

Quantum-Touch™

MEN'S SWIM TEAM

Questionnaire

The purpose of this questionnaire is to document the impact of these sessions. Your help with this form is greatly appreciated.

Before the session

Name Josh [redacted] Age 18 Sex M Date 1/2/96

Condition 1. Sore Shoulder 3. _____

Symptoms for condition 1. Hurts when I rotate it

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 4 years 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 9 2 _____ 3 _____

Time session begins 4:52

After the session

Time session ends 6:00

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 5 2 _____ 3 _____

What did you notice from the session? it felt better in the shoulder. Also I was in a car accident today

Comments: I have no idea how it works but it does.

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Before the session

Name Brent [redacted] Age 24 Sex M Date 12/2/96
 Condition 1. Elbow pain 2. Ankle pain 3. _____
 Symptoms for condition 1. Sharp bone pain in elbow
 Symptoms for condition 2. Sharp bone pain, growth on bone
 Symptoms for condition 3. _____
 How long have you had condition 1 2 weeks 2 2 years 3 _____
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress levels for condition 1 8 2 7 3 _____
 Time session begins 4:58

After the session

Time session ends 5:12
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress for condition 1 5 2 _____ 3 _____
 What did you notice from the session? Elbow felt looser - it enjoyed the attention

 Comments: This is a great study. What are the results?

City League

City League - playing
UCSC WOMAN'S TEAM

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Questionnaire

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Before the session

Name Kim [REDACTED] Age 36 Sex F Date 1/2/96

Condition 1. Jam'd Thumb 2. _____ 3. _____

Symptoms for condition 1. pain in thumb joint

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1. 1 hr. 2. _____ 3. _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1. 6 2. _____ 3. _____

Time session begins 7 min. 6:45

After the session

Time session ends 7 min. 6:52

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1. 2-3 2. _____ 3. _____

What did you notice from the session? My thumb was throbbing + I was experiencing heat + pain in area of thumb joint. after session - thumb was not throbbing - heat lessened

Comments: and the pain decreased to a tolerable level.

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Questionnaire

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Before the session

Name Stephanie [redacted] Age 18 Sex F Date 1/2/96
 Condition 1. sprained ankle 2. _____ 3. _____
 Symptoms for condition 1. can't put any pressure on it
 Symptoms for condition 2. using crutches
 Symptoms for condition 3. sprained on both sides
 How long have you had condition 1. 3 days 2. _____ 3. _____
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress levels for condition 1. 8 2. _____ 3. _____
 Time session begins 7:05

After the session

Time session ends 7:20 session cut short
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress for condition 1. 5 2. _____ 3. _____
 What did you notice from the session?
my ankle had more movement and less swelling after the session. The improvement
 Comments: wasn't too dramatic, but there definitely was some. Maybe it would have been even better had the session not been cut short.

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Questionnaire

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Before the session

Name Robert [REDACTED] Age 18 Sex M Date 12/2/96
Condition 1. sore back 2. _____ 3. _____
Symptoms for condition 1. after a while back begins to clamp up
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1. 3 days 2. _____ 3. _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for condition 1. 4/10 2. _____ 3. _____
Time session begins 9:25 when he started

After the session

Time session ends 9:32
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. 2 2. _____ 3. _____
What did you notice from the session? The pain in the lower back decreased by a lot and it wasn't as tight as it was when he began.
Comments: I felt that it was amazing that he could make the pain in the back go away so fast without putting too much pressure on the back.

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Questionnaire

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Before the session

Name Cathy [REDACTED] Age 18 Sex F Date 01 04 96
Condition 1. BRUISED RIBS 2. _____ 3. _____
Symptoms for condition 1. _____
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 2 WEEKS 2 _____ 3 _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for condition 1 7 2 _____ 3 _____
Time session begins 6:18

After the session

Time session ends 6:30
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1 0 2 _____ 3 _____
What did you notice from the session? NO MORE PAIN EXPERIENCED

Comments: ABLE TO BRING THE PAIN TO A MUCH LOWER DISCOMFORT BY JUST THE TOUCH OF HIS HANDS.

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Questionnaire

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Before the session

Name Stephanie [REDACTED] Age 18 Sex F Date 1/4/96

Condition 1. sprained ankle 2. _____ 3. _____

Symptoms for condition 1. little swollen, tender

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 16 days 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 5 2 _____ 3 _____

Time session begins 5:25

After the session

Time session ends 6:05

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 3 2 _____ 3 _____

What did you notice from the session? swelling reduced even more, a lot more movement, able to point my toes & move foot from side to side. Much improvement!

Comments: _____

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Before the session

Name Paul [REDACTED] Age 21 Sex M Date 1/4/96
Condition 1. back pain 2. _____ 3. _____
Symptoms for condition 1. spasm, stiffness
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1 5 mos 2 _____ 3 _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for condition 1 6 2 4 3 _____
Time session begins 6:55

After the session

Time session ends 7:25
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1 4.5 2 _____ 3 _____
What did you notice from the session?
unusual sensation some relief of tension relaxing
Comments: _____
(R.G.) SITTING ON BENCH BEFORE SESSION - PRACTICING AFTER
INJURED IN WRIGHT LITTLE ACCIDENT - ON A DAY TO DAY BASIS THEREAFTER.

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DIVE TEAM

Before the session

Name Kelly [redacted] Age 19 Sex F Date Jan 5, 1996

Condition 1. bruised elbow 2. _____ 3. _____

Symptoms for condition 1. discolored, not broken but may be splintered

Symptoms for condition 2. swollen, jammed, arm doesn't straiten out

Symptoms for condition 3. _____

How long have you had condition 1 1 week 2 ~~1 week~~ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 5 2 5 3 _____

Time session begins 2:15

After the session

Time session ends 2:55

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 3 2 _____ 3 _____

What did you notice from the session? I could feel an almost electrode feeling in my arm. It is easier to straiten my arm out.

Comments: I think this type of healing is really great. Quickly recovering from an injury is really important. Swelling went down

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Before the session

Name Lindsay [redacted] Age 19 Sex F Date 1-6-76

Condition 1. Shoulder pain 2. _____ 3. _____

Symptoms for condition 1. shooting pain discomfort when swimming

Symptoms for condition 2. inability to raise arm past 90° when pain

Symptoms for condition 3. occurs. (from tendonitis)

How long have you had condition 1 6 years 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 6 2 _____ 3 _____

Time session begins 8:53

After the session

Time session ends 9:13

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 2 2 _____ 3 _____

What did you notice from the session? warmth

Comments: It will be difficult to assess absence/presence of pain until I use the shoulder to swim. Does not hurt to raise my arm anymore. Tendonitis pain came back after swimming a little - muscle tightness went away.

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Before the session

Name Keith [redacted] Age 21 Sex M Date 1/6/96
Condition 1. Pain in left shoulder 2. freestyle only 3. _____
Symptoms for condition 1. Medium-sharp pain when pulling freestyle
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1. 1.5 weeks 2. _____ 3. _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress levels for condition 1. 5 2. _____ 3. _____
Time session begins 9:20

After the session

Time session ends 9:36
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. 5 2. _____ 3. _____
What did you notice from the session? Slight tingling in 2nd + 3rd fingers of left arm during therapy
Comments: No noticed relief of discomfort

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Before the session

Name Justin [redacted] Age 23 Sex M Date 1/6/95
 Condition 1. Broken Hand 2. _____ 3. _____
 Symptoms for condition 1. Throbbing
 Symptoms for condition 2. Aches
 Symptoms for condition 3. Swelling
 How long have you had condition 1. 2 weeks 2. _____ 3. _____
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress levels for condition 1 5 2 6 3 3
 Time session begins 9:48

After the session

Time session ends 10:12
 How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
 Pain, discomfort or distress for condition 1 1 2 2 3 1
 What did you notice from the session? Occasional tingling... numbness

Comments: Pain just disappeared from certain spots and did not return. Bone alignment at left metacarpal felt better (straighter)

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Before the session

Name Justin [REDACTED] Age _____ Sex _____ Date 1/8/96

Condition 1. _____ 2. _____ 3. _____

Symptoms for condition 1. _____

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 _____ 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 _____ 2 _____ 3 _____

Time session begins _____

After the session

From 1/6/96

Time session ends _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 _____ 2 _____ 3 _____

What did you notice from the session? Waist pain (Carpal Tunnel)
disappeared and has not come back.

Comments: _____

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Before the session

Name TOO [REDACTED] Age 20 Sex M Date 1/8/96

Condition 1. Janard Singers 1. middle 2. pinky

Symptoms for condition 1. _____

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 10 mins 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 5 2 6 3 _____

Time session begins 3:00

After the session

Time session ends 3:15

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 2 2 3 3 _____

What did you notice from the session? _____

Comments: Wouldn't believe it if I didn't feel it.

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Before the session

Name Stephanie [redacted] Age 18 Sex F Date 1/8/96

Condition 1. sprained ankle 2. _____ 3. _____

Symptoms for condition 1. very sore, can't walk, some swelling

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 10 days 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 8 2 _____ 3 _____

Time session begins 3:27

After the session

Time session ends 4:15

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 6 2 _____ 3 _____

What did you notice from the session? swelling down, pain is a little less. It feels stronger & healthier

Comments: _____

Tennis

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Questionnaire

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Before the session

Name Brian [redacted] Age 19 Sex M Date 1/8/96

Condition 1. bad back 2. _____ 3. _____

Symptoms for condition 1. Soreness

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 a couple months? 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 7 2 _____ 3 _____

Time session begins 4:25

After the session

Time session ends 4:31

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 3 2 _____ 3 _____

What did you notice from the session? the pain decreased

Comments: looser, not as tight

Volley Ball

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Questionnaire

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Before the session

Name MARTIN [REDACTED] Age 21 Sex M Date 1-8-95

Condition 1. BACK PAIN 2. Q. SPASMS 3. _____

Symptoms for condition 1. _____

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1 4 DAYS 2 _____ 3 _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1 7 2 _____ 3 _____

Time session begins 4:39

After the session

Time session ends 4:52 PM

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 5 2 _____ 3 _____

What did you notice from the session? MUSCLES SEEM MORE RELAXED,

Comments: _____

volleyball

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Before the session

Name Oded [REDACTED] Age 21 Sex M Date 1-8-96

Condition 1. R-KNEE 2. R-SHOULDER 3. _____

Symptoms for condition 1. SHARP PAIN ESP. WITH JUMPING

Symptoms for condition 2. PAIN WITH ANY SEVERE SHOULDER MOV.

Symptoms for condition 3. _____

How long have you had condition 1. 5 years (off/on) 2. years 3. _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress levels for condition 1. 8 2. 7 3. _____

Time session begins 5:10

After the session

Time session ends 5:22

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1. 5 2. 4 3. _____

What did you notice from the session? Relaxing to the concentrated muscle area.

Comments: _____

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Before the session

Name Stephanie [REDACTED] Age 18 Sex F Date 1/9/96
Condition 1. sprained ankle 2. _____ 3. _____
Symptoms for condition 1. little swollen, can't put much pressure on it
Symptoms for condition 2. _____
Symptoms for condition 3. _____
How long have you had condition 1. 11 days 2. _____ 3. _____
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. 6 ~~10~~ 2. _____ 3. _____
Time session begins 4:25 ~~4:25~~

After the session

Time session ends 5:30
How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)
Pain, discomfort or distress for condition 1. 4 2. _____ 3. _____
What did you notice from the session? ankle feels a lot ~~more~~ more loose, pain is going away, continuing to feel stronger. Inflammation going down. Can put some pressure on it.
Comments: _____

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Before the session

Name Stephen [redacted] Age 19 Sex M Date 1/2/96

Condition 1. Shinsplints 2. _____ 3. _____

Symptoms for condition 1. pain in shin

Symptoms for condition 2. _____

Symptoms for condition 3. _____

How long have you had condition 1. 1 week 2. _____ 3. _____

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 5 2. _____ 3. _____

Time session begins 5:33 - ~~5:30~~

After the session

Time session ends 5:37

How much pain, discomfort or distress are you experiencing on a scale of 1-10? (1= slight, 10= extreme)

Pain, discomfort or distress for condition 1 1 2. _____ 3. _____

What did you notice from the session? _____

Comments: _____
