



10% rebate when completed form returned after 90 days

Submit this form on Sleep-Tech.com [Feedback Rebate](#) page when completed. Start filling and saving this form from day 1 of starting to use the device. If after 7 days you are not seeing recognizable results please contact customersupport@sleep-tech.com . Only use Adobe Reader Software for filling and saving this form. [More info](#)

Email: Age: Sex:

First Date of Use Device:

SAVE THIS DOCUMENT EACH TIME YOU UPDATE IT

Day 0 On a Scale of 1 -10 (10=BEST)

Prior to EarthPulse™ I'm sleeping

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds) Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst) If pain please describe area(s) /types(s)

My Pain Level is (10=Worst)

Do you take thyroid supplements or drugs?

If Yes, Then please describe

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements. Write your current performance level in reps &/or resistance; or event length and speed or best combination that fits. (If this doesn't apply to you, leave blank.) If you play Golf, please add comment.

Comments

Save and close this document and come back on Day 7

Day 7

Day 7 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/ types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Resting Breath Hold (RBH) almost never fails to improve during first week. If RBH did fail to improve (or got worse which is even more rare), please re-read your RBH test instructions (in the the Important-Read-Me-First document. Usually a reduction can be tracked to a failure to oxygen load consistently with the past RBH test, or taking under cooler ambient temperature.

Comments: Please write as much as you would like in the space below. PARTICULARLY HELPFUL WOULD BE YOUR COMMENTS ON ANY CHANGES IN NUTRITIONAL SUPPLEMENTATION OR MEDICATION DURING THE TIME OF YOUR 90 DAY TRIAL. Contact tech-support@sleep-tech if you have any questions. Thank you!

Comments from Day 7

If you are not seeing results at completion of Day 7 please contact tech-support@sleep-tech.com for guidance."

Save and close this document and come back on Day 14

Day 14

Day 14 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/
types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Please use the device nightly during the first 90-day period to maximize statistical probability and level of success. Please make sure you oxygen load properly to make your RBH as accurate as possible.

Comments from
Day 14

Save and close this document and come back on Day 21

Day 21

Day 21 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/ types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Comments from Day 21:
(Also tell us if ANY CHANGES MADE TO SUPPLEMENTS OR MEDICATIONS)

Save and close this document and come back on Day 28

Day 28

Day 28 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/ types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Comments from Day 28:
(Please use the device nightly during the first 90-day period to maximise statistical probability and level of success.)

Save and close this document and come back on Day 60

Day 60

Day 60 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it (10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/ types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Comments from Day 60

Save and close this document and come back on Day 90

Day 90

Day 90 on EarthPulse™ I'm sleeping

Program-mode used for sleep

Write in Primary use frequency(ies) Amplitude setting used for sleep

My Energy Level is

My Physical Performance Level is

My Mental Performance Level is

My Resting-Breath-Hold (RBH) is (in seconds)

Saturated blood oxygen if known %

If known Sleep Apnea, rate it

(10=Worst)

My Pain Level is (10=Worst)

If pain please describe area(s)/ types(s)

I usually awake to urinate these many times per night

My Body Weight is lbs kgs

Do you take thyroid supplements or drugs?

If Yes, Then please describe

Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1 Severity

Issue 2 Severity

Issue 3 Severity

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply leave blank.) If you play Golf, please add comment.

Any comments you would like to give on your 90-days trial period please do so

Now if you'd like to loan your Earthpulse out, to a friend to try, please do so!

Learn more about our [Customer Rewards](#) - Friends & Family Discounts, Referral Rebates & More!

PLEASE SAVE THIS DOCUMENT AND UPLOAD IT ON <https://sleep-tech.com/feedback-rebate/>
Please write as much as you would like here, then submit your feedback to us. Thank you and be well.