

The Ashram of Enlightenment

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ENLIGHTENMENT INTENSIVE QUESTIONNAIRE

Fill in each blank clearly. Use additional paper if necessary to complete answers. Please be advised that all information is kept strictly confidential and is only for the purpose of your Enlightenment.

NAME: _____ SPIRITUAL NAME: _____

PHONE: WORK () _____ HOME () _____ CELL PHONE: _____

EMAIL _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ BIRTH DATE: _____

BIRTH TIME: _____ BIRTH LOCATION: _____ # OF CHILDREN IN YOUR

FAMILY: _____ YOUR BIRTH ORDER POSITION IN FAMILY OF ORIGIN: _____

CIRCUMSTANCES OF YOUR BIRTH: NORMAL __ PREMATURE __ LATE __ FAST __

HELD BACK __ CAESARIAN __ TRANSVERSE LIE __ DRUGS __ INDUCED __ BREECH

__ FORCEPS __ CORD AROUND NECK __ TWINS __ TRIPLETS __ UNPLANNED __

UNWANTED __ ILLEGITIMATE __ ADOPTED __ YOUR MOTHER'S PREVIOUS
ABORTIONS AND/OR MISCARRIAGES __ OTHER RELEVANT DETAILS ABOUT

YOUR BIRTH _____

OCCUPATION: _____

JOB TITLE AND DESCRIPTION: _____

PREVIOUS JOBS AND # OF YEARS THERE: _____

EARNED EDUCATIONAL DEGREE AND MAJOR: _____

SINGLE __ MARRIED __ LIVE-IN __ SEPARATED __ DIVORCED __ WIDOWED __

OF YEARS IN RELATIONSHIP _____ ABORTIONS _____ MISCARRIAGES _____

OF CHILDREN __ THEIR NAMES AND AGES _____

WHICH IF ANY LIVE WITH YOU? _____

RESPONSIBLE PERSON WE COULD CALL IN AN EMERGENCY _____

ADDRESS: _____ PHONE: WORK () _____ HOME () _____

CELL PHONE: _____ EMAIL: _____

HOW DID YOU FIND OUT ABOUT THIS RETREAT? _____
IS ENGLISH YOUR NATIVE LANGUAGE? ____ IF NOT, WHAT IS YOUR NATIVE
LANGUAGE? _____ ADDITIONAL LANGUAGES SPOKEN? _____

Do you currently practice any meditation or related techniques (relaxation, visualizations, self-hypnosis, affirmations, prayer, etc.) on a regular basis? If yes, list how often and length of time you do them at one time. Describe format and how many months or years you have been practicing. _____

(use extra paper if needed)

Do you currently have anyone supervising your spiritual growth? (Guru, Zen Master, Spiritual Teacher, Minister, Relaxation Therapist, Psychiatrist, etc.) ____ If Yes, give name, title, address and telephone numbers _____

Do we have your permission to contact this person, if useful or necessary? ____ May we share information with this person regarding your meditation experience here, for follow up later? ____ Under specific circumstances?

May we share unresolved therapeutic issues and suggestions? _____

What other growth techniques have you participated in? (Include names of programs and dates)

(use extra paper if needed)

Describe as precisely as possible any recent or profound spiritual experiences or sense of GOD working in your life, you may have had, focusing on the energy rather than the phenomena, under what circumstances they occurred, and approximate dates (Examples: going through a divorce; in a seminar; alone taking a walk; etc.)

(use extra paper if needed)

Do you have any current problems that may keep you from being able to be here with your full attention? If yes, explain: _____

Are you here to work solely on Enlightenment or your next spiritual experience? _____ Is this your first Enlightenment Intensive? _____

If no, list dates and previous Retreats and Leaders: _____

What is the state of your health? _____

Do you wear contact lenses? _____ (Is it easier on your eyes not to wear contact lenses during long meditation periods?) If you have glasses, you may want to bring them. Please bring an extra pair and/or copy of prescription in case of loss or breakage.

Do you take regular vitamins? _____ List kinds, doses, and how long on them:

Do you have any history of chronic or potentially terminal illness? _____ If yes, please give diagnosis, current treatment and anything else essential for Guruji to know.

Have you had anesthesia, at your birth or otherwise? _____

Are you currently taking any medication or legal drugs? _____ If yes, list names, doses, times taken and how long on them: _____

Describe your regular diet, (actual, not ideal): _____

(use extra paper if needed)

Have you ever had any eating disorders that you are aware of? _____ Describe symptoms, extent of problem: _____

Triggering conditions: _____

Have you ever been hospitalized for this problem? _____ Where? _____

_____ For how long? _____

Treatment: _____

Do other family members encourage your bingeing? _____ Describe current situation:

How long since your last episode? _____

Do you have any food or vitamin allergies? _____ If yes, list specific known allergies and noticeable reactions: _____

Do you have any significant dietary considerations? _____ If yes, explain (if you have food allergies, list them and acceptable food substitutions):

After working hard physically, do you feel better or worse? _____

Do you drink coffee? _____ If yes, how much and for how many years?

Do you snore? _____ Do you sleepwalk? _____ How often? _____

Do you smoke cigarettes? _____ If yes, how many _____, How often _____, and for how many years? _____

Have you ever taken illegal drugs? _____ What kinds? _____

_____ Do you currently use any? _____

If yes to any of these questions, have you had any "bad trips" or short or long-term negative side effects? _____ If yes, describe _____

If clean, how long? _____

Do you drink alcohol? _____ How much and how often? _____

_____ For how many years? _____ Have you ever been hospitalized for alcohol abuse? _____ Where and for how long? _____

If sober, how long? _____

Triggering conditions: _____

Current situation:

Treatment: _____

_____ Twelve Step Programs? _____ Do you have a sponsor? _____ Which one(s) have been most effective? _____

Have you or members of you immediate family ever been hospitalized for mental illness? _____

If yes, list who, present treatment and diagnosis:

Triggering conditions: _____

Current situation: _____

Have you ever had shock treatments? ___ If yes, how many and when?

Have you ever had suicidal thoughts? _____ If yes, did you plan a method? _____ If yes, describe method planned _____

Have you ever shoplifted or stolen? _____ If yes, were you caught and punished? _____

If yes, describe _____

Did you undergo treatment? _____ If yes, describe _____

Triggering conditions: _____

Current situation: _____

How long since your last episode? _____

Have you experienced sexual abuse? _____ If yes, incest _____ rape _____ date rape _____

Describe situation and condition under which these occurred

Who was the perpetrator? _____ (relative, boyfriend, stranger) Was it reported? _____

Was the perpetrator punished? _____ How did your family and friends react to the situation? _____

Have you gone into therapy or received other treatment for this? _____

What worked? _____

Do you have flashbacks or nightmares or unreasonable fears because of this? _____

Please write here anything else you think our staff should know about you:

You may experience major shifts in your life as a result of spiritual experience and the meditation you practice here and later. Are you willing to allow major change to take place in your life as a result of the Enlightenment Intensive?

Are there major issues you are currently working on or aware of that may come up in the Intensive? _____ If yes, give details. _____ Use extra paper if needed.

Is there anything you would like to share with Guruji that has not been asked?

Please list any specific recurring fears: _____

Describe any recurring and/or recent significant dreams:

If useful, contemplation questions or koans will be used during the Retreat. One of the following will likely be used:

- Who am I?
- What is Life?
- What is Love?
- What is Truth?
- What is Consciousness?
- What is Enlightenment?

Question you feel moved to work on? (If uncertain, leave blank until you speak with Guruji.)

Are there any particular past lives that you have been aware of clearing that seem incomplete?
List relevant clues. _____

Describe significant scenes and/or awarenesses. Pinpoint areas that seem incomplete.

Thank You.

It will support your Enlightenment Intensive to email to Guruji@EnlightenmentAshram.com or FAX this to 928-649-1029 this questionnaire at your earliest convenience. Thank You.

MAY YOU ENLIGHTEN! OM