



Universal Tao Center

At Tao Garden Wellness Retreat

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Cosmic Healing (20) Questionnaires for Certification of Cosmic Healing Advanced Practitioner (H2)

(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 healing benefits did you experience connecting with Earthly and Heavenly Forces?

- 2) Did you have any difficulty experiencing healing benefits while opening the Lungs or any other organs?

- 3) Did you experience any energy moving in your body and where?

- 4) Did you feel any energy movement when you extended your index finger & the thumb at the hip?

- 5) Did you have any difficulty experiencing any opening points of the body?

- 6) Did you experience the energy move around the body?

- 7) What benefits did you experience from forming the Chi Fields?

- 8) Did you have any problems opening any of the energy blockages in the body?
100% 75% 50% 25% 0%

- 9) What did you feel when you expanded your energy field into the Chi Field?

- 10) What will be the benefit for you having experienced the Cosmic Forces (Chi Fields)?

- 11) Did you have any problems opening your body to the Chi Fields?
100% 75% 50% 25% 0%

- 12) Were you able to discharge or bury the sick energy into the ground?

13) What did you feel during the rest periods?

14) How did it feel holding the Chi Ball and moving it at the navel?

15) Did you have any problems creating the Chi Fields?

100% 75% 50% 25% 0%

16) What was the feeling when you opened up your energy field to the Chi Field?

17) Did you feel your body being healed or rejuvenated?

18) Did you have any problems moving the energy in your body?

100% 75% 50% 25% 0%

19) Were you able to connect with the Color, Sounds, & Planets of the Chi Fields and what was your experience?

20) What benefits did you obtain from the Cosmic Healing Session?

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 will be useful for you in your daily life?*

100% 75% 50% 25% 0%

DATE: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF INSTRUCTOR: _____