Section 3

Name: _____

Date: _____

1. Do you suffer from any particular ailments?

- [ ]
- [ ] Heart
- [ ] Lung
- [ ] Gastrointestinal
- [ ] Urogenital
- [ ] Neurological
- [ ] Hormonal
- [ ] Musculoskeletal
- [ ]

2. Do you suffer from any of the following conditions?

- [ ] Pain
- [ ] Stiffness
- [ ] Anxiety
- [ ] Irritability
- [ ] Weakens
- [ ] Fatigue
- [ ] Fogginess
- [ ] Dizziness
- [ ] Limitations in movement
- [ ] Skin irritations or other conditions
- [ ] Allergies to medications
- [ ] Allergies to foods
- [ ] Other allergies
- [ ] irritable bowel symptoms (bloating, constipation, reflux, diarrhea)

3. Do you suffer from any of the following?

- [ ] Memory issues
- [ ] concentration issues
- [ ] tremor
- [ ] Option 4

4. Do you have swelling of the face or extremities

- [ ] Yes
- [ ] No

5. I regularly have feelings of (daily or multiple times per week)

- [ ] Ecstatic
- [ ] Thrilled
- [ ] Happy
- [ ] Burnt out
- [ ] Fatigued
- [ ] Sad
- [ ] Depressed
- [ ] Unmotivated
- [ ] Confused
- [ ] Anxious

6. Support from medical professional

- [ ] Outstanding
- [ ] Rely on them exclusively
- [ ] I get everything I need
- [ ] Average
- [ ] Poor
- [ ] Absent
- [ ] I cannot rely on them
- [ ] I have trust issues
- [ ] I do not get what I need
- [ ] I am looking for alternatives

7. How comfortable are you with available information on wellness?

- ◯ Very comfortable
- ◯ Somewhat comfortable
- ◯ Neither comfortable nor uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Very uncomfortable

8. How comfortable are you in using alternate wellness modalities?

- ◯ Very comfortable
- ◯ Somewhat comfortable
- ◯ Neither comfortable nor uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Very uncomfortable

9. How often do you seek out alternative wellness modalities?

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Seasonal
- ◯ Yearly
- ◯ Never

10. How do you make your health and wellness decisions?

11. How often do you feel overwhelmed?

- ◯ All the time
- ◯ Some of the time
- ◯ Occasionally
- ◯ Rarely
- ◯ Never

12. Do you feel that wellness treatments are?

- [ ] easily available
- [ ] Hard to find the right one
- [ ] Can't get access to them
- [ ] Don't know where to start
- [ ] Too much conflicting information on the internet
- [ ]

13. I am able to make good decisions (this last year)

- ○ All the time
- ○ Most of the time
- ○ Sometimes
- ○ Rarely
- [ ]
- ○ Never

14. Click what is true

- ○ Able to focus well
- ○ I generally feel relaxed
- ○ I fulfill my obligations
- ○ I set goals and usually reach them
- ○ I plan daily
- ○ I have brain fog
- ○ I can't focus some of the time
- ○ I am generally anxious or worried
- ○ I oftentimes can't fulfill my obligations
- ○ I set goals but oftentimes don't reach them
- ○ I generally do not set goals
- ○ I don't plan my day, week or month

15. Do you have or had any of the following

- [ ] Smoke cigarettes
- [ ] Use recreational drugs
- [ ] Alcohol addiction
- [ ] High blood pressure
- [ ] Breathing problems
- [ ] Heart problems
- [ ] Cancer
- [ ] Low immunity

Other

16. Do you suffer from insomnia?

- ○ Nightly
- ○ ?5 days per week
- ○ 1-2 per week
- ○ 1-2 per month
- ○ Rarely

17. Do you suffer from any of the following?

- ○ Mood swings
- ○ difficulty managing stress

18. Do you suffer from Flu like symptoms (any of the following symptoms: fever, chills, runny nose, cough? sore throat)

- ◯ Regularly
- ◯ Seasonally
- ◯ Occasionally
- ◯ Seldom
- ◯ Practically never

19. What do you wish to achieve through the regenerative medicine approach?

20. which specific ailments do you wish to be resolved (in order of importance)?

21. Do you have any specific concerns regarding the use of umbilical cells for treatment?

22. What treatments have you already done

23. Of any treatments in the past, what has worked for you?

24. Of any treatments in the past, which ones did you like and wish to continue

25. Of any treatments in the past, which did you not like and do not wish to continue

26. Regenerative medicine with its testing and various types of products can be time consuming and costly. Are you ready to invest the time and money to get the results that you want?

27. what do you believe is your role in your own wellness?

28. What are you specifically willing to commit to in order to get the results you want?

29. Do you believe this approach with regenerative medicine will work for you?

30. What do you now understand what type of type of health and wellness strategy you are participating in?

31. Do you believe you have realistic expectations?

32. What else do you need to help you get the results you want?

33. This entire assessment is certainly a lengthy one. How will this questionnaire help in the process of optimizing your wellness?