

Homeostatic Alignment(TM)

Results Registry Form

Use this form to record your experience after completing the protocol. Please answer honestly. Positive, neutral, mixed, or unexpected outcomes are all useful.

Important note: This form is for observational reporting only. The protocol is intended as a complementary wellbeing approach and is not a replacement for medical care, diagnosis, or treatment.

1. Participant Details

Full name

Email address

Country / location

Date completed

dd / mm / yyyy

Age range

☐ 18-24	☐ 25-34	☐ 35-44	☐ 45-54
☐ 55-64	☐ 65+	☐ Prefer not to say	

2. Protocol Participation

Main reason for trying the protocol

How many days of the protocol did you complete?

☐ 1-3	☐ 4-7	☐ 8-13	☐ 14 days
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Were you working with a healthcare professional while doing the protocol?

☐ Yes	☐ No
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Did you stay on your existing medical care / treatment plan while doing the protocol?

☐ Yes	☐ No
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3. Observed Changes

Compared with before the protocol, how would you rate these areas?

Area	Worse	No change	A little better	Much better
Stress / anxiety	□	□	□	□
Sleep quality	□	□	□	□
Energy	□	□	□	□
Mood	□	□	□	□
Daily function	□	□	□	□

What changes did you notice, if any?

What improved the most?

What did not improve or was difficult?

Did anything unexpected happen?

4. Additional Notes

How would you describe your overall experience?

☐ Very positive	☐ Positive	☐ Mixed	☐ No noticeable change
☐ Negative			

Anything else you would like to share?

5. Follow-up and Consent

May we contact you for follow-up?

☐ Yes	☐ No
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May we share your results anonymously to help build understanding of the protocol?

☐ Yes	☐ No
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Would you be open to participating in future observational follow-up?

☐ Yes	☐ No
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Signature

Date

dd / mm / yyyy

Thank you for contributing your experience. Every completed form helps build a clearer picture of what people observe when following the Homeostatic Alignment protocol.

Suggested website button text: **Download Results Registry Form (PDF)**