OMEGA Rhinebeck, New York

Extraordinary Healing Retreat with Andrea Hanson
Course #5205-184, September 30 – October 5
Pre-Retreat Questionnaire

This questionnaire is designed to help me tailor the retreat to the needs of the participants 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 is no "right" or "wrong" answer.

Please return your completed questionnaire to me by email at andreabecky@mergingrivers.com. If you prefer, you may also print it out, complete it and fax it to me at 435.604.0491. Both the fax number and the email address are my private contacts and only I have access to them.

All questions are optional and all information is confidential.

Thank you for choosing Extraordinary Healing and I am looking forward to meeting you and our together at Omega. Please contact me with any questions you may have regarding the retreat.

Thank you,

Andrea

Today's Date_____

Name _____

Birth Date _____

Home Address _____

_____

_____

Email Address _____

Home Phone _____

Cell Phone _____

_____Single _____Married _____Divorced _____Other

Children? _____ How Many? _____

1. How do you use most of your time and attention?

_____

_____

_____

2. The following areas are of the most interest to me regarding my current needs. 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:

_____

_____

Please circle the most appropriate choice that describes you for each statement.

1. I would characterize my thinking as usually:
   a. quick/active b. analytical/focused c. easy going/calm
2. Under stress, I generally become:
   a. excited/anxious b. angry/irritated c. quiet/withdrawn
3. I generally have a tendency to be
   a. cool or chilled b. warm or hot c. about average
4. I tend to move and talk:
   a. quickly/actively b. intensely/forcefully c. slowly/deliberately
5. Change for me is usually:
   a. desirable b. fine if I can control it c. not desirable
6. My body frame is:
   a. thin/narrow frame b. medium c. thick/stocky frame

7. My daily routine is usually:

a. erratic b. precise c. methodical

8. The quality I embrace most is:

a. being flexible b. succeeding c. enjoying

9. When I shop, I buy:

a. impulsively b. carefully c. occasionally

10. My sleeping pattern is generally:

a. light/interrupted b. short/sound c. long/sound

11. My memory is:

a. recent good b. excellent c. slow/sustained

12. My physical strength is:

a. fast/good endurance b. strong/quick c. slow/good endurance

13. My dreams are generally:

a. fearful/moving b. angry/fiery c. watery/romantic

14. My elimination tends to be:

a. dry/constipated b. soft/oily/loose c. thick/slow

15. When feeling extremely out of balance, I tend to:

a. constipation	b. inflammatory disease	c. respiratory
nervousness	hypertension	congestion, depression
insomnia, anxiety	rashes, anger	water retention
cracking joints	aggressive behavior	weight gain

3. Regarding cultural or social influences, what religions, races and ethnic origins have been influential in your life?

___Catholic	___White	___American
___Protestant	___Black	___European
___Jewish	___Native American	___South American
___Hindu	___Chinese	___Canadian
___Muslim	___Japanese	___African
___Taoist	___Hispanic	___Russian
___Greek/Russian Orthodox	___Asian/Indian	___Mexican
___Other_____	___Other _____	
___Other_____	___Other_____	

4. Are you currently taking any medications? _____Yes _____No

For what purpose?

_____

_____

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5. Is your health _____excellent? _____ good? _____ fair? _____ poor?

_____ compromised?

Why?

_____

_____

_____

6. What are three things you tell yourself most often?

_____

_____

_____

_____

5. What are two things you really want?

_____

_____

_____

6. How many choices do your make in a day?

_____1-10 _____11-50 _____51-100 _____over 100

7. Do you usually make “good” choices and are pleased with the results? __yes __no

8. List three “good” aspects in your life and three “bad” aspects in your life

Good	Bad
_____	_____
_____	_____
_____	_____

9. Do you generally ___accept, ____avoid, or ___fight your problems?

10. What causes most of your problems?

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11. Describe yourself in three words.

_____ _____

_____

12. Are you usually “right”? ___yes ___no

13. Do you make most choices with your mind or your heart? _____

14. What are your three best talents?

_____ _____

_____

15. How do you help others?

_____

_____

_____

16. Are you 100% in control of your future? ___yes ___no

If yes, why?_____

If no, why? _____

17. What is your greatest fear?

_____

_____

_____

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

_____

_____

_____

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

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20. What are your favorite things, hobbies or special interests?

_____

_____

_____

21. Do you spend time in silence prayer or meditation daily? _____yes _____no

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

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

24a. What experience do you have, if any, with traditional medicine treatments and procedures?

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

27. Please add any comments or questions or concerns you may have.

_____

_____

28. What is your favorite color?

29. What is your favorite number?

30. What is your favorite time of day? Day of the Year?

Day of the week? Time of Year?

Thank you!

Andrea

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