

Email			City			Date: Nov 6 / 16		
Top 10 Symptoms Before & After			Before and After Quality of Life Survey			Feelings of Treatment 0-10		
Scale 0 - 10, 10 is severe			Scale 0 to 10, 10 is highest			0 - None 5 - Avg 10 - Most		
	B	A		B	A			
1. NECK PAIN C3,4	8	0	Energy Level Now	6	10	It was ineffective		0
2. LEFT ROTATOR CUFF	8	0	Level of Overall Balance	8	8	I was mistreated		0
3. RIGHT KNEE	9	0	Overall Pain & Discomfort now	8	0	I feel cheated		0
4. PAINFUL TEAR ^{right} _{biop}	5	0	Angered by actions of others	6	0	I feel Better		10
5. SORE RIGHT FOOT	4	0	Thoughts of past regrets	5	0	I'm Satisfied		10
6. SORE KNUCKLES ^{ARTHRITIS}	3	0	Worried about current situations	5	0	I'm Relaxed		10
7. SORE LEFT THUMB ^{SWELLING}	3	0	Troubled by a relationship(s)	7	0	I'm Grateful		10
8. Headaches	2	0	Fear - getting worse - me or family	2	0	I feel Loved		10
9. STOMACH	4	0	Overall Level of Happiness	8	10	I feel Peaceful		10
10. Frustration	4	0	Overall Quality of Life	8	10	I was Transformed		10

Describe in Point Form How You Feel Before and After

Before	After
<p>HRV Before: _____</p>	<p>Blown Away. THE DIFFERENCE IS DAY & NIGHT</p> <p>HRV After: _____</p>