



### Experience with the Qi-Device (No. 2)

Dear Customer

The first weeks with the Qi product is over now. Today you'll fill out the second questionnaire.

We are sure that you are very curious about how your information and results have changed. So that you can evaluate the questionnaire without bias or influence, we recommend that you do not read the first questionnaire again before answering the second questionnaire. Please note that you should complete the questionnaires at the same time each day, preferably in the morning on an empty stomach.

Sex:  Male  Female Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Daily Water Consumption: \_\_\_\_\_ Liter(s)

Do you smoke?  No  Yes

Do you have allergies?  No  Yes, the following:

\_\_\_\_\_

1. How do you rate your overall health? (Please check the relevant box)

very well	well	mediocre	bad	very bad

2. How do you rate your performance in everyday life? (1 = very low 10 = very high)

1	2	3	4	5	6	7	8	9	10

3. How do you feel about your energy level? (1 = very low 10 = very high)

1	2	3	4	5	6	7	8	9	10



4. Are you often tired or exhausted?

very often	often	occasionally	rarely	never

5. How do you feel about your sleep quality? (1 = very bad 10= very good)

1	2	3	4	5	6	7	8	9	10

6. How often do you have headaches or migraines?

very often	often	occasionally	rarely	never

7. How do you rate your caffeine intake? (1 = very low 10= very high)

1	2	3	4	5	6	7	8	9	10

8. How often do you take pain killers or tranquilizers

very often	often	occasionally	rarely	never

9. How often do you consume alcohol?

more than 3 times a week	once a week	once a month	occasionally	never



10. How do you feel about the water quality in your house? (1 = very bad 10= very good)

1	2	3	4	5	6	7	8	9	10

11. Is radiation exposure a problem for you? (radiation symptoms such as headache, restlessness etc)

very often	often	occasionally	rarely	never

12. How stressful do you perceive phone calls on a mobile phone? (1 = very stressful 10= not disturbing)

1	2	3	4	5	6	7	8	9	10

13. How do you assess the health of your pets?

very well	well	mediocre	bad	very bad

14. How do you like the product design of the Qi Home Cell? (1 = very good 2= good 3= satisfactory 4= sufficient 5= insufficient)

1	2	3	4	5

15. How do you like the processing/quality of the Qi Home Cell?

1	2	3	4	5



16. How do you like the package of the Qi Home Cell?

1	2	3	4	5

**Do you have one or more of the following diseases?**

(please tick as appropriate)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart disease           | <input type="checkbox"/> Circulatory diseases        | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Heart attack            | <input type="checkbox"/> Bypass / stent              | <input type="checkbox"/> Pacemaker           |
| <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> Immunodeficiency (HIV/AIDS) | <input type="checkbox"/> Jaundice            |
| <input type="checkbox"/> Hepatitis A, B, C       | <input type="checkbox"/> Chronic lung diseases       | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Renal impairment        | <input type="checkbox"/> Thyroid disease             | <input type="checkbox"/> Eye disease         |
| <input type="checkbox"/> Diabetes type 1 or 2    | <input type="checkbox"/> Gastrointestinal disease    | <input type="checkbox"/> Tumor disease       |
| <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Alzheimer           |

Other diseases:

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**Personal assessment and experience (optional):**

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Thank you for answering the questions.

We look forward to receiving both completed questionnaires or returning them to your local sales representative / authorized leader. The data you provide will only be used for internal evaluations and will be treated confidentially. We assure you that these will not be published or disclosed to third parties without your explicit consent.

The questionnaires are completely coluntary and help us to develop our products and to compile statistics. We would be very happy if you could provide us with this questionnaire.