

# Healing Love Instructor Training Questionnaire

Name: .....

Date of Birth: .....

Sex: M/F

Address: .....

Email: .....

City: .....

State: .....

Zip:.....

Country: .....

1. May we use your name and address for public disclosures in future publications? Yes/No

2. What do you practice and how much on a regular basis?

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.....

3. Do you feel you are deriving any physical, mental and spiritual benefits from your practices, especially from the Healing Love?

- How long have you been practicing? . . . . .

- How does it affect your daily life and your dealing with the challenges of modern life?

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- How has it affected your meditation?

.....  
- How has controlling your menstrual cycle or ejaculation affected your health and looks?

4. How long did it take for you to notice changes?

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5. Do you feel an increase in sexual or creative energy?

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6. **For Women:**

What was your menstrual cycle like before and after practice?

Length of cycle .....

Days of flow .....

Pre/Post menstrual .....

Syndromes .....

**For Men:**

How effective is the three finger power lock in stopping ejaculation for you?

.....  
Do you have fewer night emissions? Yes/No

7. Have you noticed the effect of diet and fasting on your menstrual cycle or control of ejaculation?

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8. How has your practice affected your relationship?

.....

What are the benefits and possible difficulties?

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9. Does your partner practice? Yes/No

If so, how long did it take before he/she started? .....

10. Have you or your partner experienced any attachment to ejaculation? Yes/No

11. How do you feel the sexual energy (temperature, sound, strength) or flow?

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How does it compare with other energies?

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12. Have you had any serious condition? Yes/No

If so, has your practice helped you to overcome it? Yes/No

How? .....

..... (Cysts, cancer, etc.)

13. Has the practice helped you to give birth to a child? Yes/No

14. Have you had a vasectomy? Yes/No

If so, how did that affect your health and looks?

15. Has the practice helped to control your desire for sex? Yes/No

16. Has the practice affected the menopause and your estrogen level? Yes/No

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Did your menstruation start again? Yes/No

17. Are there any other personal experiences you would like to share?

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## GUIDELINES FOR THE HEALING LOVE INSTRUCTOR TRAINING EVALUATION

1. It is necessary to inquire the background of the examinee. Here are some suggestions:
  - a. Number of Workshop or Retreats attended.
  - b. The practices the examinee does on a regular basis.
  - c. Does the examinee practice the Healing Love techniques and for how long?
2. Describe sexual energy. What are its effects on emotions?
3. What is the pre-requirement to practice the Healing Love techniques? Why?
4. What are the three main techniques of the Healing Love? Please describe?
5. What are the precautions when teaching Scrotum and Ovarian compression?
6. What is the essence of Healing Love?
7. What are the three levels of love & sex?
8. What are the differences between men and women (nature, practice, energy)?
9. What are the different levels of orgasm?
10. How do you exchange the sexual energy between a partner?
11. What should you consider when making love to a partner, who doesn't practice HL?
12. What are the signs when you draw too much sexual energy of your partner?
13. When a man or his partner still enjoys to ejaculate on a frequent base, what do you recommend?
14. Describe the three levels of male-ejaculation and its effects?
15. What are the safety procedures of Healing Love and why are they important to consider?
16. Describe the egg exercise and enumerate the safety precautions.
17. Please share your experiences in your Healing Love practice and its effects on life?

	Certified	Retry
1 <sup>st</sup> Evaluation		
2 <sup>nd</sup> Evaluation		
3 <sup>rd</sup> Evaluation		

Evaluation given by and dated: .....

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|---|---|
| 1) .....<br><div style="text-align: center;">(Please print)</div> | .....<br><div style="text-align: center;">(Signature)</div> |
| 2) .....<br><div style="text-align: center;">(Please print)</div> | .....<br><div style="text-align: center;">(Signature)</div> |
| 3) .....<br><div style="text-align: center;">(Please print)</div> | .....<br><div style="text-align: center;">(Signature)</div> |