

# CORE CAUSES WORKSHEET

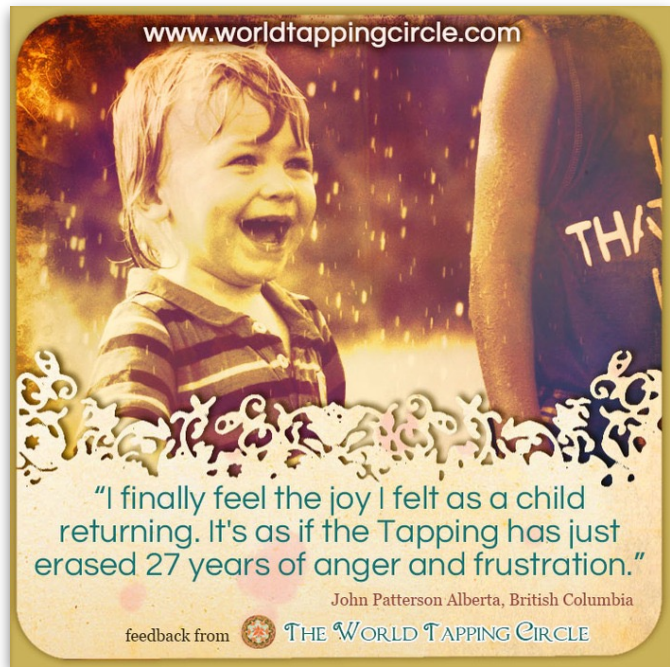
for the World Tapping Circle

Please do your best to completely fill out the Worksheet.

- ✦ It helps to start Tapping in a circle on your chest, right away. You are already calling up memories and feelings, and light tapping gets old trapped energies moving.
- ✦ For Group Taps, continue TAPPING & BREATHING while others finish filling out the form; doing your best to bring acceptance to anything that comes up for you.

1. What is your issue? Choose the area of your issue below. \* [IMPORTANT: Decide which issue you want to focus on healing. To receive the best Tapping results, choose ONE specific issue rather than everything at once!]

- \_\_\_ Relationship
- \_\_\_ Money
- \_\_\_ Purpose
- \_\_\_ Sexuality
- \_\_\_ Transition / Change
- \_\_\_ Addiction
- \_\_\_ Health / Body
- \_\_\_ Peak Performance
- \_\_\_ Spiritual Development
- \_\_\_ Other (please specify)



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

\* [The uncomfortable, disempowering feelings you would rather clear out.]

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



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

4. What does your culture say about this? [For example: "Good girls don't get angry." or "Big boys don't cry." Include religious belief statements, such as, "You're going to go hell."] Please specify:

---



---



---



---

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 this issue, (even if it's not actually their fault)?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Myself      | <input type="checkbox"/> Brother(s)  | <input type="checkbox"/> Cousin(s)          |
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Grandmother | <input type="checkbox"/> My whole family    |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend(s)          |
| <input type="checkbox"/> Step Parent | <input type="checkbox"/> Aunt        | <input type="checkbox"/> Child Care / Nanny |
| <input type="checkbox"/> Sister(s)   | <input type="checkbox"/> Uncle       | <input type="checkbox"/> Teacher / Coach    |

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Religion           | <input type="checkbox"/> Society          | <input type="checkbox"/> Devil  |
| <input type="checkbox"/> Neighbor           | <input type="checkbox"/> Education System | <input type="checkbox"/> Aliens |
| <input type="checkbox"/> Husband/Wife       | <input type="checkbox"/> Government       | <input type="checkbox"/> No one |
| <input type="checkbox"/> Child / children   | <input type="checkbox"/> My Karma         | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Current Partner(s) | <input type="checkbox"/> Church           | _____                           |
| <input type="checkbox"/> Former partner(s)  | <input type="checkbox"/> God              |                                 |

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?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Protection        | <input type="checkbox"/> Punishing myself         | <input type="checkbox"/> Proving something      |
| <input type="checkbox"/> Teaching a lesson | <input type="checkbox"/> My suffering hurts them. | <input type="checkbox"/> 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.]

- |                            |                            |                               |
|----------------------------|----------------------------|-------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9    |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10   |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10+  |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 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!

