

# Experiencing the Chakras

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This survey takes approximately 5 - 15 minutes. Your input will help us to understand how **chakras are experienced**. This survey is for both, 1) meditators and yoga students with personal chakra experiences, as well as, 2) healers with chakra experiences during healing sessions with clients.

Feel free to share any *anomalous, exceptional, or non-ordinary experiences of the chakras that had a transformative impact on you and/or your client*.

This may include any images (e.g., flowers), colors (e.g., golden light), sounds (e.g., buzzing or bells), physical sensations (e.g., warmth or pulsations) or healings that **you or your client** may have experienced while working with any of the core chakras.

If you have seen any of the chakras clairvoyantly, please share how they appear to you.

If a question is not applicable, please feel free to skip it.

Thank you for participating.

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Most of my chakra experiences occurred:

- In healing sessions with clients
  - In meditation or yoga
  - Other, please specify \_\_\_\_\_
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Who or what was most influential in your chakra education? A particular school of yoga, healer training, clients, books, teachers?

\_\_\_\_\_

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Have you or your clients experienced Kundalini energy or awakening?

- Yes \_\_\_\_\_
  - No
  - Not sure
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**Experiences with the Root Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Root Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Sacral Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Sacral Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Solar Plexus Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Solar Plexus Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Heart Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Heart Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Throat Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Throat Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Brow Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Brow Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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**Experiences with the Crown Chakra - yours or your clients**

Have you or your clients had any exceptional experiences with the Crown Chakra?

- No
  - Yes, please describe \_\_\_\_\_
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Are there any additional experiences or knowledge regarding the chakras which you would like to share or you feel should be studied in the future?

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