Questionaire
Qi-Machine No.1

Experience with the Qi-Machine (No. 1)

Dear Customer,

you choose to purchase the Qi-Machine - Thank you! We appreciate your trust. In order to understand the subtle effects of our technology better, we have developed two questionnaires for you. To get a before-and-after comparison, you must complete this questionnaire before you receive the Qi-Machine. The second questionnaire has to be completed 25-30 days later.

So that you can evaluate the questionnaire without bias and without influencing it, we recommend that you do not read the first questionnaire again before answering the second questionnaire. Please note that you should complete the questionnaires at the same time during day, preferably in the morning on an empty stomach. Thank you!

Sex: O female   O male   **Date:** _____

Age: _____   **Height (cm):** _____   **Weight (kg):** _____

Daily water consumption: _____ **Liter**

Do you smoke?   O no   O yes

Do you have allergies?   O no   O yes, the following:

_____

1. How do you rate your overall health? (Please check the relevant box)

very well	well	mediocre	bad	very bad

2. How do you rate your performance in everyday life? (1 = very low, 10 = very high)

1	2	3	4	5	6	7	8	9	10

3. How do you feel about your energy level? (1 = very low, 10 = very high)

1	2	3	4	5	6	7	8	9	10

4. Are you often tired or exhausted?

very often	often	occasionally	rare	never

5. How do you feel about your sleep quality (deep sleep, recovery after sleep, awake phases, Etc.)? (1 = very bad, 10 = very good)

1	2	3	4	5	6	7	8	9	10

6. How often do you have a headache or migraine?

very often	often	occasionally	rare	never

7. How do you rate your coffee and / or caffeine intake (also black tea, guarana, etc.)? (1 = very low, 10 = very high)

1	2	3	4	5	6	7	8	9	10

8. How often do you take painkillers or tranquilizers?

very often	often	occasionally	rare	never

9. How often do you consume alcohol? (1 = never, 10 = more than 3 times a week)

more than 3 times a week	once a week	once a month	occasionally	never

10. How do you feel about the water quality (tap or bottled water) in your house?
(1 = very bad 10 = very good)

1	2	3	4	5	6	7	8	9	10

11. Is radiation exposure a problem for you? (Radiation-related symptoms such as headache, restlessness, etc.)

very often	often	occasionally	rare	never

12. How stressful do you perceive phone calls with a mobile phone?
(1 = very stressful, 10 = not disturbing)

1	2	3	4	5	6	7	8	9	10

13. How do you assess the health of your pets?

very well	well	mediocre	bad	very bad

14. How do you like the product design of the Qi-Machine?
(Please rate here in school grades (german system) ; 1 = very good, 2 = good; 3 = satisfactory; 4 = sufficient; 5 = deficient; 6 = insufficient)

1	2	3	4	5	6

15. How do you like the processing / quality of the Qi-Machine?

1	2	3	4	5	6

16. How do you like the packaging of the Qi-Machine?

1	2	3	4	5	6

Do you have one or more of the following diseases? O no
(please tick as appropriate)

O heart disease	O circulatory diseases	O high blood pressure
O heart attack	O bypass / stent	O Pacemaker
O Blood clotting disorder	O immunodeficiency (HIV / AIDS)	O jaundice
O Hepatitis A, B, C	O chronic lung disease	O tuberculosis
O Renal impairment	O thyroid disease	O eye disease
O Diabetes Type I or II	O gastrointestinal diseases	O tumor disease
O Osteoporosis	O epilepsy	O Alzheimer

other diseases: _____

_____

Thank you for answering the questions.

We look forward to receiving both completed questionnaires or returning them to your local sales representative / authorized dealer. The data you provide will only be used for internal evaluations and will be treated confidentially. We assure you that these will not be published or disclosed to third parties without your explicit consent.

The questionnaires are completely voluntary and help us to develop our products and to compile statistics. We would be very happy if you could provide us with your questionnaire.