

## Healing Support Program

### Pre-Screening Questionnaire

Date: \_\_\_\_\_

1. Why are you interested in the healing support program and/or what do you hope to gain from it?

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2. I feel safe in my current living and/or work environments (circle one).

Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree

3. I have someone or somewhere to go to for emotional support (circle one).

Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree

4. I understand that the support program content and/or group discussion could trigger difficult memories and I am able to manage these feelings if they come up unexpectedly (circle one).

Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree

5. I have at least 30 minutes per day available and I am willing to commit that time as needed to do the readings and healing practice recommended in the support program (circle one).

Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree