

# EXPERIENCE WITH THE QI DEVICE (NO. 1)

Dear Customer,

You chose to purchase a Qi Device. Thank you! We appreciate your trust. In order to understand the subtle effects of our technology better, we have developed two questionnaires for you. To get an accurate before and after comparison, you must complete this questionnaire before you receive your Qi Device. The second questionnaire has to be completed 25 to 30 days later. To evaluate the questionnaire without bias and without influencing it, we recommend 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 during the day, preferably in the morning on an empty stomach.

Thank you!

Sex:  Female  Male                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_  
Age: \_\_\_\_\_                      Height: \_\_\_\_\_                      Weight: \_\_\_\_\_  
Daily water consumption: \_\_\_\_\_ Liter(s)                      Do you smoke?  No  Yes  
Do you have allergies?  No  Yes, the following:  
\_\_\_\_\_

**Please circle your answer in questions 1-16:**

1. How would you rate your overall health? (1 = very unhealthy, 10 = very healthy)

1	2	3	4	5	6	7	8	9	10
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2. How would you rate your ability to complete daily tasks? (1 = very hard, 10 = very easy)

1	2	3	4	5	6	7	8	9	10
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3. How would you rate your daily energy level? (1 = very low, 10 = very high)

1	2	3	4	5	6	7	8	9	10
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## QUESTIONNAIRE QI PRODUCTS NO. 1

4. Are you often tired or exhausted? (1 = never, 10 = always)

1 2 3 4 5 6 7 8 9 10

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 a headache or migraine? (1 = never, 10 = very often)

1 2 3 4 5 6 7 8 9 10

7. How often do you feel the need to consume caffeine? (1 = never, 10 = very often)

1 2 3 4 5 6 7 8 9 10

8. How often do you take painkillers? (1 = never, 10 = very often)

1 2 3 4 5 6 7 8 9 10

9. How often do you consume alcohol? (1 = never, 10 = more than 3 times a week)

1 2 3 4 5 6 7 8 9 10

10. How would you rate the water quality in your house? (1 = very bad, 10 = very good)

1 2 3 4 5 6 7 8 9 10

11. How would you rate your sensitivity to EMFs? (1 = not sensitive, 10 = highly sensitive)  
(symptoms include: headache, restlessness, anxiety, poor sleep quality, etc.)

1 2 3 4 5 6 7 8 9 10

QUESTIONNAIRE QI PRODUCTS NO. 1

12. How stressful do you perceive phone calls with a mobile phone?

(1 = not stressful, 10 = very stressful)

1	2	3	4	5	6	7	8	9	10
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13. How would you assess the health of your pets? (1 = very bad, 10 = very good)

1	2	3	4	5	6	7	8	9	10
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14. How would you rate your overall disposition? (1 = very sad, 10 = very happy)

1	2	3	4	5	6	7	8	9	10
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15. How would you rate the quality of your Qi device? (1 = very low, 10 = very high)

1	2	3	4	5	6	7	8	9	10
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Have you experienced one or more of the following diseases, conditions, or treatments?

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|--|--|--|
| <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"/> Jaundice        | <input type="checkbox"/> Hepatitis A, B, C       | <input type="checkbox"/> Chronic lung disease        |
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Renal impairment        | <input type="checkbox"/> Alzheimer's disease         |
| <input type="checkbox"/> Eye diseases    | <input type="checkbox"/> Diabetes type 1 or 2    | <input type="checkbox"/> Gastrointestinal diseases   |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Epilepsy                    |
| <input type="checkbox"/> Tumor           | <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> Immunodeficiency (HIV/AIDS) |

Are there any other diseases, conditions, or treatments you are experiencing?

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