

CORE CAUSES QUESTIONS

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To get the most out of today's Circle (or your EFT session), please try to answer every question.

But it's okay if you don't have an answer to every question.

NOTE: It helps to start Tapping on your chest, right away as you are calling up memories and feelings. Some gentle light tapping gets energies moving.

1a. What is your issue?

IMPORTANT: Decide which area to focus on.

<input type="checkbox"/> Relationship	<input type="checkbox"/> Addiction
<input type="checkbox"/> Money	<input type="checkbox"/> Health / Body
<input type="checkbox"/> Purpose	<input type="checkbox"/> Peak Performance
<input type="checkbox"/> Sexuality	<input type="checkbox"/> Spiritual Development
<input type="checkbox"/> Transition / Change	<input type="checkbox"/> Other

1b. Name your issue

Describe the issue in one sentence or phrase.

2. What are the "negative" feelings associated with your issue?

Identify the negative things you're saying to yourself about this issue. Choose from the list and /or write your own.

<input type="checkbox"/> Fear / Being Afraid	<input type="checkbox"/> Stupid	<input type="checkbox"/> Confused
<input type="checkbox"/> Terrified	<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Dizzy / Foggy
<input type="checkbox"/> Angry	<input type="checkbox"/> Humiliated	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Anxious	<input type="checkbox"/> Unloved	<input type="checkbox"/> Uninspired
<input type="checkbox"/> Worried	<input type="checkbox"/> Nauseated	<input type="checkbox"/> Old
<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Unworthy	<input type="checkbox"/> Disconnected
<input type="checkbox"/> Exhausted	<input type="checkbox"/> Sick	<input type="checkbox"/> Lost
<input type="checkbox"/> Depressed	<input type="checkbox"/> Tired	<input type="checkbox"/> Violent
<input type="checkbox"/> Unsafe	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Obsessed / Fixated
<input type="checkbox"/> Hurt	<input type="checkbox"/> Helpless	<input type="checkbox"/> Broken
<input type="checkbox"/> Alone	<input type="checkbox"/> Trapped	<input type="checkbox"/> Deceitful
<input type="checkbox"/> Sad	<input type="checkbox"/> Crazy	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Grieving loss	<input type="checkbox"/> Addicted	<input type="checkbox"/> Incapable
<input type="checkbox"/> Stuck	<input type="checkbox"/> Weak	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Frustrated	<input type="checkbox"/> Used	<input type="checkbox"/> Incapable
<input type="checkbox"/> Rebellious	<input type="checkbox"/> Dirty	<input type="checkbox"/> Vengeful/Spiteful
<input type="checkbox"/> Resentful	<input type="checkbox"/> Misunderstood	<input type="checkbox"/> Evil
<input type="checkbox"/> Betrayed	<input type="checkbox"/> Mistrustful	<input type="checkbox"/> NUMB
<input type="checkbox"/> Attacked	<input type="checkbox"/> Guilty	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Obsessed/Fixated	<input type="checkbox"/> Shame/Shamed	_____
<input type="checkbox"/> Heartbroken	<input type="checkbox"/> Unsure	_____

3. What's your negative "self-talk" about this issue?

Listen and identify the negative things you're saying to yourself about this issue.
Choose from the list.

<input type="checkbox"/> I'm not good enough. <input type="checkbox"/> It's impossible to heal. <input type="checkbox"/> I don't have what it takes. <input type="checkbox"/> What will they think? <input type="checkbox"/> I don't want to fail. <input type="checkbox"/> I'm afraid of success. <input type="checkbox"/> I don't want responsibility <input type="checkbox"/> I will never trust again. <input type="checkbox"/> I am unworthy of love. <input type="checkbox"/> Not enough MONEY! <input type="checkbox"/> Not enough TIME! <input type="checkbox"/> It's too late. <input type="checkbox"/> I should have... <input type="checkbox"/> I shouldn't have... <input type="checkbox"/> I'll deal with this later. <input type="checkbox"/> I'm not ready! <input type="checkbox"/> I don't have the help! <input type="checkbox"/> I have to do it by myself.	<input type="checkbox"/> I'm stupid. <input type="checkbox"/> I'm crazy! <input type="checkbox"/> I'm ugly / unattractive. <input type="checkbox"/> I'm TOO MUCH! <input type="checkbox"/> I'm too small. <input type="checkbox"/> I'm too young. <input type="checkbox"/> I'm too old. <input type="checkbox"/> It's not fair!!! <input type="checkbox"/> I'm afraid of being seen. <input type="checkbox"/> I can't be heard. <input type="checkbox"/> I'll be punished. <input type="checkbox"/> I will lose love. <input type="checkbox"/> I'm the victim. <input type="checkbox"/> I will never forgive... <input type="checkbox"/> I don't care. <input type="checkbox"/> I'm permanently damaged. <input type="checkbox"/> It's out of my control! <input type="checkbox"/> It's too hard! <input type="checkbox"/> I'll never succeed.	<input type="checkbox"/> I can't do it. <input type="checkbox"/> I'm a loser. <input type="checkbox"/> I'm a bad person. <input type="checkbox"/> I don't deserve happiness. <input type="checkbox"/> F__K it! *\$%# !! <input type="checkbox"/> I'm a burden. <input type="checkbox"/> I want to hurt them!!! <input type="checkbox"/> I'm stuck forever. <input type="checkbox"/> I'm doomed!! <input type="checkbox"/> I just want to die. <input type="checkbox"/> I give up. <input type="checkbox"/> I can't even think about it <input type="checkbox"/> Someone else needs to deal with it. <input type="checkbox"/> I don't want to be targeted <input type="checkbox"/> I don't know what to do <input type="checkbox"/> Other (please specify) <hr/>
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4. What does your culture say about this?

For example: "Nothing ever changes." "Good girls don't get angry." "Boys don't cry." Include religious beliefs & statements like "You're going to go to hell."

5. If your issue had a color, what would that be? What would it look like?

Tune in to where you feel this issue in your body and visualize - see a clear image of what it looks like.

<input type="checkbox"/> Red	<input type="checkbox"/> Grey	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dark	<input type="checkbox"/> Brown	
<input type="checkbox"/> Black	<input type="checkbox"/> Greenish yellow	

6. When did this issue first start?

Hint: It may have started earlier than you think! You may be dealing with a more recent version of the same OLD pattern!

<input type="checkbox"/> Before I was born.	<input type="checkbox"/> Age 10-12.	<input type="checkbox"/> Age 41-50.
<input type="checkbox"/> At birth	<input type="checkbox"/> Age 13-14.	<input type="checkbox"/> Age 51-65.
<input type="checkbox"/> My whole life.	<input type="checkbox"/> Age 15-22.	<input type="checkbox"/> Older than 65
<input type="checkbox"/> Age 1-4.	<input type="checkbox"/> Age 23-30.	<input type="checkbox"/> When I first
<input type="checkbox"/> Age 5-9.	<input type="checkbox"/> Age 31-40.	_____

7. Who do you blame or hold responsible for your issue?

Even if it's not actually their fault.

<input type="checkbox"/> Myself	<input type="checkbox"/> My whole family	<input type="checkbox"/> Education System
<input type="checkbox"/> Mother	<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Government
<input type="checkbox"/> Father	<input type="checkbox"/> Child Care / Nanny	<input type="checkbox"/> My Karma
<input type="checkbox"/> Step Parent	<input type="checkbox"/> Teacher / Coach	<input type="checkbox"/> Church
<input type="checkbox"/> Sister(s)	<input type="checkbox"/> Religion	<input type="checkbox"/> God
<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Devil
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Husband/Wife	<input type="checkbox"/> Aliens
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Child / children	<input type="checkbox"/> No one
<input type="checkbox"/> Aunt	<input type="checkbox"/> Current Partner(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Uncle	<input type="checkbox"/> Former partner(s)	_____
<input type="checkbox"/> Cousin(s)	<input type="checkbox"/> Society	

8. Who in your family modeled similar attitudes and feelings?

As in, could you have picked up feelings, thoughts and beliefs from someone you were around as a child?

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Father	<input type="checkbox"/> Multiple people who raised me.
<input type="checkbox"/> Step Parent(s)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Sibling(s)	_____

9. Where do you feel this in your body?

For example: It may be a pressure in your head or a tension in your stomach.

<input type="checkbox"/> My entire body	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Hips
<input type="checkbox"/> Head	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Feet
<input type="checkbox"/> Eyes	<input type="checkbox"/> Chest	<input type="checkbox"/> In the space around me.
<input type="checkbox"/> Ears	<input type="checkbox"/> Heart	<input type="checkbox"/> I can't feel it in my body.
<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Throat	<input type="checkbox"/> Stomach	_____
		—

10. If your issue had a texture, what would it be? What would it feel like?

Tune into the location in your body where you feel this issue. What does it feel like inside you?

<input type="checkbox"/> Thick	<input type="checkbox"/> Sticky	<input type="checkbox"/> Slimy
<input type="checkbox"/> Tight	<input type="checkbox"/> Hard	<input type="checkbox"/> Dirty
<input type="checkbox"/> Heavy	<input type="checkbox"/> Metallic	<input type="checkbox"/> Inflamed
<input type="checkbox"/> Sharp / jagged	<input type="checkbox"/> Oozing	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Smoky	<input type="checkbox"/> Festering	_____
		—

11. What benefit(s) do you think you're receiving by holding on to this issue?

This may include holding on to all the pain, negative feelings, limiting beliefs and self-destructive habits.

Protection

Teaching a lesson

___ Punishing myself

___ My suffering will hurt them.

___ Proving something

___ Other (please specify)

12. Rate the intensity of your issue on a scale from 1-10 (where 1 = least intense and 10 = most intense).

How much emotional "charge" is there for you about your entire issue? Note: If you can't *feel* it right now, simply guess based on what you can remember.

___ 1	___ 7
___ 2	___ 8
___ 3	___ 9
___ 4	___ 10
___ 5	___ 10+
___ 6	___ Numb

NOTE: Issues that have persisted at a 10 or more, may have gone NUMB to survive.

Old feelings may flare up as you emotionally "defrost." **Please remain Calm. This is perfectly normal.**

Continue to BREATHE, TAP and FEEL, applying as much acceptance as you can.

After you release the numbness (by Tapping about "numbing yourself to survive"), your buried feelings will dissolve.

Thank you for going there! - that was really BRAVE!

Now, let's TAP IT OUT!

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