

# 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 : ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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:

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HIGHEST EARNED EDUCATIONAL DEGREE AND MAJOR:

SINGLE \_\_\_ MARRIED \_\_\_ LIVE-IN \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_  
WIDOWED \_\_\_\_\_

# OF YEARS IN RELATIONSHIP \_\_\_\_\_ ABORTIONS \_\_\_\_\_

MISCARRIAGES \_\_\_\_\_ # OF CHILDREN \_\_\_\_\_

THEIR NAMES AND AGES

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WHICH IF ANY LIVE WITH YOU?

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RESPONSIBLE PERSON WE COULD CALL IN AN EMERGENCY

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ADDRESS:

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PHONE: WORK ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_

CELL : \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS RETREAT?

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IS ENGLISH YOUR NATIVE LANGUAGE? \_\_\_\_\_ IF NOT, WHAT IS YOUR  
NATIVE LANGUAGE? \_\_\_\_\_ ADDITIONAL LANGUAGES SPOKEN?

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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.

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Triggering conditions:

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Have you ever been hospitalized for this problem? \_\_\_\_\_ Where?

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For how long? \_\_\_\_\_

Treatment: \_\_\_\_\_

Do other family members encourage your binging? \_\_\_\_\_ Describe current situation: \_\_\_\_\_

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How long since your last episode? \_\_\_\_\_

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

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

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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? \_\_\_\_\_ 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 your 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? \_\_\_\_\_ Describe: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Absolute Love?

What is Absolute Truth?  
What is Absolute 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.

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

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\_\_\_\_\_ Thank You.

It will support your Enlightenment Intensive to email to Guruji@EnlightenmentAshram.com or FAX this to 928-649-3671 (call first) this questionnaire at your earliest convenience. Thank You.

**MAY YOU ENLIGHTEN! OM**