

All the Information filled in this Survey Report will be kept quite Confidential. The purpose of this survey is to find out some essential data to know about the Importance of Sujok therapy in the society to ensure the best Services in Future.

1. Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contact Details : (P)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. E-mail :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Gender : Male Female
6. Age group : 20 to 30 31 to 40 41 to 51 51 & Above
7. Profession : **Student** **Professional House Holder**

**If Student, Which Field** : Arts Commerce Science Social work

Engineering Management Medical Para Medical

**If Professional, Which :** Govt/PSU Private Sector Self Employed Businessman Medical / Para Medical Lawyer

**Any Other :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How they heard about SuJok : T.V. Radio News Paper Poster Pamphlet Mouth To Mouth Clinic Friends Promo
2. Why you want to learn SuJok?

Personal Health Family & Welfare Social Work New Career

To Improve Learning Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reputation of SuJok:

Very Reliable Reliable So - So Non Reliable.

1. How much You Spend for medical Services Annually : Personal

0 to 5 thousand, 5 to 10 thousand 10 to 15 thousand 15 thousand +

1. How much You Spend for medical Services Annually : Family

0 to 5 thousand, 5 to 10 thousand 10 to 15 thousand 15 thousand +

1. Which Kind of Medical service you prefer ?

**Modern Medicine** **:** Allopath Medicine

**Traditional Medicine :** Ayurveda Homeopathy Unani Sidha Naturopathy & Yoga

**Alternative Medicine** : Acupuncture Acupressure SuJok Therapy, Hypnotherapy Rei-ki etc

**Spiritual Healing :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mixture of :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which Physical Problems you suffered or Suffering? (Multiple Tick)

**Pain** : Joint Pain, Headache Back pain Spine Related Problem

**System :** Digestive Disorder, Heart Disorder, Breathing Problem,

Urinory Disorder, Sexual Problem , Diabetes, Thyroid, Obesity, Skin problem, Women’s Problem,

 Dental Problems. Emotional Problem, Other :\_\_\_\_\_\_\_\_\_\_\_

1. How do you spend your free time?

Leisure Reading Learning Travelling Religious Activities Social Work

1. How much you spend for your free time?

0 to 5 thousand, 5 to 10 thousand 10 to 15 thousand 15 thousand +

1. How much free time for yourself?

Daily \_\_\_\_\_\_ Hours Weekly \_\_\_\_\_\_Hours Monthly \_\_\_\_\_\_Hours

1. Which month(s) are you most busy? (Multiple Tick)

Jan Feb Mar Apr May Jun

 Jul Aug Sep Oct Nov Dec.

Thank you Very Much for your Participation!!!