



Last Name: Holubitsky Age: 53 Sex: M.

First Date of Use 3-8-16 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 7

My Energy Level is 8

My Physical Performance Level is 7

My Mental Performance Level is 7

My Resting-Breath-Hold (RBH) is (in seconds) 15 Saturated blood oxygen if known 98 %

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

My Pain Level is (10=Worst) 3

Do you take thyroid supplements or drugs?

If Yes, Then please describe  Armour

I usually awake to urinate these many times per night  2x

My Body Weight is 175 lbs  kgs

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

Issue 1 late day focus ↓ Severity 7

Issue 2 Elev. B.P 158/90 Severity 3

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.

Triathlete  
Ironman.  
Ice Hockey.  
5

Comments good form

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.

*Biking, Running  
7hrs/weekly  
⑦*

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

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.

*Biking/Running  
7 hrs.  
7*

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

*Sleep has declined slightly vs. last week*

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.

*Biking/Running/  
Swimming  
7-8 hrs.*

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

*Thinking this unit is really working!*

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.

*Rest Vacation  
3 days*

Comments from Day 60

*ON vacation. Didn't take unit 3 days. Missed it!*

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