

7/25/2017

Dear Flu Treatment Prevention Participant,

Please take a moment to fill out this brief survey so that we can better serve you and your family during the upcoming cold and flu season. As you are answering these questions remember that we are asking about last year's strain of influenza which was characterized by sudden onset of extreme fatigue and body aches, foggy-thinking and dry cough (as opposed to the common cold or "stomach flu." See additional comments below if you need further reminder of the distinctions).

**Please answer ONE survey for EACH FAMILY MEMBER that received a treatment.** Please copy and past this into a word document or an email and bold your answers and type in any need information.

Family Member \_\_\_\_\_ (Number 1, 2, 3 etcetera)

1. Did you get the flu in 2016-2017 after the NAET treatment? YES or NO or NOT SURE
2. Did you come in for a follow up treatment to make sure you had passed the first treatment (as recommended)? YES or NO
3. Were you exposed to the flu virus at work or home (around someone with a confirmed flu)? YES or NO or NOT SURE. Where you LIKELY exposed to flu [but the other person's "flu" wasn't confirmed but had all the indicators] YES or NO or NOT SURE
4. Did you use the home treatment technique (spit in a jar and treat the gate points) to shorten the duration of any colds you or your family had? YES or NO
5. If so, did it help shorten the duration of the initial sick person's illness? YES or NO or NOT SURE
6. If you treated another non-ill family member with the ill person's saliva in a jar did it prevent the well person from getting sick? YES or NO or NOT SURE
7. Did you find the herbal and nutritional information in the class useful for supporting your immune system? YES or NO
8. Would you refer someone else to receive a flu prevention treatment? YES or NO
9. Did you receive a conventional flu shot as well? YES or NO?
10. If you received the flu shot, did you have any negative reactions from the flu shot? YES or NO
11. Would you like to find out more about NAET and how it can help with food, seasonal or chemical allergies or sensitivities? YES or NO

Call now to schedule your discounted Flu Prevention treatment for this year. – 208-338-0405. [READ MORE.](#)

**Additional Comments:**

Symptoms of the Flu a.k.a. Influenza

Rapid severe onset. Fever, sore throat, runny nose, congestion, headache, dry cough, chills, body aches, extreme fatigue. Generally more severe than a common cold.

Symptoms of a Common Cold: Acute inflammation of any or all parts of the mucous membranes of the respiratory tract, which includes the sinuses, throat, larynx, trachea, and bronchi.

Symptoms Gastroenteritis referred to as the “Stomach Flu”:

Has digestive tract symptoms such as abdominal cramping, gas, stomach pain vomiting, diarrhea, nausea. You may also have fever, headache, and swollen lymph glands, depending on the type of pathogen that causes it.

[Sign up for Boise Natural Health’s Monthly e-newsletter](#) with information about events and classes.

Thank You,

Emily Richmond (Yuen), ABT

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Please email it to [boisenaturalhealth@gmail.com](mailto:boisenaturalhealth@gmail.com) **Attention Emily**

**Or mail to Boise Natural Health**

**4219 W. Emerald, Boise Id 83706**