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cDESIGN, CDL process

select any option

1.for-You 2.your business 3.for-sports person/team 4.for health team 5. for Law& Order

PROCESS 1 ASSESSMENT

GENERAL

1. Location?,NAME OF PLACE, STATE, COUNTRY(all drop down menu)
2. Name (dropdown-Person,Business team, Sports team,, Health, Mental health, Law & order)

ACTIVITY

- 1.What kind of activity? Indoor, Outdoor, Office, Factory, business, Study, Sports, health, Law&order
- 2.Physical Activity, no of hours/day ?
- 3.Mental Activity, no of hours/day ?

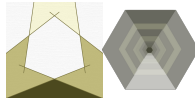
STRESS

- 1.Stressful Physical Activity, no of hours/day?
- 2.Stressful Mental Activity, no of hours/day?

FOCUS

- 1.What affects more? People/Work/weather/environment?
- 2.Which one make stress? Work/Sports/Business targets ? no of hours/day ?
- 3.What makes divert/distract attention/focus/concentration? no of hours/day ?
- 4.Whether work/business/sports environment conducive? comfortable? Physically/Mentally? no of hours/day ?

FITNESS



1. Whether physical or mental fitness issues affecting your performance? no of hours/day ?

THOUGHTS WORDS DEEDS

1. Past/Present/Future thoughts affect your performance? no of hours/day ?

2. Past/Present/Future words affect your performance? no of hours/day ?

3. Past/Present/Future deeds affect your performance? no of hours/day ?

4. Whether you have so many thoughts going on one time? no of hours/day ?

5. Whether able to focus on singular beneficial thoughts for considerable amount of time? no of hours/day ?

6. Whether able to focus thoughts on challenging environment also? no of hours/day ?

MIND SENSES DESIRES

1. Whether able to control your Mind ? no of hours/day ?

2. Whether able to control your Senses ? no of hours/day ?

3. Whether able to control your Desires ? no of hours/day ?

4. Whether able to detach yourself from any material thing-people, devices etc certain amount of time and focus?
no of hours/day ?

PROCESS 2

MEASUREMENTS

BRAIN WAVES

1. Normal Brainwaves ? Frequency Time range, no of hours/day?

2. Abnormal Brainwaves ? Frequency Time range, no of hours/day?

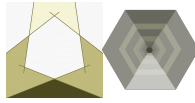
3. Brain Wave (abnormal)? Frequency 13-40 hz?, no of hours/day?

4. Brain Wave (normal) Frequency 0-13 hz? Time-No. of hours/day?

HEART RATE

1. Normal Heart Rate? Time range, (No of Hours/day)

2. Abnormal Heart Rate ? Time range, (No of Hours/day)



3.Heart Rate Normal 60-100 (beats/min) ?Time-No.of hours/day

4.Heart Rate Abnormal above 100 (beats/min)? Time-No.of hours/day

BLOOD PRESSURE

1.Normal Blood pressure? Time range (No of Hours/day)

2.Abnormal Blood pressure? Time range (No of Hours/day)

3.Normal Blood pressure 90 60 , 140 90 mmHg? Time range (No of Hours/day)

4.Abnormal Blood pressure, less than 90 60, More than 140 90 ? Time range (No of Hours/day)

BLOOD OXYGEN

1.Normal Blood Oxygen SpO2 ? Time range (No of Hours/day)

2.Abnormal Blood Oxygen SpO2? Time range (No of Hours/day)

3.Normal Blood Oxygen SpO2 95-100% ? Time range (No of Hours/day)

4.Abnormal Blood Oxygen SpO2 Below 89%? Time range (No of Hours/day)

PROCESS 3 ANY SMART SYSTEM USED?

1.Efficiency -Mental/Physical Improvement? any measures used, no of hours/day ?

2.Any Yoga, Meditation or any other similar things practised daily or regular basis? no of hours/day ?

3.Any Smart App/System? used no of hours/day ?

4.Mind/Thought control ? measures any no of hours/day ?

(For Calculations, ME (mental efficiency)- 25-50%,

less than 50% of time/day, ME=50%, more than 50% of time/day, ME=25% ,

if question is yes, ME=50%, No-25%

12 hour, threshold, benchmarks,