



Pyramid Seat™ Pre-Questionnaire

Thank you for using the Pyramid Seat™.

The Pyramid Seat™ is a tool for natural therapy and non-medical self-treatment. The innovative design of the Pyramid Seat is a blend of Taoist fitness methods, modern science, and ergonomics as well as ancient disciplines from more than three thousand years.

The Pyramid Seat uses the natural gravity of the human body, the theory of the golden ratio, and the energy meridian theory of natural healing. This powerful combination may help to open meridians, balance internal organ energies, and play a role in self-healing for one's health and longevity.

The Pyramid Seat Research Group (PSRG) is on a mission to validate through research, statistical data collection, and qualitative feedback the benefits of the Pyramid Seat. As a user of the Pyramid Seat, we are hoping you will help us with our research.

Here is what we would need from you:

1. When you receive your Pyramid Seat, please fill out this Pyramid Seat Pre-questionnaire immediately and send the completed form to research@pyramidseat.com.
2. Participate on a phone call or Zoom chat with one of our coaches to determine a personalized approach for use of the Pyramid Seat based on your questionnaire responses including: your personal data (age, blood time, etc.), your health symptoms and diseases, and your lifestyle. We will contact you as soon as possible after receiving your questionnaire.
3. Complete a Pyramid Seat Post-questionnaire sent to you 30 days after the start of your Pyramid Seat program. Participate on a follow-up call or Zoom chat to discuss your results.
4. You will receive summary findings report at the conclusion of the research study.
5. If you do not feel comfortable providing your name, please use a pseudonym for you. It is important for you to share your personal data so we can create a complete energy map for you to achieve the greatest results.

Your information is confidential and only shared as aggregated results.

Personal Data:

Please fill in as completely as possible and print or type clearly:

First Name		Last Name	
Mailing Address			
City/State/Zip			
Home Phone		Cell Phone	
Email			

BIRTHDATE	BIRTH TIME*	SEX	AGE	BLOOD TYPE
___/___/___		<input type="checkbox"/> Male <input type="checkbox"/> Female		

***Your birth time is one of the main energy sources of your life. According to Natural Healing, original life energy is like the DNA of modern medicine. Please be as complete and accurate as possible. (e.g., 8:05 am)**



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To help us design a personalized program for you, please fill out the following information as completely as possible:

Job/Retirement Status:

Current Occupation		How long in this job?
In an average day, please indicate the amount of time you spend sitting?		
Average hours of seated commute?	Average hours of sitting at work?	Average hours of seated homelife?

If retired, what was your previous occupation?		How long in this job?
As a retiree, in an average day, please indicate the amount of time you spend sitting?		
Average hours of seated driving?	Average hours of seated homelife?	Average hours of seated activities outside the home?

Health Goals:

What are the top 3 health goals are you hoping to address with the use of the Pyramid Seat?

In the past, what measures have you tried to help address these health goals? Please check all that apply.

<input type="checkbox"/> Walking	<input type="checkbox"/> Yoga	<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Meditation
<input type="checkbox"/> Muscle Training	<input type="checkbox"/> Swimming	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Treadmill
<input type="checkbox"/> Massage	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Chiropractor	
<input type="checkbox"/> Pain Specialist	<input type="checkbox"/> Traction	<input type="checkbox"/> Surgery	



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Health Issues:

Natural Healing Body Symptoms

Natural Healing techniques and methods are directed at the symptoms of the body to determine imbalances and blockages in the meridians that may manifest in disease. Natural healing remedies focus on techniques and methods such as food, herbs, acupuncture, qigong, exercise, breathing.

Please indicate if you experience any of these body symptoms; for how long you have been experiencing these symptoms; and what is the level of impact to your quality of life. Check all that apply.

Natural Healing Body Symptoms	How long have you had these symptoms?	Level of impact to your quality of life? 1 Minimal Impact to 5 Significant Impact				
		1	2	3	4	5
<input type="checkbox"/> Headaches		1	2	3	4	5
<input type="checkbox"/> Vomiting/Nausea		1	2	3	4	5
<input type="checkbox"/> Constipation		1	2	3	4	5
<input type="checkbox"/> Diarrhea		1	2	3	4	5
<input type="checkbox"/> Rib cage pain (both sides)		1	2	3	4	5
<input type="checkbox"/> Acid reflux		1	2	3	4	5
<input type="checkbox"/> Stomach pain		1	2	3	4	5
<input type="checkbox"/> Decreased sense of smell		1	2	3	4	5
<input type="checkbox"/> Earache/hearing loss/Tinnitus		1	2	3	4	5
<input type="checkbox"/> Eye Issues (pain, tearing, dry eye, fuzzy vision, loss of vision)		1	2	3	4	5
<input type="checkbox"/> Dry mouth, bitter taste in mouth		1	2	3	4	5
<input type="checkbox"/> Stiffness/inflexibility in Neck		1	2	3	4	5
<input type="checkbox"/> Tightness in chest/chest pains		1	2	3	4	5
<input type="checkbox"/> Shortness of breath		1	2	3	4	5
<input type="checkbox"/> Frequent urination/urinary incontinence		1	2	3	4	5
<input type="checkbox"/> Rectal pain, rectal prolapse		1	2	3	4	5
<input type="checkbox"/> Scoliosis (s shaped spine)		1	2	3	4	5
<input type="checkbox"/> Elbow joint pain		1	2	3	4	5
<input type="checkbox"/> Lower back pain		1	2	3	4	5
<input type="checkbox"/> Sacral pain/Pelvic pain		1	2	3	4	5
<input type="checkbox"/> Leg pain (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Numbness in legs (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Knee pain (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Ankle pain (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Toe pain (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Numbness in toes (<input type="checkbox"/> left/ <input type="checkbox"/> right/ <input type="checkbox"/> both)		1	2	3	4	5
<input type="checkbox"/> Whole body joint pain		1	2	3	4	5
<input type="checkbox"/> Muscle ache/edema		1	2	3	4	5
<input type="checkbox"/> Tiredness/fatigue		1	2	3	4	5
<input type="checkbox"/> Low sex drive/sexual dysfunction		1	2	3	4	5
<input type="checkbox"/> Issues with menstrual cycles		1	2	3	4	5
<input type="checkbox"/> Other:		1	2	3	4	5



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Health Issues Continued:

Western Medicine Diseases:

Western medicine focuses on the disease that is present. Treatment and remedies are usually based on different drugs, surgical interventions, and treatment of inflammation, bacteria, viruses.

A growing body of western research shows that prolonged sitting raises your risk of developing chronic diseases. The World Health Organization (WHO) has classified a sedentary lifestyle as one of the ten culprits of death and illness. According to statistics, more than 2 million people in the world have died of "chairs" disease".

Below are the 8 diseases associated with a sedentary lifestyle. Please indicate if you have any of these illnesses; how long you have been diagnosed with these illnesses. and what western medicine are you taking for the conditions? Check all that apply to you.

Ill-effects of a Sedentary Lifestyle	How long have you had this condition?	Do any family members have these conditions?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Back Strain/Disk Damage		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cancer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cardiovascular Disease		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cognitive Discordes (Memory loss, Dementia, Alzheimer, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Digestive System Disease		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Disorders of the Legs		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sexual Dysfunction		<input type="checkbox"/> Yes	<input type="checkbox"/> No

What Western medicine are you currently taking and for how long?

Name of Medication	How long

Medical Disclaimer:

The Pyramid Seat is intended only as an aid to the movement of human energy and is not intended to treat or cure any disease or to offer any specific diagnosis to any individuals. We do not provide medical advice or diagnostic services. We assume no responsibility for injuries suffered while practicing with the Pyramid Seat. We strongly recommend that you obtain professional medical advice before you begin the use of the Pyramid Seat. Accordingly, you understand and voluntarily agree to accept the risk associated with using the Pyramid Seat and agree that you are solely responsible for using the Pyramid Seat appropriate for your skill and ability level.