

**Grace Bubeck, Body-mind therapist, Heart of Love Healing**

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**Heart of Love Healing Research Project  
Questionnaire after the session**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Session #: \_\_\_\_\_

*Please give yourself at least 24 hours after the session to integrate the work that was done. Before you begin to answer this questionnaire, take a minute to breathe and make contact with yourself and your body.*

1. 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

2. 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

3. 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

4. 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

5. 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

6. 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

Have there been any changes or shifts during or after the session?

Any new insights?

7. How do you feel about the session now?

8. Was there something (or more than one thing) in the session that really worked for you?

9. Something (or more than one thing) that didn't work at all?

10. What were the key points or moments for you during the session?

11. How would you rate the effectiveness of this session with regards to addressing your issue?

0 = no change    1 – 2 = somewhat helpful    3 – 5 = helpful    6 – 8 = very helpful    9 -10 extremely helpful

0    1    2    3    4    5    6    7    8    9    10

Explain/Discuss:

8. Is there anything else that you would like to share with me in regards to this session?