



Initial Questionnaire and Background Details:

Name: _____ Date: _____

- 1) How can I use my expertise to help you:

- 2) Please list any current concerns/issues/situations that affecting your wellbeing:

- 3) What would you like instead:

- 4) Please mention below any feelings or emotions you struggle with currently and on a consistent basis. Please be honest and self reflective as possible. Your answers will help create the framework to address the conditioned or inherited patterns to be integrated.

- 5) How are these concerns/issues/situations affecting any or all of the different areas of your life such as family wellbeing, emotional, mental or physical wellbeing, financial or vocational wellbeing, spiritual wellbeing or even social wellbeing:

- 6) These next questions are looking at your upbringing to discover any unresolved relationships that may have created disempowering beliefs and habits that can be passed on from generation to generation:
 - A) Tell me briefly what your relationship with your mother was like:

 - B) Tell me briefly what your relationship with your father was like:

C) Tell me briefly what your relationship with any other caregiver (if applicable) was like:

D) Growing up, what do you wish could have been different in your relationship with your parents and or siblings:

E) Please check below any traumatic experiences you or your family may have suffered and/or are still trying to overcome:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> physical or emotional neglect | <input type="checkbox"/> mental/emotional abuse | <input type="checkbox"/> sexual abuse | <input type="checkbox"/> sexual assault |
| <input type="checkbox"/> domestic violence | <input type="checkbox"/> community violence | <input type="checkbox"/> terrorism | <input type="checkbox"/> refugee/war zone trauma |
| <input type="checkbox"/> combat related trauma | <input type="checkbox"/> school violence (shootings/suicides related to bullying) | | |
| <input type="checkbox"/> medical trauma | <input type="checkbox"/> traumatic loss | <input type="checkbox"/> trauma from natural/manmade disaster | |
| <input type="checkbox"/> conflict with significant other or children | <input type="checkbox"/> infidelity | <input type="checkbox"/> divorce | |
| <input type="checkbox"/> conflict with supervisor/boss/coworkers | <input type="checkbox"/> sibling abuse | <input type="checkbox"/> verbal abuse | |
| <input type="checkbox"/> abrupt or extended relocation or move | <input type="checkbox"/> childbirth trauma or miscarriage | <input type="checkbox"/> trauma from misdiagnosis | |
| <input type="checkbox"/> hospital malpractice | <input type="checkbox"/> trauma from homelessness | | |
| <input type="checkbox"/> trauma from strict oppressive religious beliefs | | | |
| <input type="checkbox"/> gaslighting/psychological manipulation/questioning sanity | | <input type="checkbox"/> secondary witness trauma related circumstances | |
| <input type="checkbox"/> trauma from suicide thoughts/attempt | | <input type="checkbox"/> trauma from serious accident/illness | |
| <input type="checkbox"/> witness of domestic violence | | <input type="checkbox"/> therapy malpractice-trauma induced | |
| <input type="checkbox"/> trauma from bullying | | <input type="checkbox"/> trauma from grief or separation | |
| <input type="checkbox"/> system-induced trauma (orphanage) | | | |
| <input type="checkbox"/> early childhood trauma you may not fully be able to recall | | | |
| <input type="checkbox"/> other _____ | | | |

7) What beliefs or habits do you do differently or better than your parents or siblings:

8) What main issues or situations trigger you (certain people, places, things, words, statements, situations, memories) (the most sensitive ones that you find yourself reacting to):

9) If possible, are you aware of any current relationship triggers with your spouse or children that remind you of past struggles, pain, or trauma you've experienced:

10) What needs and desires of yours do you feel are not being met right now and/or what do you feel is lacking in your life:

- 11) What barrier do you feel you need to break through? What do you feel is stopping you from transforming your circumstances:
- 12) What do you want to RELEASE from your life and what do you wish to ATTRACT AND EMBRACE into your life:
- 13) What do you fear losing or changing by proceeding with this process:
- 14) What do you feel are your strengths and are you aware of how these strengths can help you move forward:
- 15) What are you hoping to ACHIEVE by working with me (what are your goals)
- 16) Where do you see yourself in the next week, and in the next month or in the next 6 months:
- 17) How long do you think it will take to reach these goals based on what you are hoping to achieve: