



Universal Tao Center

At Tao Garden Wellness Retreat

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Healing Tao (10) Questionnaires for Certification of Cosmic Cleansing (CC)

(Please Print Clearly and Completely for Requirements)

(First Name) _____ (Last Name) _____ Instructor's Name: _____

Address: _____ City: _____

State: _____ Country: _____ Zip/Mail Code: _____

Phone: _____ Fax: _____ Email: _____

- 1) What sensations were you experiencing while you were doing the Colonic?
- 2) Did you have problems operating the Colonic System?
- 3) What are the benefits that you feel from using the Self Operating Colonic System?
- 4) Were the instructions clear enough so you could operate the Colonic?
100% 75% 50% 25% 0% (yes = 100% ; no = 0%)
- 5) Did you feel a difference between the Washes used in the water bucket? Yes? No?
- 6) What did you feel by massaging the abdomen when using the Self Operating Colonic System?
- 7) How did you feel after the release or discharge during the Colonic?
- 8) Did you experience the water moving throughout the colon?
100% 75% 50% 25% 0%
- 9) Could you easily set up and clean up your colonic board and bucket?
- 10) Were you able to work out any tender spots with your internal organs while doing the colonic?
100% 75% 50% 25% 0%
- 11) Could you feel the connection of the five vital organs while doing the skin brushing?
100% 75% 50% 25% 0%

12) What did you feel as you brushed your skin?

13) Could you feel the energy moving toward the heart as you brushed your skin?

100% 75% 50% 25% 0%

14) What is the importance of solar bathing, and what did you experience while doing it?

100% 75% 50% 25% 0%

15) How did you feel when you were on the Cell Cleansing Program?

100% 75% 50% 25% 0%

16) Did you have any problem preparing and taking the Cell Cleansing Drinks?

17) Did you feel you had more energy or less energy on the Cell Cleansing Program?

18) Did you have any difficulty taking the supplements or juices?

19) What do you feel is the importance of the Cosmic Cleansing Practice?

20) Was there any soreness or stiffness after the Colonics?

Feedback:

1) *What was your personal impression of this session?*

2) *Did the instructions from this session prepare you for working with the new material by yourself?*

100% 75% 50% 25% 0%

3) *What suggestions do you have that might help to enhance this session?*

4) *Do you feel comfortable and happy about what you learned?*

100% 75% 50% 25% 0%

5) *Do you think your friends could benefit from this session?*

100% 75% 50% 25% 0%

6) *Do you feel the material in this session?*

100% 75% 50% 25% 0%

Date: _____

Signature of Student: _____

Signature of Instructor: _____