



# **Universal Tao Center**

## **At Tao Garden Wellness Retreat**

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### **Universal Tao (20) Questionnaires for Certification of *Fusion of the Five Elements II (F2)* (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 did the pearl feel like after moving it through the creation cycle?
- 2) Could you feel how one element was feeding the next one in the creation cycle?  
100%      75%      50%      25%      0%
- 3) Could you feel the connection with all the five vital organs during the creation cycle?  
100%      75%      50%      25%      0%
- 4) What were the sensations in the organs you felt after doing the creation cycle?
- 5) Did you have any problems opening the thrusting channels?  
100%      75%      50%      25%      0%
- 6) What will be the benefit for you having opened the thrusting channels?
- 7) How did you perceive or feel the thrusting channels?
- 8) How did you perceive or feel the belt channels?
- 9) What were the sensations or feelings for you from doing the "Energy-Shower"?
- 10) Did you have any problems opening the belt channels?  
100%      75%      50%      25%      0%

- 11) What will be the benefit for you having opened the belt channels?
- 12) Could you transfer the thrusting channels and belt channels into the Energy Body?
- 13) How do you feel or perceive your Energy Body at this stage?
- 14) What is the importance of having rest periods between the exercises?
- 15) Do you feel more energy circulating in your body during Fusion II?
- 16) How does your body feel after the Fusion II practices?
- 17) How do you apply Fusion I-II in your daily life?

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

100%	75%	50%	25%	0%
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- 6) *Do you feel the material in this session will be useful for you in your daily life?*  

100%	75%	50%	25%	0%
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**Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Signature of Instructor:** \_\_\_\_\_