

Twendee Mtcontrol (Chronic Fatigue Syndrome)

Conducted by EYEZ, INC.

Based on: Twendee Mtcontrol (慢性疲労症候群)

<https://www.eyez.jp/media/%E3%82%B5%E3%83%97%E3%83%AA%E3%83%A1%E3%83%B3%E3%83%88%E3%80%8CTwendee%20Mtcontrol%E3%80%8D%E3%82%B5%E3%83%B3%E3%83%97%E3%83%AA%E3%83%B3%E3%82%B02022%E5%B9%B41%E6%9C%88%E5%AE%9F%E6%96%BD.pdf>

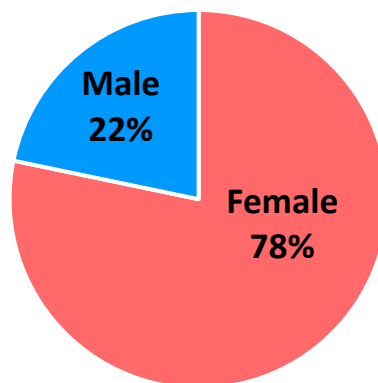
Questionnaire Overview

- Period: September 17, 2021 (Fri.) - November 18, 2021 (Thu.)
- Aggregation period: November 19, 2021 (Fri.) - November 26, 2021 (Fri.)
- Participants: 23

Participant Attributes (n=23)

Sex	Number	Ratio
Female	18	100%
Male	5	0%
Total	23	100%

Participant Attributes – Sex

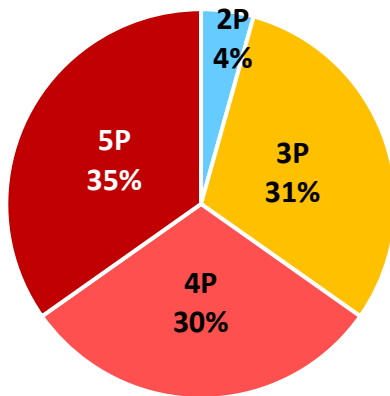


Preliminary Questionnaire Results (n=23)

Self-rated severity of each symptom on a scale of 0 Points (no impact) to 5 Points (severe impact)

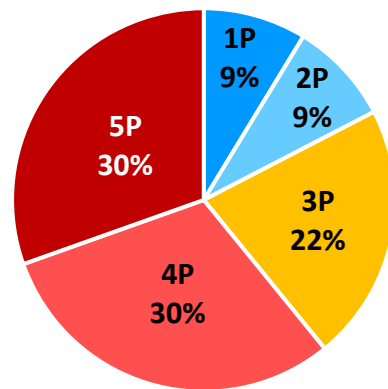
Q5. How much does chronic fatigue syndrome affect your daily life?

	Number	Ratio
0P (No Impact)	0	0%
1P	0	0%
2P	1	4%
3P	7	30%
4P	7	30%
5P (Severe Impact)	8	35%



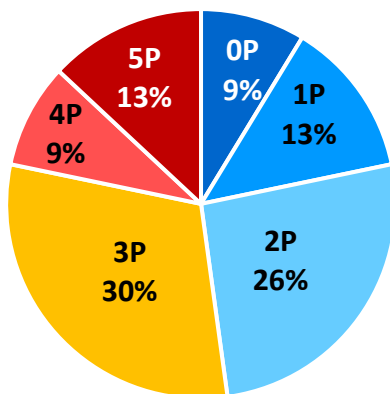
Q6. [Fatigue] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	0	0%
1P	2	9%
2P	2	9%
3P	5	22%
4P	7	30%
5P (Severe Impact)	7	30%



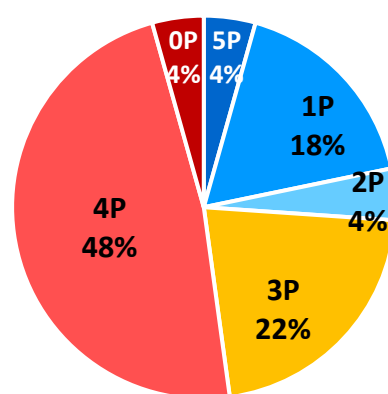
Q7. [Muscle pain] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	2	9%
1P	3	13%
2P	6	26%
3P	7	30%
4P	2	9%
5P (Severe Impact)	3	13%



Q8. [Joint Pain] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	1	0%
1P	4	4%
2P	1	17%
3P	5	4%
4P	11	22%
5P (Severe Impact)	1	48%

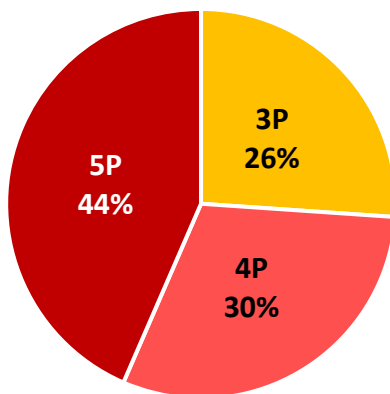


Preliminary Questionnaire Results (n=23)

Self-rated severity of each symptom on a scale of 0 Points (no impact) to 5 Points (severe impact)

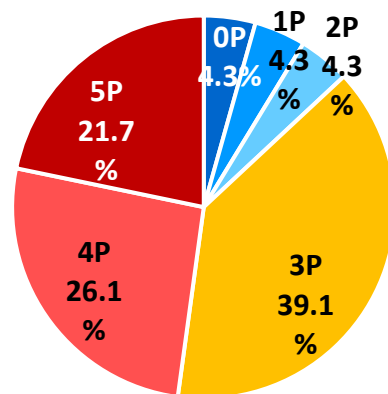
Q9. [Sleep disturbances (unrefreshing sleep)] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	0	0%
1P	0	0%
2P	0	0%
3P	6	26%
4P	7	30%
5P (Severe Impact)	10	43%



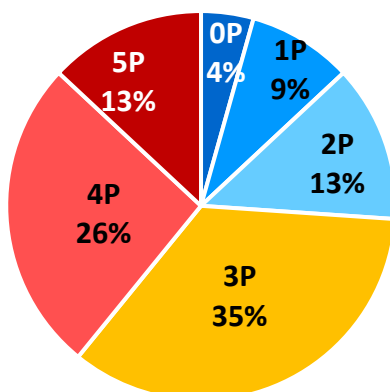
Q10. [Decrease in memory and concentration] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	1	4%
1P	1	4%
2P	1	4%
3P	9	39%
4P	6	26%
5P (Severe Impact)	5	22%



Q11. [Headache] Please indicate the severity of your current symptoms.

	Number	Ratio
0P (No Impact)	1	4%
1P	2	9%
2P	3	13%
3P	8	35%
4P	6	26%
5P (Severe Impact)	3	13%



Q12. Do you have any symptoms that are troubling you? (beyond those listed in Q6-11)

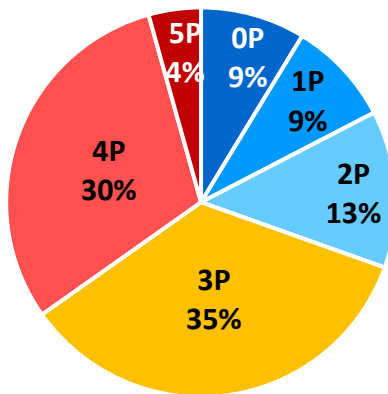
- Cognitive decline, reluctance to see others, poor motivation, difficulty with housework
- Frequent cramping of the legs
- Tiredness and lack of motivation
- Back pain
- Depression tendency
- Sleep disturbance
- Eye strain, lack of motivation to do anything
- Dizziness
- Constant spacing out
- Anxiety, lack of energy
- Concentration problems, constipation

Post-Questionnaire Results (n=23)

Self-rated severity of each symptom on a scale of 0 Points (no impact) to 5 Points (severe impact)

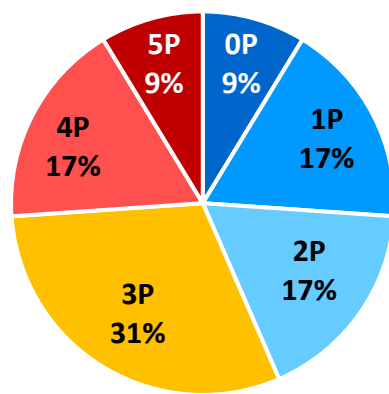
Q2. As of the end of your dose, how much does chronic fatigue syndrome affect your daily life?

	Number	Ratio
0P (No Impact)	2	9%
1P	2	9%
2P	3	13%
3P	8	35%
4P	7	30%
5P (Severe Impact)	1	4%



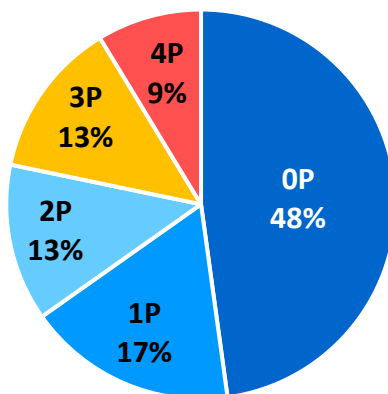
Q4. [Fatigue] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	2	9%
1P	4	17%
2P	4	17%
3P	7	30%
4P	4	17%
5P (Severe Impact)	2	9%



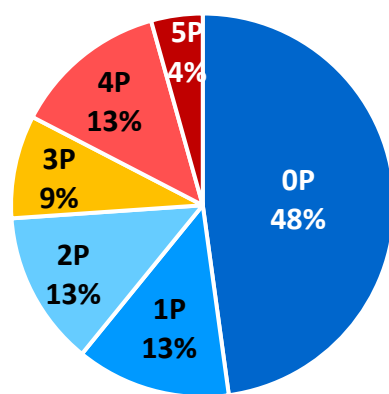
Q5. [Muscle pain] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	11	48%
1P	4	17%
2P	3	13%
3P	3	13%
4P	2	9%
5P (Severe Impact)	0	0%



Q6. [Joint pain] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	11	48%
1P	3	13%
2P	3	13%
3P	2	9%
4P	3	13%
5P (Severe Impact)	1	4%

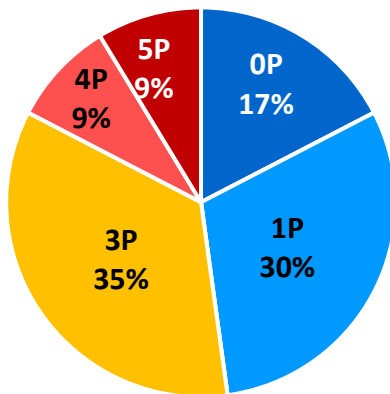


Post-Questionnaire Results (n=23)

Self-rated severity of each symptom on a scale of 0 Points (no impact) to 5 Points (severe impact)

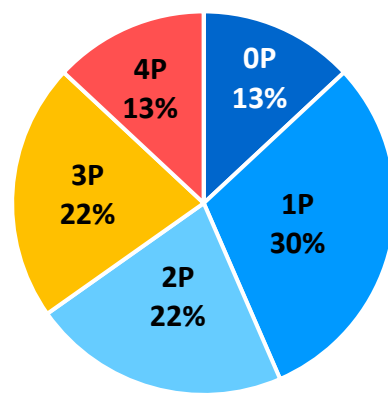
Q7. [Sleep disturbances (unrefreshing sleep)] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	4	17%
1P	7	30%
2P	0	0%
3P	8	35%
4P	2	9%
5P (Severe Impact)	2	9%



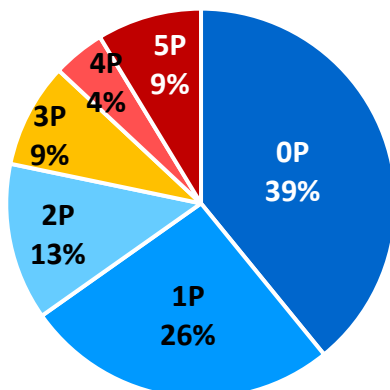
Q8. [Decrease in memory and concentration] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	3	13%
1P	7	30%
2P	5	22%
3P	5	22%
4P	3	13%
5P (Severe Impact)	0	0%



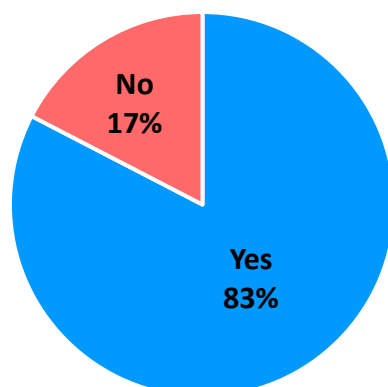
Q9. [Headache] Please indicate the severity of your current symptoms as of the end of your dose.

	Number	Ratio
0P (No Impact)	9	39%
1P	6	26%
2P	3	13%
3P	2	9%
4P	1	4%
5P (Severe Impact)	2	9%



Q11. Do you think Twendee Mtcontrol is effective for chronic fatigue syndrome?

	Number	Ratio
Yes	19	83%
No	4	17%



Post-Questionnaire Results (n=23)

Q3.If you have noticed an improvement in your daily life, when did you notice the improvement after you started taking the supplement?

- About 2 days later
- After about 3 days, I think I am able to move more quickly when I wake up in the morning.
- About 5 days later
- There wasn't a huge change, but after a week, I started to feel lighter.
- About 10 days later
- About 2 weeks later, I started to feel it.
- About 3 weeks later
- About 4 weeks later
- About 5 weeks later
- No change

Q10. Have any other symptoms improved besides those listed in Q4-Q9?

- Poor quality of waking up, tiredness after sleeping, stiff shoulders.
- Sleep disturbances have improved and I am able to sleep better.
- Less colds, less back pain, deeper sleep.
- Waking up and sleepiness is the same, but I don't feel sluggish when I wake up. I feel a little better about fatigue.
- My body feels lighter and I don't feel tired when I wake up in the morning. (I am able to get up more easily.)
- Dry skin. I feel like I recover from fatigue faster. (Especially during the daytime, I feel more energetic than before I started taking it.)
Mentally, I feel less depressed.