



# 11 Day Terrain Detox - Rife

## 3 Months Post Detox: Feedback Form

This questionnaire is designed to gather information for the purpose of sharing knowledge on our website. No personally identifiable information will be revealed. Only the data within the specified boxes will be used to analyse and compile information trends.

**Note:** Providing personal information below is entirely optional. Please only share what you feel comfortable disclosing.

**NAME:** \_\_\_\_\_  
FIRST LAST

**EMAIL:** \_\_\_\_\_ **DATE OF DETOX:** \_\_\_\_\_

### GENERAL WELLBEING

<b>Tiredness/Fatigue</b>	<input type="checkbox"/> never fatigued	<input type="checkbox"/> often fatigued	<input type="checkbox"/> always fatigued
<b>Focus</b>	<input type="checkbox"/> poor focus	<input type="checkbox"/> average focus	<input type="checkbox"/> very focused
<b>Energy</b>	<input type="checkbox"/> low energy	<input type="checkbox"/> average energy	<input type="checkbox"/> high energy
<b>Eating</b>	<input type="checkbox"/> barely hungry	<input type="checkbox"/> average appetite	<input type="checkbox"/> always hungry
<b>Brain Fog</b>	<input type="checkbox"/> low brain fog	<input type="checkbox"/> no brain fog	<input type="checkbox"/> high brain fog
<b>Getting to Sleep</b>	<input type="checkbox"/> asleep within 30mins	<input type="checkbox"/> asleep within 30min to 2hrs	<input type="checkbox"/> asleep after 2hrs+
<b>Staying Asleep</b>	<input type="checkbox"/> never/rarely wake	<input type="checkbox"/> wake 1-2 times a night	<input type="checkbox"/> wake 2+ times a night
<b>Irritability</b>	<input type="checkbox"/> never irritable	<input type="checkbox"/> sometimes irritable	<input type="checkbox"/> highly Irritable

### AILMENTS & ILLNESSES

HAVE YOU NOTICED ANY CHANGE IN HEALTH ISSUES SINCE THE 11 DAY TERRAIN DETOX?

### GOING FORWARD....

WE'RE LOOKING TO EXPAND TREATMENTS OFFERED IN THE FUTURE. IS THERE SOMETHING IN PARTICULAR YOU WOULD LIKE TO TRY AND ADDRESS WITH RIFE?