

Questionaire Qi-Machine No.2





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4. Are yo	u often tir								
	a onton th	rea or exn	austed?						
very often		often		occasionally		rare		never	
5. How d	lo vou feel	l about vo	ur sleep	quality (de	ep sleep	. recovery	<i>ı</i> after sle	ep. awak	æ
	etc.)? (1 =					,			
1	2	3	4	5	6	7	8	9	1(
6. How o	ften do yo	ou have a	headach	e or migra	ine?				
very	often	oft	en	occasi	onally	raı	* 0		vor
					orially		i C	ne	vei
					onany		-	ne	vei
	lo you rate low, 10 = v		fee and /	or caffein					
			fee and /						c.)?
(1 = very	low, 10 = v	very high)		or caffein	e intake (also blac	k tea, gu	arana, eto	c.)?
(1 = very	low, 10 = v	very high) 3	4	or caffein	e intake (also blac	k tea, gu	arana, eto	c.)?
(1 = very 1 8. How o	low, 10 = v	very high) 3	4 ainkillers	or caffein	e intake (6 izers?	also blac	k tea, gua	arana, etc	
(1 = very 1 8. How o	2 often do yo	yery high) 3 ou take pa	4 ainkillers	or caffein 5 or tranquil	e intake (6 izers?	also blac	k tea, gua	arana, etc	c.)?
(1 = very 1 8. How o	2 often do yo	ou take pa	4 ainkillers en	or caffein 5 or tranquil	e intake (6 izers? onally	also blac	k tea, gua	erana, etc	c.)?

10. How d (1 = very b			the water (quality (ta	ap or bott	led wate	r) in your	house?	
1	2	3	4	5	6	7	8	9	1(
11. Is radi restlessne		osure a	problem fo	or you? (F	Radiation-	related sy	mptoms s	such as hea	adach
very o	very often		ten	occasionally		rare		never	
12. How s		o you po	erceive ph	one calls	with a m	obile pho	one? (1 = v	ery stress	ful, 10
1	2	3	4	5	6	7	8	9	10
	-		health of	-			ad	Vone	had
13. How d	-		health of y	-	iocre	b	ad	very	bad
very	well	more o		med	iocre	O no	ad	very	bad
Do you hat (please tic	well ave one or k as appro	more o	vell f the follow O circulate	med wing dise	iocre	O no	high blood	d pressure	
Do you ha (please tic O heart dis O heart at	well ve one or k as appro	more o	f the follow O circulate O bypass	med wing dise ory diseas / stent	iocre eases?	O no	high blood	d pressure	
Do you hat (please tic) O heart dis O heart att O Blood c	well Ive one or k as appro	more o	of the follow O circulate O bypass O immune	med wing dise ory diseas / stent	iocre eases? ses	O no O O O O O O O O O O O O O O O O O O O	high blood Pacemake jaundice	d pressure er	
Do you hat (please tice) O heart distormed to the control of the c	well ave one or k as appro sease tack lotting disc s A, B, C	more o	of the follow O circulate O bypass O immune O chronic	med wing dise ory diseas / stent odeficienc lung dise	iocre eases? ses	O no O IDS) O	high blood Pacemake jaundice tuberculos	d pressure er sis	
Do you hat (please tic) O heart dis O heart att O Blood c	well we one or k as appro sease tack lotting disc s A, B, C npairment	more o priate)	of the follow O circulate O bypass O immune	med wing dise ory diseas / stent odeficienc lung dise disease	iocre eases? ses y (HIV / Al	O no O IDS) O O	high blood Pacemake jaundice	d pressure er sis se	

Questionaire Qi-Machine No. 2 Page 3 of 4

Perso	onal assessmer	nt and experie	nce (c	optional):		
			1			,

Thank you for answering the questions. We would be pleased if you provide us your report for publication. Interested parties and other customers can benefit from your experience. If you agree to a publication, please let us know. We will then send you a corresponding user agreement.

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.