



Universal Tao Center

At Tao Garden Wellness Retreat

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Universal Tao (20) Questionnaires for Certification of *Fusion of the Five Elements I (F1)* *(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 with Formula I?

- 2) Did you have problems forming and feeling the four Pakuas and the Pearl?

- 3) What are the benefits of the Formula 1 (4 Pakuas and the Pearl)?

- 4) Could you establish and experience the collection points in Formula II?
100% 75% 50% 25% 0% (Yes = 100% No = 0%)

- 5) Did you feel a difference between spiraling the energy in the center and the collection points?
Yes? No?

- 6) What did you feel by spiraling/condensing the energy in the center or the collection points?

- 7) How do you feel after balancing the internal weather with Formula II?

- 8) How did you experience connecting the 5 senses and the organs in Formula III?
100% 75% 50% 25% 0%

- 9) What benefits did you obtain by transforming the negative emotions in the organs in Formula IV?

- 10) Did you feel the connection with the Sounds of each of the Trigrams when you did the Chanting?
100% 75% 50% 25% 0%

- 11) Could you feel the connection of the 8 Forces when you are creating the Pakua?
100% 75% 50% 25% 0%

- 12) Could you feel the pearl above your head in Formula V?
 100% 75% 50% 25% 0%
- 13) Could you create your Energy Body (fetus) in the center?
 100% 75% 50% 25% 0%
- 14) Could you feel or project the Energy Body and the protection bubbles above your head?
 100% 75% 50% 25% 0%
- 15) Could you feel the Energy Body shrink down back to the pearl and reenter the crown?
 100% 75% 50% 25% 0%
- 16) How did the pearl feel after reentering the crown and circulating it in the Microcosmic Orbit?
- 17) Did you feel more energy in the Microcosmic Orbit after Fusion?
- 18) What do you feel is the importance of the resting periods in between the exercises?
- 19) What do you feel is the importance of the Inner Smile before the Fusion practice?
- 20) What do you feel is the importance of collecting the energy in the navel after Fusion practice?
- 21) Was there any soreness or stiffness after Fusion?

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: _____