



FEEDBACK FORM

**LAST NAME: ...BEATTY...AGE: 44...PURCHASE DATE: ...April 1, 2013...arrived 4-12.....
 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
Prior to EarthPulse™ I'm sleeping	()	()	()	()	(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	___180___ lbs. or _____ kgs.									
I usually wake to urinate	___2___ many times per night									

	1	2	3	4	5	6	7	8	9	10
Day 7 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	()	(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									
My pain level is (10 = worst)	()	()	(x)	()	()	()	()	()	()	()
My body-weight is	___175___ lbs. or _____ 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!



	1	2	3	4	5	6	7	8	9	10
Day 14 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	()	(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									
My pain level is (10 = worst)	()	(2)	()	()	()	()	()	()	()	()
My body-weight is	___175___ lbs. or _____ 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.

	1	2	3	4	5	6	7	8	9	10
Day 21 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	(7)	()	()	()
My energy level is	()	()	()	()	()	()	()	(8)	()	()
My physical performance level is	()	()	()	()	()	()	()	(8)	()	()
My mental performance level is	()	()	()	()	()	()	()	()	(9)	()
My resting-breath-hold (RBH) is	In seconds: 80									
My pain level is (10 = worst)	()	(2)	()	()	()	()	()	()	()	()
My body-weight is	___173___ lbs. or _____ kgs.									
I usually wake to urinate	___2___ many times per night									

Comments: ANY CHANGES MADE TO SUPPLEMENTS OR MEDICATIONS?

I quit taking a prescription sleeping aid.



	1	2	3	4	5	6	7	8	9	10
Day 28 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	()	(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: 87									
My pain level is (10 = worst)	(x)	()	()	()	()	()	()	()	()	()
My body-weight is	___173___ lbs. or _____ 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. Thank you!

	1	2	3	4	5	6	7	8	9	10
Day 60 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	()	(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: 90									
My pain level is (10 = worst)	(1)	()	()	()	()	()	()	()	()	()
My body-weight is	___175___ lbs. or _____ kgs.									
I usually wake to urinate	___2___ 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!



	1	2	3	4	5	6	7	8	9	10
Day 90 on EarthPulse™ I'm sleeping	()	()	()	()	()	()	()	(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:									
My pain level is (10 = worst)	()	()	()	()	()	()	(7)	()	()	()
My body-weight is	___175___ lbs. or _____ kgs.									
I usually wake to urinate	___2___ 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.
