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**Heart of Love Healing Research Project
Post-session Questionnaire**

Name: _____ Today's Date: _____ Session #: _____

1. How do you feel about your issue right now?

1 = not good at all / very painful / very stuck

10 = very well / not a problem at all

1 2 3 4 5 6 7 8 9 10

2. How do you feel physically, in your body? _____

1 = not good at all

5-6 = neutral

10 = very well

1 2 3 4 5 6 7 8 9 10

3. How do you feel in terms of your energy? _____

1 = no energy

10 = a lot of energy

1 2 3 4 5 6 7 8 9 10

4. How do you feel emotionally? _____

1 = I don't feel good at all

5-6 = neutral

10 = I feel great

1 2 3 4 5 6 7 8 9 10

5. How do you feel mentally? _____

1 = very sluggish

5-6 = normal

10 = mind is very active/racing

1 2 3 4 5 6 7 8 9 10

7. How do you feel spiritually? _____

1 = not at all connected

5-6 = neutral

10 = very connected

1 2 3 4 5 6 7 8 9 10