



Name & Date: \_\_\_\_\_

## Dear seminar participant, we are very grateful for your support

This questionnaire is a cooperation of 3 associations and a University. Doctoral Candidates scientifically research the benefits of seminars. Our main interest is what you as a participant experience as most powerful and useful for you and your goals associated with this seminar.

Please write on each page at the top your name and the date, so that we know which pages belong together and that we have a chance to compare your answers before (expectations), after (results), and later (lasting benefits). Only your trainer & institute, the University Professors and the Doctoral Candidates know your name and data. They treat it with scientific secrecy and discretion and keep the highest ethical standards.

The 3 associations are the International Association of NLP Institutes IN [www.nlp-institutes.net](http://www.nlp-institutes.net) the International Association of Coaching Institutes ICI [www.coaching-institutes.net](http://www.coaching-institutes.net) and the World Hypnosis Organization WHO [www.world-hypnosis.org](http://www.world-hypnosis.org)

The University is Universidad Central de Nicaragua (UCN) where Nandana Nielsen and Karl Nielsen are the responsible Professors for the International Psychology department: "International School of Psychology" [www.ucn.edu.ni/posgrados/international-school-of-psychology](http://www.ucn.edu.ni/posgrados/international-school-of-psychology) with special focus areas in Coaching, NLP, Hypnosis, Business, Health, and Psychotherapy for MA and Dr./PhD in Psychology.

If you have any questions please use our email: [research@in-ici.net](mailto:research@in-ici.net)

Thank you very much!

Nandana & Karl

Professors at the Psychology department of Universidad Central de Nicaragua (UCN)

IN ICI WHO board [research@in-ici.net](mailto:research@in-ici.net)

### Please give us the following info:

Name of the seminar trainer: \_\_\_\_\_

Name of the Training Institute: \_\_\_\_\_

Country: \_\_\_\_\_ Town: \_\_\_\_\_

IN ICI or WHO Training: \_\_\_\_\_

Number of training days: \_\_\_\_\_ Number of full hours of face-to-face training: \_\_\_\_\_

Your age: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Your highest educational qualification (School or University): \_\_\_\_\_

Your profession: \_\_\_\_\_ Unemployed:

Employed:  Freelancer:  Married:  Life partnership:  Single:  Number of children: \_\_\_\_\_



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## Questionnaire for training expectations

**I expect from the training to:**

(- measure of disagreement, + measure of agreement)

<b>1. understand myself and other people better</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. understand the impact of my verbal and nonverbal communication</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. develop more win-win relationships</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. (if applicable) improve my relationship with my partner in life</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. (if applicable) improve the relationship with my child/children</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. further develop my professional competence</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. communicate more effectively</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. solve health problems</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. talk to my clients or customers so that they can understand me better</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. improve my job situation</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. become part of a professional community</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. have a greater sense of purpose</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. connect more strongly with my mission in life</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. initiate important life changes</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. improve the quality of my life</b>	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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16. experience more freedom in my life	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. integrate more mindfulness into my life	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. enjoy my life more	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. have fun	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. find solutions for my problems	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. manage my emotions better	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. be more open minded	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. overcome some of my limiting beliefs	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. feel more motivated, inspired, energized and younger	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. feel more confident	-5	-4	-3	-2	-1	+1	+2	+3	+4	+5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please describe any other expectations or comments here:**

**Thank you very much for supporting this scientific research!**