

7 Lotus Sequence Evaluation Questionnaire

| Student Name: | Country: | |
|------------------------------|---|--|
| Email: | Language: | |
| Chi Kung Level under Review: | Date of Review: | |
| | the 7 Lotus Chi Kung Series, write you have experienced with the prac | |
| Physical Well-being | | |
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| Energetic Sensitivity | | |
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| Mental Clarity | | |
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| Emotional Well-being |
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| State of Consciousness and Awareness |
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| Dream Experiences |
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| Change in Pulses |
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| 2. Answer the following questions: | |
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| What are the greatest benefits you have felt or received from your practice of Chi Ku | ng? |
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| What has been the most challenging or difficult aspect for you in doing daily practice | Ə'? |
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| What questions or doubts do you have regarding specific exercises in this level, or ir general Chi Kung practice? | your |
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| How would you describe the feeling of the flow of energy inside your skin, on your soutside your skin? | kin, and |
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| Describe how you clean and harmonize your energy on a daily basis? | |
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| Describe what lifestyle habits you engage in that cause you to waste and deplete your energy? | |
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| Describe what lifestyle habits you engage in to strengthen and develop your energy? | |
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| Do you feel you have integrated this level of Chi Kung and are ready to advance to the next level and the reasons why? | |
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| 3. Please forward this completed document to info@ontogony.com , and you will receive a follow up email to arrange a date and time for your personal interview with Tessy Bardavid! | |