

QUESTIONNAIRE ON YOUR EXPERIENCE USING THE CD FOR REDUCTION AND «FREEDOM FROM PAIN AND ENHANCING INNER HEALING POWER»

NAME _____ SEX _____ AGE _____
STATE _____ PROFESSION _____
Email _____

Physical problem / pain/ discomfort _____

Where do you experience pain or discomfort?

How long have you been experiencing this pain or discomfort?

RESULTS OF EMPLOYING THE TECHNIQUES ON THE CD

1. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

2. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

3. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

4. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

5. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

6. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

7. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

8. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2 Breathing, **No. 3** Relaxation, **No.4** EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ___ No ___ Yes. If yes after how many hours? _____

Comments _____

9. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2__ Breathing, No. 3__ Relaxation, No.4__ EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ____ No ____ Yes. If yes after how many hours? _____

Comments _____

10. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2__ Breathing, No. 3__ Relaxation, No.4__ EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ____ No ____ Yes. If yes after how many hours? _____

Comments _____

11. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2__ Breathing, No. 3__ Relaxation, No.4__ EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ____ No ____ Yes. If yes after how many hours? _____

Comments _____

12. Date _____ time _____ Where did you employ it? _____

I employed technique No. 2__ Breathing, No. 3__ Relaxation, No.4__ EFT

For the following pain / problem /discomfort _____

I rated the initial pain (from 0 to 10) at _____ before the technique and _____ after the technique.

I employed the technique for _____ minutes for _____ times.

Did the problem / pain / discomfort return. ____ No ____ Yes. If yes after how many hours? _____

Comments _____

