

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 24 NOVEMBER 1973RF

CI IV Grad
Checksheet
CI VI Checksheet
C/Ses
CI IV Grad
and above Auditors

Issue I
REVISED 26 JULY 1986

C/S SERIES 53RM LF

(Long Form)

HI-LO TA ASSESSMENT C/S

6.1: C/S 53 LF

The C/S Series 53 Long Form is used to get a TA up or down into normal range or to correct case outnesses. It is exactly the same as the C/S Series 53 Short Form except that it puts the items into full questions so a pc relatively new to auditing can understand what is being asked.

Assess this list Method 5 and handle reads in the order they occur on the list. When taking the list to F/Ning assessment, it is reassessed Method 5 until the entire list F/Ns. The C/S 53 is never assessed Method 3.

HCOB 30 Oct. 78R, C/S SERIES 53, USE OF, contains data vital to the proper use of the C/S Series 53. Also HCOB 4 July 79, HANDLING CORRECTION LISTS ON OTs, applies when the list is being used on an OT III or above.

PC NAME: _____

DATE: _____

- | | |
|---|---|
| <p>A. Interiorized into something? _____
Go in? _____
Went in? _____
Put in? _____
Want to go in? _____
Can't get in? _____
Can't go in? _____
Want to get out? _____
Kicked out of spaces? _____
Being trapped? _____
Forced in? _____
Pulled in? _____</p> <p>B. Have there been list errors? _____
Have you had an overlisted list? _____
Have you been given any wrong items? _____
Have you felt upset with giving items to the auditor? _____
Have you been given a wrong date? _____
Have you found a wrong location? _____
Have you been given a wrong Why? _____
Have you been given a wrong indication? _____
Have you been given a wrong PTS item? _____</p> | <p>C. Do you have an ARC break? _____
Do you have a problem? _____
Are you withholding anything? _____
Is there some sort of withhold? _____
Is there something you're not saying? _____
Has someone said you had a withhold when you didn't? _____
Did you have to get the same withhold off more than once? _____
Have you committed any overts? _____
Have you been audited over out-rudiments? _____
Do you feel sad? _____
Do you feel rushed? _____
Are you upset? _____
Are you tired? _____
Deadness? _____
Unconsciousness? _____
Do you feel like you can't get it? _____
Are you protesting anything? _____
Is there something you don't like? _____</p> |
|---|---|

- D. Have you taken drugs? _____
Have you taken LSD? _____
Have you drunk alcohol? _____
Have you smoked pot? _____
Have you taken medicine? _____
- E. Is there an engram in restimulation? _____
Has the same engram been run twice? _____
Can't you see engrams too well? _____
When you look for incidents, is it invisible? _____
When you look for incidents, is it all black? _____
Have you experienced a loss? _____
Have you lost something? _____
- F. Has the same thing been run twice? _____
Has the same action been done by another auditor? _____
- G. Are you doing something with your mind between sessions? _____
Are you involved in some other practice? _____
- H. Have there been Word Clearing errors? _____
Is there a misunderstood word? _____
Have there been misunderstands in session? _____
Have there been any study errors? _____
- I. Do you have a false TA? _____
Have you used the wrong-sized cans? _____
Do your hands get tired? _____
Are your hands dry? _____
Are your hands wet? _____
Do you loosen the can grip? _____
Are you using the wrong cream? _____
- J. Is the auditor overwhelming? _____
Couldn't you hear the auditor? _____
Couldn't you understand what was being said? _____
Couldn't you understand what was being done? _____
Do you feel attacked? _____
- Has there been something wrong with F/Ns? _____
Have F/Ns been overrun? _____
Have F/Ns been missed? _____
Do you feel like items didn't really read? _____
Have there been false reads? _____
Reading items were ignored? _____
Have you had bad auditing? _____
Are there any incomplete actions? _____
Has there been any invalidation? _____
Has there been any evaluation? _____
Couldn't you get auditing? _____
Have actions been interrupted? _____
- K. Is there something you can't have? _____
Is your havingness low? _____
- L. Are you PTS? _____
Do you feel suppressed? _____
- M. Has something gone on too long? _____
Have you been audited past a release-point? _____
Have you gone past Dianetic Clear? _____
Has something been overrun? _____
Has the auditor kept on going? _____
Have you been overrepaired? _____
Are you puzzled why the auditor keeps on going? _____
Are there stops? _____
- N. Is there something else wrong? _____
Are you physically ill? _____
- O. Are we repairing a TA that isn't high? _____
Are we repairing a TA that isn't low? _____
Has the meter been faulty? _____
Is there nothing wrong? _____
- P. Have there been false Exam reports? _____
Did you have to wait at Exams? _____
Have you been upset by the Examiner? _____

- A. If A or any of the A group reads on ANY pc (including Clears, OTs) who has had an Int RD, do an Int RD Correction List Revised (HCOB 29 Oct. 71RA) and handle the reads. If Int correction has already been done on the pc, get an FES on the Int RD AND its corrections. When all errors are corrected, the C/S may order the End of Endless Int Repair RD per Int RD Series 4RA, THE END OF ENDLESS INT REPAIR RUNDOWN.

If the pc is Clear or OT and has not had an Int RD, do the End of Endless Int Repair RD. Do not run any Dianetics.

Otherwise, if the pc has never had an Int RD, give him a standard Int RD per Int RD Series 2, EXTERIORIZATION AND HIGH TA, THE INTERIORIZATION RUNDOWN REVISED.

WHEN DOING AN INT HANDLING, RUN ONLY THE INT BUTTONS GIVEN ON THE INT RD SERIES HCOBs. Note on the assessment which button(s) have just read on the C/S 53. Other items in the A group are designed to detect out-Int but don't embrace the earlier beginning, so do NOT run these.

- B. If any of these read, do an L4BRA on the earliest lists you can find that have not been corrected. Lacking these, do an L4BRA in general. You can go over an L4BRA several times, handling each read to F/N until the whole L4BRA gives nothing but F/Ns. Handle a wrong Why or wrong indication or wrong PTS item per C/S Series 78.
- C. Any reading item must be F/Ned. Use standard handlings on rudiments questions. On "Out-Ruds" find which rud and handle. "Feel Sad" = ARC break of long duration so handle the ARC break. If "Deadness" or "Unconsciousness" read, 2WC to F/N (E/S if necessary) and then program for the Personal Revival Rundown.
- D. 2WC to F/N. Do a Drug RD Repair List if the pc has had his Drug RD (HCOB 19 Sept. 78R II, THE END OF ENDLESS DRUG RUNDOWNS REPAIR LIST). L3RG if needed. Advance Program to handle all reading drugs as soon as possible per NED Series 9RB, DRUG HANDLING. (The above handling does not apply to Clears and OTs. On these, indicate the read. See HCOB 30 Oct. 78R, C/S SERIES 53, USE OF, for further data on the handling of Dianetics questions which are reading on Clears and OTs.)
- E. If any of these read, do an L3RG and handle per the instructions. (On Clears and OTs simply indicate the read. Don't run any engrams or seek further to repair. See HCOB 30 Oct. 78R, C/S SERIES 53, USE OF.)
- F. Clean up any protest and inval and rehab to F/N.
- G. Find out what it is. If yoga or mystic exercises or some such, 2WC E/S it to first time done, find out what upset had occurred before that and, if TA now down, do LIC on that period of pc's life.
- H. If Word Clearing, do a Word Clearing Correction List, handle all reads. If study errors, 2WC E/S to F/N, and add a Student Correction List to the pc's program.
- I. False TA is wrong cans or other error. Use HCOB 12 Nov. 71RB, FALSE TA ADDITION; HCOB 15 Feb. 72R, FALSE TA ADDITION 2; HCOB 18 Feb. 72RA, FALSE TA ADDITION 3; HCOB 21 Jan. 77RB, FALSE TA CHECKLIST; HCOB 23 Nov. 73RB, DRY AND WET HANDS MAKE FALSE TA, all on false TA. Then clean up the bypassed charge with (1) Assess for best read, (a) TA worries, (b) F/N worries; (2) Then 2WC times he was worried about (item) E/S to F/N; (3) Rehab any overruns due to false TA obscuring F/Ns.
- J. These are auditor errors. Low TA is generally caused by overwhelming TRs and incomplete actions. A high TA can be caused by an auditor overrunning F/Ns or

failing to call them. Or trying to assess through an F/N and mistaking an F/N right swing for a read. An F/N can be obscured and mistaken for a read if sensitivity too high. These items are all 2WC E/S to F/N. Auditors who made them need cramming badly or retread. Rehab F/Ns that have been missed.

- K. Can't have or havingness. Find correct Havingness Process and remedy.
- L. 2WC to F/N. C/S to program as needed for further PTS handling.
- M. Find out what. Clean up any protest. Rehab to F/N or Date/Locate. On "Have you gone past Dianetic Clear?" 2WC to F/N. Return to C/S. A qualified C/S who has fully checked out on the materials must adjudicate whether this state has been attained before the preclear may attest to Dianetic Clear.
- N. 2WC to find what. Note BD item. If BD item covered by one of these categories, handle per instructions. If not, just 2WC to F/N and get further C/S instructions for handling if necessary.
- O. Get pc to tell you about it briefly. If correct, then indicate to F/N. Go E/S and indicate it if no F/N on first. If false TA, handle per I above.
- P. Indicate and 2WC to F/N.

Per HCOB 30 Oct. 1978R, C/S SERIES 53, USE OF, the order in which reads are to be taken up is built into the C/S 53 itself. You simply start at the top of the list and take up and handle to F/N each read as you come to it.

L. RON HUBBARD
Founder

Revision assisted by
LRH Technical Research
and Compilations