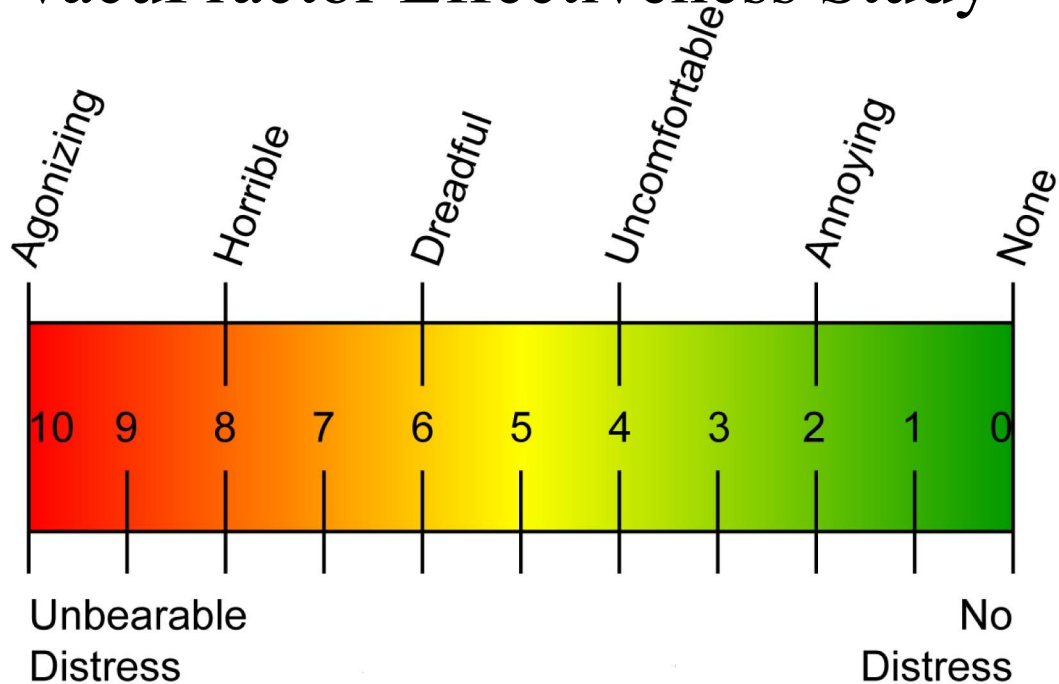


VacuPractor Effectiveness Study



Please Assign your level of pain using the scale above, Before, during and after use of the VacuPractor.

Before: (0-10) _____

During use of the VacuPractor (0-10) _____

After Use of the VacuPractor (0-10) _____

Have you had a medical diagnosis?(ie: Disc Herniation, Osteoarthritis, Sciatica, Spinal Curvature, Spondylolistheis)

Please describe your pain: (Pins and needles, Numbness, Pain, Stabbing, Stiffness, Throbbing, Burning , Aching

Age: _____

Sex: (Male or Female) _____

Time you have had back pain? (2 months, 3-4 years, 30 Years)

You may email your answers to our: customerservice@vacupractor.com or relay your answer via phone: 425-577-2713

Regular Mail: VacuPractor, 15127 NE 24th St #185, Redmond, WA 98052

Thank you for your time and help. The VacuPractor team.