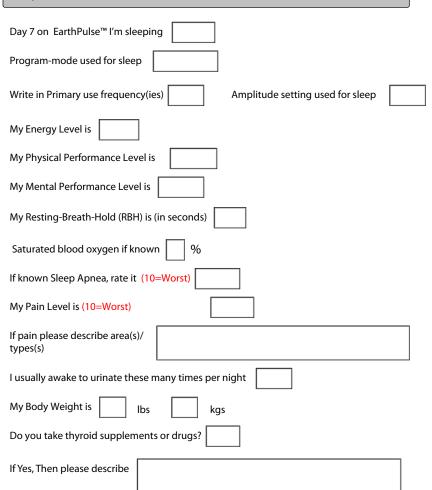
Magnetic Field Sugglementation	Do you take thyroid supplements or drugs?
	I usually awake to urinate these many times per night
	My Body Weight is Ibs kgs
Last Name: Age: Sex:	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
First Date of Use Device:	Issue 1 Severity
SAVE THIS DOCUMENT EACH TIME YOU UPDATE IT	Issue 2 Severity
Day 0 On a Scale of 1 -10 (10=BEST)	
Prior to EarthPulse™ I'm sleeping	Issue 3 Severity
My Energy Level is	Write in 4 different resistance or training movements.
My Physical Performance Level is	Write your current performance level in reps &/or
My Mental Performance Level is	resistance; or event length and speed or best combination that fits. (If this doesn't apply to you,
My Resting-Breath-Hold (RBH) is (in seconds) Saturated blood oxygen if known %	leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst) If pain please describe area(s) /types(s)	Comments
My Pain Level is (10=Worst) area(s) /types(s)	



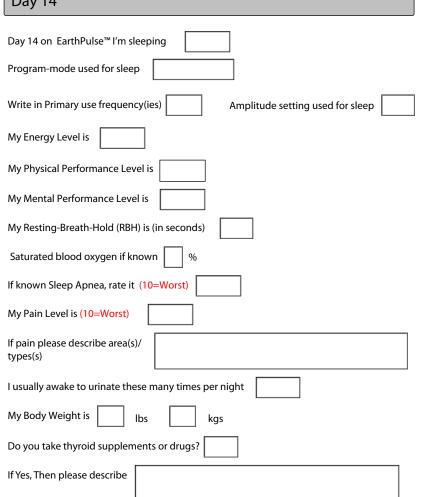
Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

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.

Comments from Day 7



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,	

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

comment.

leave blank.) If you play Golf, please add

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 %	
My Pain Level is (10=Worst)	
If pain please describe area(s)/ types(s)	
l usually awake to urinate these many times per night	
My Body Weight is Ibs kgs	
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	

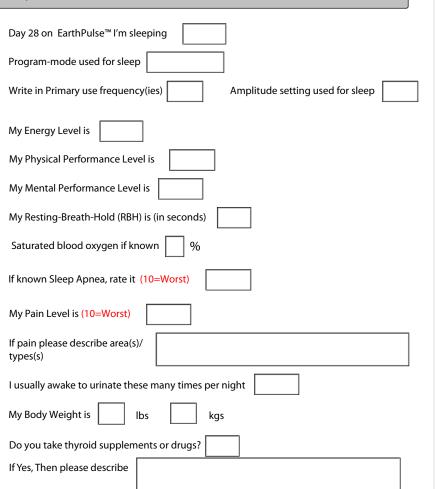
Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

lssue 1	Severity	
Issue 2	Severity	
lssue 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)





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

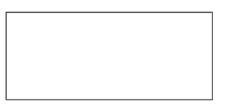
Issue 1	Severity
Issue 2	Severity
Issue 3	Severity
Write in 4 different resistance or training	
movements in the space provided, write your	
current performance level in reps &/or	
resistance; or event length and speed or best	

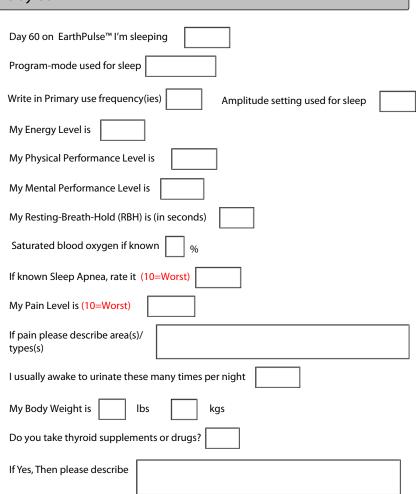
Comments from Day 28: (Please use the device nightly during the first 90-day period to maximise statistical probability and level of success.)

combination that fits (if this doesn't apply,

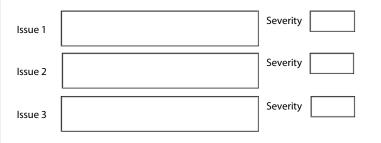
leave blank.) If you play Golf, please add

comment.





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



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

Day 90	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 90 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Issue 2
My Energy Level is	Issue 3 Severity
My Physical Performance Level is	Write in 4 different resistance or training
My Mental Performance Level is	movements in the space provided, write your
My Resting-Breath-Hold (RBH) is (in seconds)	current performance level in reps &/or resistance; or event length and speed or best
Saturated blood oxygen if known %	combination that fits (if this doesn't apply leave
If known Sleep Apnea, rate it (10=Worst)	blank.) If you play Golf, please add comment.
My Pain Level is (10=Worst)	Any comments you
If pain please describe area(s)/ types(s)	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
I usually awake to urinate these many times per night	
My Body Weight is Ibs kgs	Please write as much as you would like here, then submit your feedback to us. Thank you and be well.
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	