

Compassionate Listening - Survey

(Your name): _____ Date: _____

===== **BEFORE LISTENING** =====

How good/bad you feel/felt before? -5 -4 -3 -2 -1 0 1 2 3 4 5

What feelings are you noticing?

===== **AFTER LISTENING** =====

How good/bad you feel after? -5 -4 -3 -2 -1 0 1 2 3 4 5

What is different about your feelings after the listening experience?

----- (Feedback for organizers) -----

What did you like about what you experienced during this session?

What might make this a better experience for you?