



Retreat Center - Retreatant Questionnaire

You are asked to answer the following questions about your meditation, medical, psychological history and personal identity. **This information is confidential** and strictly for the use of the retreat teachers and retreat support to guide you more skillfully in your practice. It will be used to assign personal or group interviews. Please be as complete as possible and print clearly. **The questionnaire will be shredded at the end of this retreat.**

Retreat dates: Arrival _____ Departure _____.

Name _____ Preferred Name: _____.

Address _____.

City/State/Zip _____.

Occupation _____ Date of birth _____.

How do you self-identify your gender? _____

What pronoun do you use yourself? _____

Do you identify as part of the LGBTQAI+ community? _____

Do you identify as a person of color? Yes No

For group meeting purposes: Are you here with a significant other (spouse, relative, friend)?
If yes, please list the name/names here:

Number of insight meditation retreats you've attended:

Weekends: _____ 5-day or longer: _____

Please list dates and length of **prior practice with the teachers of this retreat:**

List teachers and dates and length of other vipassana (insight meditation) retreats.

Indicate any other meditation experience.

Indicate your current daily or weekly spiritual practice(s).

Are you currently seeing a therapist or counselor? Yes No

Therapist's Name (if applicable) _____

Therapist's Work Phone _____ Therapist's Home Phone _____

Is your therapist aware you are attending this retreat? Yes No

In the unlikely event of a psychological emergency, may we contact your therapist? Yes No

Have you ever been diagnosed with a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania, etc? Yes No

If yes, describe the diagnosis, treatment and dates.

Have you ever seriously contemplated or attempted to take your life? Yes No

If so, please state when.

Do you have any history of physical illness or limitations which might be aggravated by or interfere with sitting and walking meditation? Yes No

If so, please describe.

Are you currently taking any medications for physical or psychological conditions? Yes No

If so, please list each medication, dosage, and the condition it is being used to treat.

Have you ever experienced trauma or any significant emotional, psychological or spiritual difficulty in your life (that affected your ability to function)? If you're willing, please briefly describe it, when it occurred, and if it is still occurring now.

Describe any present circumstances which might be placing you under additional stress or make meditation difficult for you (e.g., recent loss of a loved one or job, regular use of addictive substances, fasting).

Add any additional comments you would like to convey to the teacher(s).

Signature _____ Date _____

Please add any additional information to an extra sheet of paper