

IN AN ONGOING EFFORT TO EVALUATE THE PERFORMANCE OF OUR PRODUCTS, WE WOULD LIKE YOU TO COMPLETE THE FOLLOWING QUESTIONNAIRE. PLEASE FEEL FREE TO ADD COMMENTS WHERE NECESSARY.

THIS IS THE

1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
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TREATMENT I HAVE TAKEN IN A COURSE:

PLEASE TICK THE RELEVANT BOX FOR THE FOLLOWING STATEMENTS:

AFTER USE OF THE DETOX SYSTEM, I NOTE THE FOLLOWING CHANGES:

QUESTION	DEFINATELY	MAYBE	NOT SURE	NO	DEFINITELY NOT
I FEEL HEALTHIER					
I FEEL MORE ALERT					
MY MOOD HAS IMPROVED					
I HAVE A BETTER SENSE OF WELL-BEING					
I FEEL CLEANER					
I FEEL A PHYSICAL CHANGE IN MY BODY					
I FEEL THAT TOXINS HAVE BEEN RELEASED FROM MY BODY					
I FIND THAT I SLEEP BETTER					
I FEEL THAT MY ENERGY LEVELS HAVE INCREASED					
THE TREATMENT HAS INCREASED MY SEXUAL DRIVE					
THE TREATMENT HAS INCREASED MY APPETITE					
DID YOU GET PINS AND NEEDLES DURING OR AFTER TREATMENT					
DID YOU GET ANY FORM OF CRAMP DURING OR AFTER TREATMENT					
DID YOUR BODY TEMPERATURE DROP AFTER THE TREATMENT					
OVERALL, DO YOU FEEL THAT THE TREATMENT HAS AFFECTED YOU POSITIVELY					

Please also answer the following questions:

QUESTION	YOUR ANSWER
DO YOU SMOKE	
DO YOU DRINK	
DO YOU HAVE A HAVE AN AVERAGELY HEALTHY DIET	
ARE YOU CURRENTLY ON A DIET – IF SO WHICH ONE	
DID THE WATER TURN YELLOW, LIGHT BROWN, DARK BROWN OR BLACK	
WHAT IS YOUR AGE	
WHAT IS YOUR SEX	
WHAT IS YOUR LEVEL OF FITNESS (1 TO 10)	
HOW MUCH WOULD YOU BE HAPPY TO PAY FOR A TREATMENT IN A CLINIC	
HOW MUCH WOULD YOU ANTICIPATE YOU COULD BUY YOUR OWN MACHINE FOR	

Please use this box for any other comments you would like to make:

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