

Organization logo

Sample data

Wellbeing Outcome Report

Demo Corporation (sample)

Period: 2026-07-01 to 2026-09-30 (Q3 2026)

Report no.: ESG-2026Q3-0007

Produced: 2026-10-07

This template uses fictional sample data and does not represent any real organization or person.

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Disclosure mapping: chapters 1–4 can be referenced under GRI 403-6 (Promotion of worker health).

Summary

Investment and results for this period. The paragraphs below can be quoted directly.

62 people | 312 sessions | Data coverage 91% | One-person-one-vote average | Q3 2026

<div>Participants</div> <div>62</div> <div>Previous 54 · Same period last year 31</div>	<div>Sessions</div> <div>312</div> <div>Previous 268 · Same period last year 120</div>	<div>Total hours</div> <div>286 h</div> <div>Previous 241 h · Same period last year 104 h</div>
<div>Coverage</div> <div>14.8%</div> <div>Previous 12.9% · Same period last year 7.4%</div>	<div>Parasympathetic regulation equivalent age change (pre-test → effect post-test)</div> <div>-4.1 years</div> <div>Previous -3.6 years · Same period last year -2.9 years</div>	<div>Stable relaxation + deep settling per session</div> <div>14.5 min</div> <div>Previous 12.8 min · Same period last year —</div>

- This period, 62 employees took part, with 312 sessions and 286 hours in total.
- Against the 420 employees reported by the organization, coverage is 14.8%.
- After each session, participants' parasympathetic regulation equivalent age was on average 4.1 years younger (95% CI -5.6 to -2.6, 56 people).
- Participants spent an average of 14.5 minutes per session in stable relaxation or deep settling.

One-person-one-vote average. A negative change means younger. The previous period is the preceding period of equal length.

The figures above are observational data from participants before and after the activity. They do not show causation and are not evidence of medical efficacy.

1. Participation and coverage

Scale of investment and employee coverage.

62 people | 312 sessions | Data coverage 91% | One-person-one-vote average | Q3 2026

Participants

62

distinct individuals

Sessions

312

each attendance counted separately

Sessions per person

5.0

Total hours

286 h

sum of each participant's actual time per session

New this period

18

Returning

44 (71%)

took part in this unit before this period

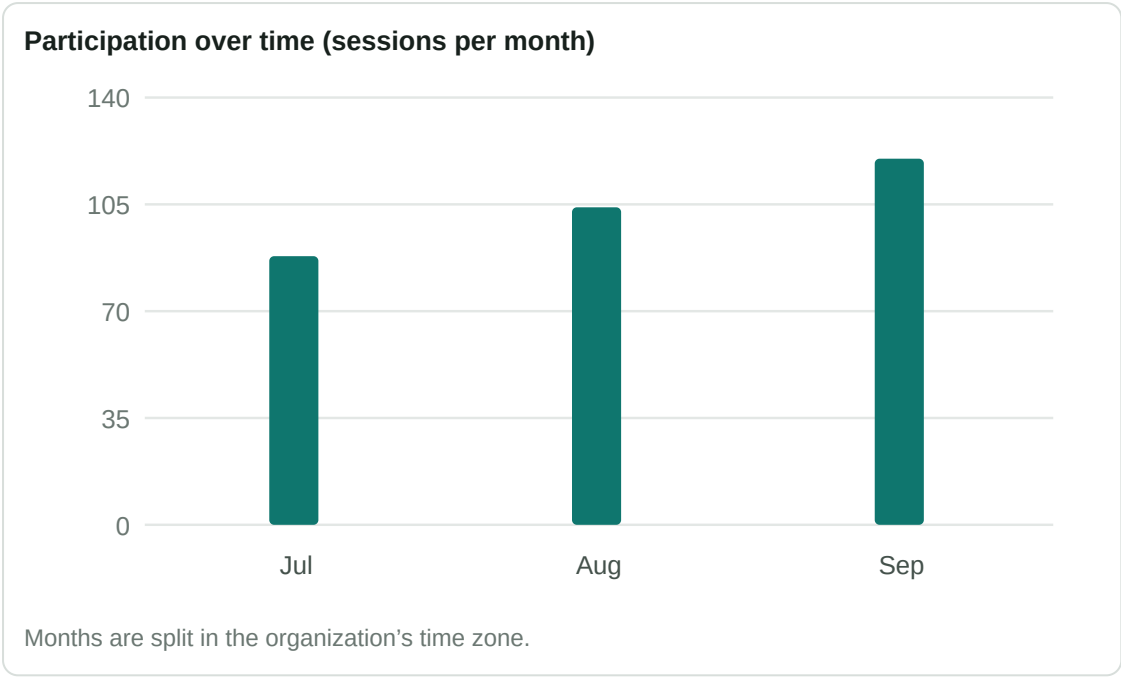
Coverage

14.8%

62 / 420 people (reported by the organization, as of 2026-07-01)

Department coverage

Department	Participants	Headcount	Coverage	
R&D	18	120	15.0%	
Manufacturing	21	160	13.1%	
Sales	9	60	15.0%	
Administration	8	40	20.0%	
IT	4	30	13.3%	
Quality Assurance	Below disclosure threshold (threshold on this page: 3 people)		10	—



Cohort retention

First month	People	Still attending in month 2	Still attending in month 3
2026-07	34	26 (76%)	20 (59%)
2026-08	15	11 (73%)	—
2026-09	13	—	—

2. Immediate results

Change before and after each session: ○ pre-test → ● effect post-test. ★ Best in session shows a level only and is never subtracted from the pre-test.

56 people | 274 sessions (valid pre- and post-test) | One-person-one-vote average | Q3 2026

Three-window summary

Metric	○ Pre-test	● Effect post-test	Change (95% CI)	★ Best in session	People
Parasympathetic regulation equivalent age	47.2 yrs	43.1 yrs	−4.1 yrs (−5.6 to −2.6)	36.8 yrs	56
Responsiveness equivalent age	49.5 yrs	45.2 yrs	−4.3 yrs (−6.0 to −2.6)	39.4 yrs	52
Rhythm fluency equivalent age LAB	46.0 yrs	43.8 yrs	−2.2 yrs (−3.9 to −0.5)	40.1 yrs	49
Heart rate	78.4 bpm	72.9 bpm	−5.5 bpm (−6.8 to −4.2)	68.3 bpm	56
RMSSD (Relaxation)	28.6 ms	36.2 ms	+7.6 ms (+5.4 to +9.8)	48.9 ms	56
SDNN (Regulation, reference)	41.3 ms	48.7 ms	+7.4 ms (+4.9 to +9.9)	61.5 ms	56

Change = effect post-test – pre-test; a negative value means the equivalent age became younger. Best in session is not used in the subtraction. Rhythm fluency equivalent age is an experimental feature (LAB): it is converted from a reference population distribution and is not a validated physiological age.

Distribution of change in parasympathetic regulation equivalent age (56 people)

Declined	6 people
No clear change	16 people
Small improvement	18 people
Large improvement	11 people
Very large improvement	5 people

Share who improved: 61% this period, 55% last period.
Quartiles: Q1 −7 / median −4 / Q3 −1; mean −4.1 (years).

Where the three windows fall (one example session)

Window	Value (yrs)
Pre-test	48.75
Effect post-test	43.1
Best in session	36.8

Pre-test: the earliest clean window from 5 minutes before to 10 minutes after the start. Effect post-test: the average of 5-minute segments from 10 minutes after joining. Best: the segment with the highest RMSSD.

Appendix: other HRV metrics

HRV metric	○ Pre-test	● Effect post-test	Change
pNN50 (Recovery)	9.8%	14.6%	+4.8%
Heartbeat stability	62	71	+9
HF (high-frequency power)	312 ms ²	451 ms ²	+139 ms ²
LF (low-frequency power)	498 ms ²	702 ms ²	+204 ms ²
AC (heart-rate acceleration capacity)	6.4 ms	7.9 ms	+1.5 ms
DC (heart-rate deceleration capacity)	7.1 ms	8.8 ms	+1.7 ms

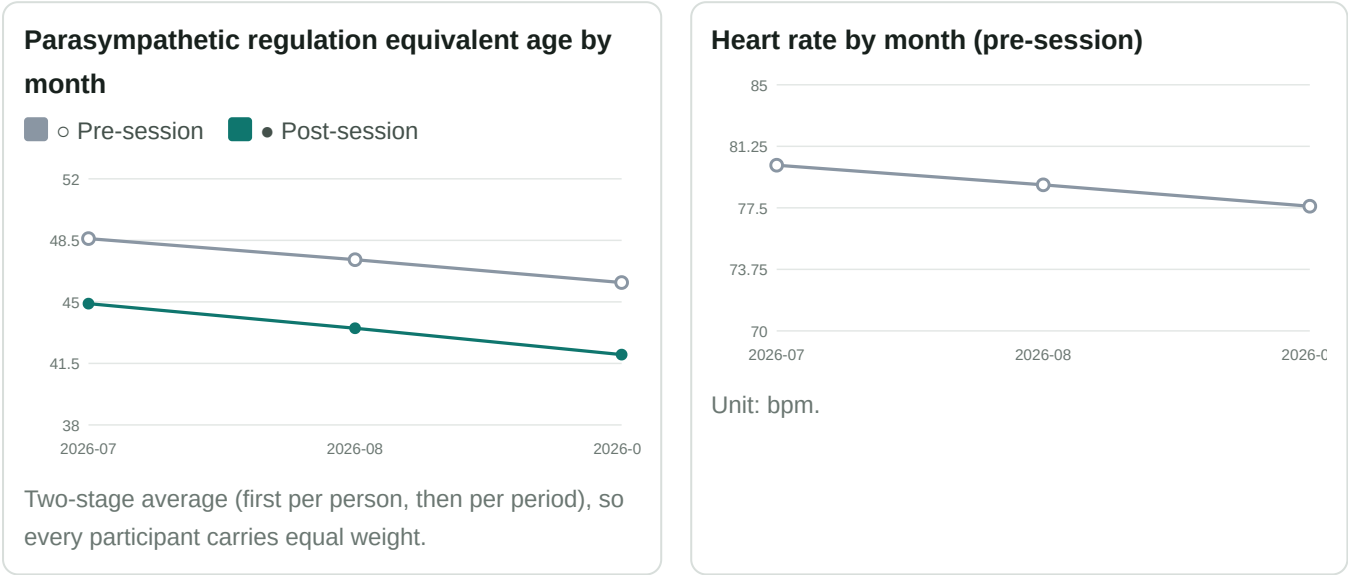
HF and LF are affected by breathing rate: when breathing slows (for example while following guided deep breathing), LF may rise and HF may fall. This does not mean the sympathetic nervous system has become stronger.

The figures above are observational data from participants before and after the activity. They do not show causation and are not evidence of medical efficacy.

3. Long-term baseline

Whether the usual state before a session changes over time. Participants may differ between periods; see the paired analysis for change within the same people.

62 people | 312 sessions | Data coverage 91% | One-person-one-vote average | Q3 2026



Change within the same group (paired analysis)

Compared	First half (pre-session avg.)	Second half (pre-session avg.)	Change between halves
All participants Participants in each half; not the same group on both sides	47.9 yrs	46.4 yrs	-1.5 yrs
Paired (24 people) People with data in both halves, each compared with themselves	48.3 yrs	46.0 yrs	-2.3 yrs (95% CI -3.9 to -0.7)

The same group improved by 2.3 years, more than the 1.5 years for all participants. A change in who took part pulled the overall figure down.

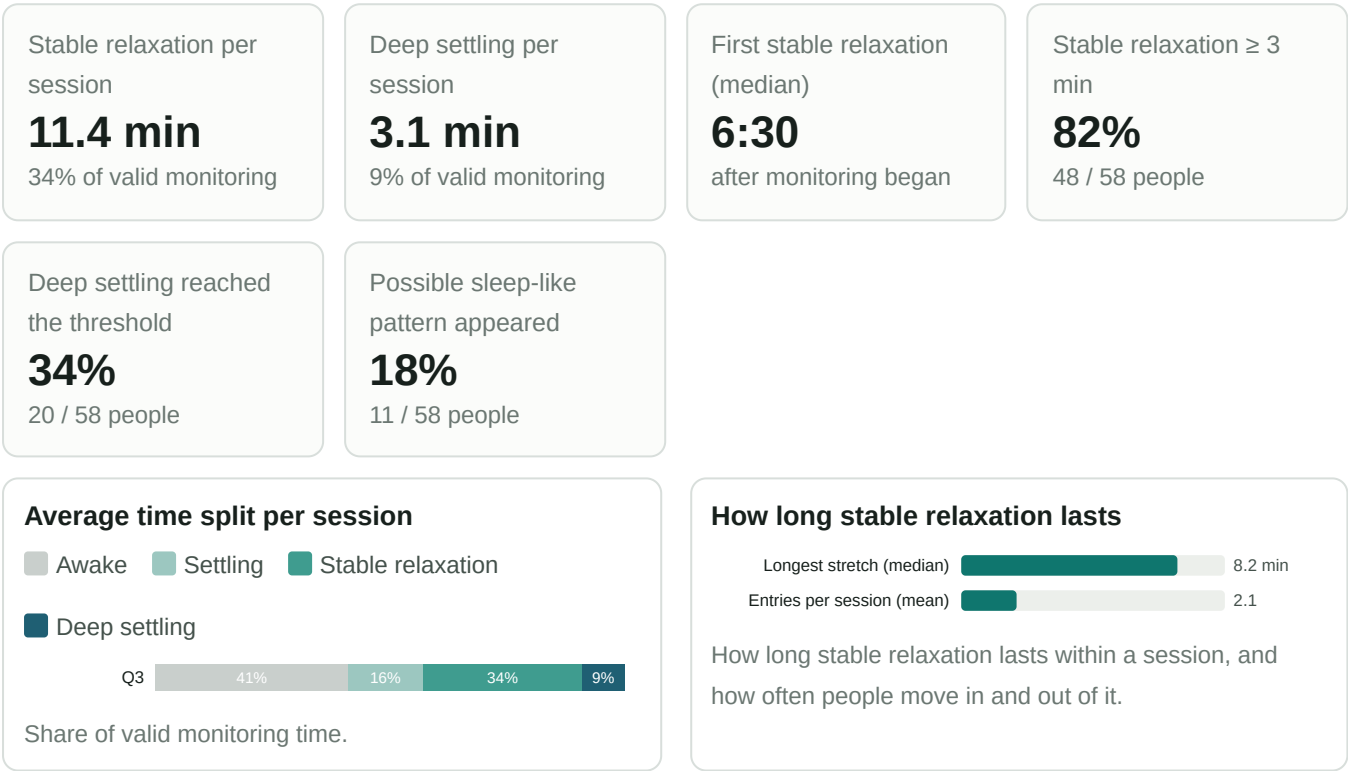
The figures above are observational data from participants before and after the activity. They do not show causation and are not evidence of medical efficacy.

4. Autonomic regulation capacity

Ability to enter and sustain stable relaxation and deep settling, and occurrence of rapid autonomic regulation.

58 people | 296 sessions (valid monitoring ≥ 10 min) | One-person-one-vote average | Q3 2026

Healing journey stage state



5. Continued participation

This chapter only describes how the number of sessions attended and change occur together. It does not show that attending more sessions causes improvement. People who attend often may already be more engaged.

62 people | 312 sessions | Data coverage 91% | One-person-one-vote average | Q3 2026

By number of sessions attended

Sessions attended	People	Parasympathetic regulation equivalent age change (mean)
1	14	-1.8 yrs
2–3	17	-3.2 yrs
4–7	19	-4.6 yrs
8 or more	12	-5.9 yrs

Sessions attended × change

More sessions · improved 18 people	Few sessions · improved 16 people
More sessions · no clear change 8 people	Few sessions · no clear change 14 people <small>This cell reflects level of participation, not programme effect</small>

The participation cut is 4 sessions (the median for this unit in this period).

6. Methods and limitations

- Unit: Demo Corporation (sample) (department: all departments)
- Period: 2026-07-01 to 2026-09-30 (Q3 2026) (in the unit's time zone)
- Produced: 2026-10-07 10:30
- Sample: 62 participants, 312 sessions (counted by pseudonym); data coverage 91%
- Data acceptance: a session counts towards change only if it has both pre-session and post-session data. Signal quality is handled at measurement time through window selection and gap repair; no further exclusions are made afterwards.
- Anonymity threshold: any group with fewer than 3 people is not output.
- Averaging: two-stage (first per person, then per unit), so every participant carries equal weight. This differs from the per-session average used in Operations, so the figures are expected to differ.
- Identity protection: statistics are aggregated by pseudonym; the data tables do not store names, ages or sex. The system provides no individual rankings or comparisons between individuals.
- Norms: autonomic equivalent ages are converted using norms for the same sex and age; rhythm fluency equivalent age is LAB (experimental).
- Versions: equivalent age v3.2; window selection v3-selector-2.0-three-window; healing journey stage state atm-v2-phase3-r1; regulation pattern rules 14.22 (LAB).
- Department disclosure: 5 of 6 departments meet the disclosure threshold; Quality Assurance is below it and is not output.
- Report no.: ESG-2026Q3-0007 (saved to the report record as an audit record; it cannot be deleted or changed)

Heart rate, heart rate variability (HRV) and equivalent ages in this report are observational indicators calculated from wearable-device data and reference norms. They are affected by the device, how it is worn, posture, environment and how the person feels that day, and do not represent physiological age, health status or disease risk.

The results in this report summarize observational data collected from participants during the activity, de-identified and subject to an anonymity threshold. They do not show that participation caused any improvement in health.

The figures above are observational data from participants before and after the activity. They do not show causation and are not evidence of medical efficacy.

Data source: de-identified data measured by participants' wearable devices (heart-rate straps, EEG headbands) and uploaded through the Mandala Hub app.

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