

Last Name: Age:	Sex:
First Date of Use Device:	
SAVE THIS DOCUMENT EACH TIME YOU UPDATE IT	
Day 0	Scale of 1 -10 (10=BEST)
Prior to EarthPulse™ I'm sleeping	
My Energy Level is	
My Physical Performance Level is	
My Mental Performance Level is	
My Resting-Breath-Hold (RBH) is (in seconds) Saturated blood oxygen if known %	
	If pain please describe
My Pain Level is (10=Worst)	area(s) /types(s)

Do you take thyroid supplements or drugs?	
If Yes, Then please describe	
I usually awake to urinate these many times per night	
My Body Weight is lbs kgs	
Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)	
Issue 1 Severity	
Issue 2 Severity	
Issue 3 Severity	
Write in 4 different resistance or training movements.	
Write your current performance level in reps &/or	
resistance; or event length and speed or best	
combination that fits. (If this doesn't apply to you,	
leave blank.) If you play Golf, please add comment.	
Comments	
Save and close this document and come back on Day 7	

Day 7	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 7 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Issue 2 Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Issue 3 Severity
My Energy Level is My Physical Performance Level is My Mental Performance Level is My Resting-Breath-Hold (RBH) is (in seconds) Saturated blood oxygen if known %	Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst) My Pain Level is (10=Worst) If pain please describe area(s)/ types(s)	Resting Breath Hold (RBH) almost never fails to improve during first week. If RBH did fail to improve (or got worse which is even more rare), please re-read your RBH test instructions (in the the Important-Read-Me-First document. Usually a reduction can be tracked to a failure to oxygen load consistently with the past RBH test, or taking under cooler ambient temperature Comments: Please write as much as you would like in the space below. PARTICULARLY HELPFUL WOULD BE YOUR COMMENTS ON ANY CHANGES IN NUTRITIONAL SUPPLEMENTATION OF MEDICATION DURING THE TIME OF YOUR 90 DAY TRIAL.
I usually awake to urinate these many times per night My Body Weight is	Comments from
Do you take thyroid supplements or drugs?	Day 7
If Yes, Then please describe	Save and close this document and come back on Day 14

Day 14	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 14 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Issue 2 Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Severity
My Energy Level is	Issue 3
My Physical Performance Level is	Write in 4 different resistance or training movements in the space provided, write your
My Mental Performance Level is	current performance level in reps &/or
My Resting-Breath-Hold (RBH) is (in seconds)	resistance; or event length and speed or best combination that fits (if this doesn't apply,
Saturated blood oxygen if known	leave blank.) If you play Golf, please add
If known Sleep Apnea, rate it (10=Worst)	comment.
My Pain Level is (10=Worst)	Please use the device nightly during the first 90-day period to maximize statistical probability and level of success. Please make sure you oxygen
If pain please describe area(s)/ types(s)	load properly to make your RBH as accurate as possible.
I usually awake to urinate these many times per night	Comments from Day 14
My Body Weight is lbs kgs	
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	
	Save and close this document and come back on Day 21

Day 21	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 21 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Issue 2 Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Issue 3 Severity
My Energy Level is	
My Physical Performance Level is	Write in 4 different resistance or training movements in the space provided, write your
My Mental Performance Level is	current performance level in reps &/or
My Resting-Breath-Hold (RBH) is (in seconds)	resistance; or event length and speed or best combination that fits (if this doesn't apply,
Saturated blood oxygen if known %	leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst)	Comment.
My Pain Level is (10=Worst)	Comments from
If pain please describe area(s)/ types(s)	Day 21: (Also tell us if ANY CHANGES MADE TO SUPPLEMENTS OR MEDICATIONS)
I usually awake to urinate these many times per night	
My Body Weight is lbs kgs	
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	Save and close this document and come back on Day 28

Day 28	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 28 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep Write in Primary use frequency(ies) Amplitude setting used for sleep	Issue 2 Severity
My Energy Level is	Issue 3 Severity
My Physical Performance Level is	Write in 4 different resistance or training
My Mental Performance Level is	movements in the space provided, write your current performance level in reps &/or
My Resting-Breath-Hold (RBH) is (in seconds)	resistance; or event length and speed or best
Saturated blood oxygen if known	combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add
If known Sleep Apnea, rate it (10=Worst)	comment.
My Pain Level is (10=Worst)	Comments from
If pain please describe area(s)/ types(s)	Day 28: (Please use the device nightly during the first 90-day period to maximise statistical
I usually awake to urinate these many times per night	probability and level of success.)
My Body Weight is lbs kgs	
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	Save and close this document and come back on Day 60

Day 60	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 60 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Issue 2 Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Severity
My Energy Level is	Issue 3
My Physical Performance Level is	Write in 4 different resistance or training
My Mental Performance Level is	movements in the space provided, write your
My Resting-Breath-Hold (RBH) is (in seconds)	current performance level in reps &/or resistance; or event length and speed or best
Saturated blood oxygen if known %	combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add
If known Sleep Apnea, rate it (10=Worst)	comment.
My Pain Level is (10=Worst)	
If pain please describe area(s)/ types(s)	Comments from
I usually awake to urinate these many times per night	Day 60
My Body Weight is Ibs kgs	
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	Save and close this document and come back on Day 90
	bare and close this document and come such on buy 70

Day 90	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 90 on EarthPulse™ I'm sleeping	Issue 1 Severity
Program-mode used for sleep	Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep	Issue 2
My Energy Level is	Issue 3 Severity
My Physical Performance Level is	Write in 4 different resistance or training
My Mental Performance Level is	movements in the space provided, write your
My Resting-Breath-Hold (RBH) is (in seconds)	current performance level in reps &/or resistance; or event length and speed or best
Saturated blood oxygen if known %	combination that fits (if this doesn't apply leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst)	Static, it you play doil, picase and continent.
My Pain Level is (10=Worst)	Any comments you
If pain please describe area(s)/	would like to give on your 90-days trial
types(s)	period please do so
I usually awake to urinate these many times per night	Now if you'd like to loan your earthpulse out, to a friend to try, please do so
My Body Weight is Ibs kgs	Please write as much as you would like here, then submit your feedback to us. Thank you and be well.
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	