

**QUESTIONNAIRE CRYOTHERAPY**  
**Whole-body-cryo-chamber-therapy (WBCT): - 110 degrees Celsius**

**Please answer the following questions concerning your health:**

**Common:**

- Do you have a pacemaker, defibrillator (ICD), pain pump, insulin pump etc.?
- Do you suffer from severe muscle weakness?
- Do you have circulatory disorders of the arms/legs?
- Do you have circulatory disorders of the brain? (stroke,...)
- Do you suffer from epilepsy (seizures)?
- Do you currently have a cold, pneumonia, asthma or severe coughing?
- Do you currently have an infection of the ears or the sinuses?
- Do you currently have an infection of the kidneys, bladder or urinary- tract?
- Do you suffer from claustrophobia (fear of enclosed spaces, panic)?

**Cold:**

- Do you get a rash or blisters in the cold?
- Do you get blue or off-white fingers/feet/nose in the cold?
- Do you tolerate cold badly?
- Do you have “cold-antibodies”?

**Heart:**

- Are you 50 years or older?
- Do you come out of breath with minimal effort?
- Do you suffer from hearth arrhythmias (heart rhythm problems)?
- Have you ever had a heart attack?
- Do you get chest pain/feeling of tightness/burning on exertion?
- Do you need to go to the toilet three times or more at night?
- Do you need to take “water-pills”, “heart pills” or blood pressure medicine?