

OMEGA

Rhinebeck, New York

**Creating Our New Story with Victoria Johnson
August 8-10, 2014**

Pre-Retreat Questionnaire

This questionnaire is designed to help me tailor the retreat to the needs of the participants and to enhance the focus and benefits of your personal experience. Please fill it out quickly with your initial thoughts and feelings. There is no "right" or "wrong" answer. Please return your completed questionnaire by:

Mail:

Omega Institute
Attention: Registration Department
150 Lake Drive
Rhinebeck, NY 12572

Or scan and email:

ClassApplications@eOmega.org

All questions are optional and all information is confidential.

Today's Date _____

Name _____

Birth Date _____

Home Address _____

Email Address _____

Home Phone _____

Cell Phone _____

_____ Single _____ Married _____ Divorced _____ Other

Children? _____ How Many? _____

1. What is your current story about yourself? In other words, how do you identify yourself in relation to you, your family of origin, your adoptive family, your family of choice, or your work in the world? Please use the space below, and additional paper as necessary.

2. The following areas play the biggest parts in my current story:

Please number your top 5 areas in the order of importance to you.

_____ My life in general	_____ Physical Health, Pain and/or Illness
_____ Relationship Issues	_____ Spiritual Growth
_____ Diet and nutrition	_____ My Life Purpose

_____ Negative Emotions (Depression, Anxiety, Fear/Phobia, Jealously, Grief,
Anger Grief)
_____ Energy Medicine _____ Financial Stress
_____ Meditation and Yoga _____ Family and Children
_____ Mental Stress _____ Other, Please describe:

3. How is your current story the same as or different from the story of your lineage?
(Parents, grandparents, great grandparents).

4. What is your greatest fear? Why?

5. What is working in your life right now?

6. What is not working in your life right now? How do you hold yourself back?

7. If you could change any one thing in your life, what would it be? Why?

8. What is your favorite nursery rhyme, fable, or myth? Why did/do you like it?

9. What is the state of your health?

Physical: Excellent _____ Good _____ Fair _____ Poor _____

Please explain.

Mental/Emotional: Excellent _____ Good_____ Fair_____ Poor_____

Please Explain

10. Are you currently taking any medications? _____Yes _____No

For what purpose?

11. What experience do you have, if any, with alternative, holistic, integrative, or complimentary healing methods?

12. What supportive practices do you have in your life? Meditation, yoga, dance, exercise, reading, etc?

Please add any comments, questions or concerns here.

Thank you!

Victoria Johnson
