3 \_\_\_\_\_

What did you notice from the session? Reduced pain in triceps area.  
No pain in original spot. After throwing out the  
less pain.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Questionnaire

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### Before The Session

Name G. [REDACTED] Age 18 Sex M Date 3/19/94

Condition 1. Sore Shoulder 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. tightness

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 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 levels for condition 1 5 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 1:20

### After The Session

Time session ends 12:4

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? My shoulder began to  
unhighten

Comments: Very good.



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### Before The Session

Name Bo [redacted] Age 19 Sex M Date 3.19.96

Condition 1. Same Shoulder 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. Soreness

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 Today only 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 6 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 1:24 HAD TO STOP AFTER 3 minutes.

### After The Session

Time session ends 1:27

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 4 2 \_\_\_\_\_ 3 \_\_\_\_\_

What did you notice from the session? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Questionnaire

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### Before The Session

Name Brian Age 19 Sex M Date 3/19/96  
Condition 1. Knees 2. Shoulder 3. Hand  
Symptoms for condition 1. Fold in mylon sheath in rt. knee.  
Left knee has general soreness  
Symptoms for condition 2. Over use of rt shoulder from throwing  
& bench press  
Symptoms for condition 3. strained ligaments between middle  
& ring finger. Bruise on palm  
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 or 5  
Time session begins 11:58

### 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 3  
What did you notice from the session? Felt a loosening from the  
warmth. Seemed like I had a massage  
which dulled any sharp pains.  
Comments: Between this session & the last,  
I've noticed a remarkable difference in  
shoulder stability. Bench press increased 20 pounds.

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### Before The Session

Name EVAN [REDACTED] Age 26 Sex M Date 3-19-96

Condition 1. Allergies 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. SINUS PROBLEMS Allergic

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 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 levels for condition 1 3 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 1:31

### After The Session

Time session ends 1:36

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? SINUSES started DRAINING

Comments: worked pretty well.

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## Questionnaire

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### Before The Session

② Name Luke [redacted] Age 19 Sex M Date 3/19/91  
Condition 1. Rotator Cuff 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Symptoms for condition 1. Over hand throws in side arm  
muscle spasm 3/14/96  
Symptoms for condition 2. \_\_\_\_\_  
Symptoms for condition 3. \_\_\_\_\_  
How long have you had condition 1 3/14/96 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 9 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Time session begins 3:42

### After The Session

Time session ends 3:57  
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 7 2 \_\_\_\_\_ 3 \_\_\_\_\_  
What did you notice from the session? The thing seems to  
drain tension.  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Before The Session

Name Anthony Age 18 Sex M Date 3/19-96

Condition 1. Elbow pain 2. \_\_\_\_\_ 3. \_\_\_\_\_

Symptoms for condition 1. swollen

Symptoms for condition 2. \_\_\_\_\_

Symptoms for condition 3. \_\_\_\_\_

How long have you had condition 1 long 2 B 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 10 2 \_\_\_\_\_ 3 \_\_\_\_\_

Time session begins 1:40

### After The Session

Time session ends 1:53

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? \_\_\_\_\_

Comments: on shoulder after it got work on it feels  
a lot better. not as sore, stronger.

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## Questionnaire

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### Before The Session

Name Ryan [redacted] Age 19 Sex M Date 3-18-96  
Condition 1. tight hamstring 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Symptoms for condition 1. tight, feels like it will pull, painful to stretch  
Symptoms for condition 2. \_\_\_\_\_  
Symptoms for condition 3. \_\_\_\_\_  
How long have you had condition 1. 5 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. 8 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Time session begins 3:56p

### After The Session

Time session ends 4:09  
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? loosened up slightly, will try again in within the hour, warmed up tendon  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Questionnaire

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### Before The Session

Name JASON Age            Sex            Date 3-19-96

Condition 1. Sore bicep + forearm? 3.           

Symptoms for condition 1. throbbing pain between innings

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 levels for condition 1            2            3           

Time session begins Pitched 6 Innings - worked on his 6th Innings

### 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? was was continued pain  
from getting worse

Comments: Felt like could have kept pitching

# Quantum-Touch<sup>®</sup>

## 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 Bill [redacted] Age 19 Sex M Date 3/19  
Condition 1. Rotator 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Symptoms for condition 1. Sore, weak  
Symptoms for condition 2. \_\_\_\_\_  
Symptoms for condition 3. \_\_\_\_\_  
How long have you had condition 1. 4 months 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. 6 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Time session begins 6:10 PM.

### After The Session

Time session ends 6:15 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. 3 2. \_\_\_\_\_ 3. \_\_\_\_\_  
What did you notice from the session? Relaxation, relief of tension.  
Comments: Surprised at technique and that it actually did something.



## 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.

Pain Level		
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%