



## FEEDBACK FORM

**LAST NAME: ...DE WAELE HANS    AGE: 42    PURCHASE DATE: 14 april 2013**  
**If DEVICE FAILS TO PRODUCE SATISFACTORY RESULTS, PLEASE RETURN THIS FORM COMPLETED 30-90 DAYS TO RECEIVE RETURN-AUTHORIZATION AND YOUR RETURNS INSTRUCTIONS (DEPENDS UPON YOUR LOCATION).**

**RE-SAVE THIS DOCUMENT EACH TIME YOU UPDATE IT**

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

Base-Line	1	2	3	4	5	6	7	8	9	10
<b>Prior to EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( )	( x )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 35									
My pain level is (10=worst)	( x )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or ____64____ kgs.									
I usually wake to urinate	_____1_____ many times per night									

	1	2	3	4	5	6	7	8	9	10
<b>Day 7 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( )	( x )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 55									
My pain level is (10 = worst)	( x )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or __64____ kgs.									
I usually wake to urinate	_____2_____ many times per night									

**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 same email this document was attached to. Usually a reduction can be tracked to a failure to oxygen load consistently with the past RBH test, or taking under different conditions.

**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. The page will continue down as necessary. Call for technical support if you have any questions. Contact numbers are at end of this document. Thank you!



Device arrived on 23/4. Started use on 24/3 under mattress as outlined in manual. No signs on agitation. During first week I used sleep mode 3 – no significant changes in sleep pattern occurred.

	1	2	3	4	5	6	7	8	9	10
<b>Day 14 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 50									
My pain level is (10 = worst)	( x )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or ___64_____ kgs.									
I usually wake to urinate	_____2_____ many times per night									

**Comments:** 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.

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End of 2nd week (8/5) : sleep mode 4 and magnet under matrass. No significant changes noticed in sleep pattern or energy level. Main problem of sleep is not getting up refreshed in the morning.

	1	2	3	4	5	6	7	8	9	10
<b>Day 21 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( )	( x )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 52									
My pain level is (10 = worst)	( )	( x )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or ___64_____ kgs.									
I usually wake to urinate	_____2_____ many times per night									

**Comments:** ANY CHANGES MADE TO SUPPLEMENTS OR MEDICATIONS?

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15/5 = end of week 3. Switched to Recover mode on 10/5. This did not cause any problems or agitation. Magnet still under matrass.



	1	2	3	4	5	6	7	8	9	10
<b>Day 28 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	(x )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( )	(x )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( x )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 65 seconds									
My pain level is (10 = worst)	( x )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or _64_____ kgs.									
I usually wake to urinate	___1___ many times per night									

**Comments:** Please use the device nightly during the first 90-day period to maximize statistical probability and level of success. Thank you!

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22/5. Still in recovermode. Sleep pattern did not change. I still notice no differences when waking up: still tired.

	1	2	3	4	5	6	7	8	9	10
<b>Day 60 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	(x )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( x )	( )	( )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( x )	( )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( x )	( )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds: 60									
My pain level is (10 = worst)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or ___64_____ kgs.									
I usually wake to urinate	___1___ many times per night									

**Comments:** Please use the device nightly during the first 90-day period (don't loan it out yet) to maximize statistical probability and level of success. Thank you!

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As no changes occurred, I have been experimenting a bit: first aircore under pillow, after a week whole magnet with center core under pillow. This last trial caused the sleep getting worse, so I put it back under mattress.



	1	2	3	4	5	6	7	8	9	10
<b>Day 90 on EarthPulse™ I'm sleeping</b>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My energy level is	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My physical performance level is	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My mental performance level is	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My resting-breath-hold (RBH) is	In seconds:									
My pain level is (10 = worst)	( x )	( )	( )	( )	( )	( )	( )	( )	( )	( )
My body-weight is	_____ lbs. or _____ kgs.									
I usually wake to urinate	_____ many times per night									

NOW,... IF YOU'D LIKE TO LOAN YOUR EARTHPULSE OUT, TO A FRIEND TO TRY, PLEASE DO SO.

Thank you and be well.

**Comments:** Please write as much as you would like here, then return to email below.

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