



**Connect to Y.E.S. Through Emotional Fitness™ with Andrea Becky Hanson**  
**Course #5005-791, September 21-26, 2014**  
**Pre-Retreat Questionnaire**

This questionnaire is to help me know your specific needs and enhance the focus and benefits of your personal experience during the retreat. Please fill it out quickly with your initial thoughts and feelings. There are no “right” or “wrong” answers.

**All questions are optional and all information is confidential.**

Please return your completed questionnaire as soon as possible. You may return it in the following ways:

**Regular Mail: (by September 8th please)**

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

**Or scan and email or fax: (by September 20th please)**

Email: [ClassApplications@eOmega.org](mailto:ClassApplications@eOmega.org) or Fax: (845) 266-3769

Thank you for choosing the Connect to Y.E.S. Through Emotional Fitness Retreat, and I am looking forward to meeting you and to our together at Omega. Please contact me by email or phone with any questions you may have regarding the retreat. **(435.669.2869)** Thank you!

*Andrea*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Profession \_\_\_\_\_

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Children? \_\_\_\_\_ How Many? \_\_\_\_\_

1. What occupies most of your time and attention?

\_\_\_\_\_

2. The following areas are of the most interest to me regarding my current health and healing needs. Please number your top 5 areas in the order of importance to you.

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|--|--|
| ___ 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, Jealousy, Grief, Anger Grief) |  |
| ___ Energy Medicine  | ___ Financial Stress                     |
| ___ Meditation and Yoga  | ___ Family and Children                  |
| ___ Stress   | ___ Other, Please describe:              |

\_\_\_\_\_

3. Are you currently taking any medications? \_\_\_ Yes \_\_\_ No For what purpose/s?

\_\_\_\_\_

4. Is your health \_\_\_ excellent? \_\_\_ good? \_\_\_ fair? \_\_\_ poor? Why?

\_\_\_\_\_

5. What are three things you tell yourself often?

\_\_\_\_\_

\_\_\_\_\_

6. What are two things you really want?

\_\_\_\_\_

\_\_\_\_\_

7. List three desirable aspects in your life and three undesirable aspects in your life

\_\_\_\_\_

\_\_\_\_\_

8. What causes most of your problems?

\_\_\_\_\_

\_\_\_\_\_

9. Describe yourself in three words.

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10. What are your three best talents?

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11. How do you help others?

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12. What is your greatest fear?

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13. What is your greatest hope?

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14. What is your favorite nursery rhyme or childhood story? Why did you like it?

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15. What do you think is the single most important thing in the world?

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16. What are two of your favorite things, hobbies or special interests?

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17. Do you spend time in silence, prayer or meditation daily? \_\_\_\_yes \_\_\_\_no

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

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19. Please describe your current concerns about your health, fitness and/or well being.

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

21. What experience do you have, if any, with traditional medicine treatments and procedures?\_\_\_\_\_

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22. What's working in your life right now?

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23. What's not working so well in your life right now?

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24. What is your favorite color? \_\_\_\_\_ number? \_\_\_\_\_ time of day? \_\_\_\_\_  
day of the Year? \_\_\_\_\_ day of the week? \_\_\_\_\_ time of Year? \_\_\_\_\_ time in history? \_\_\_\_\_

25. Add any comments, questions or concerns you may have on a separate sheet of paper.

Thank you!  
Andrea

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