

## Questionnaire

- Why do you want to partake in the sacred teacher plant ceremony?
- How do you believe the teacher plants may help you?
- Have you experienced any other mind altering substances?
- Do you have a daily spiritual practice and have you done any other spiritual work before?

1. What stories have you heard about your birth and peri-natal history? According to your caretakers, was it: (please tick)

- (a) Easeful and free of interventions
- (b) Relatively smooth with some interventions
- (c) Complicated and risky
- (d) I don't know
- (e) Other. Provide details.

2. Were you born pre-mature? If so, how long and what were the circumstances?

3. Did you have any medical interventions as an infant and toddler? If so, please list them?

4. What do you remember your childhood and home environment being like from the age of 0 - 5 years of age? Was your childhood and home: (please tick)

(A) Safe and secure, with mostly supportive and happy memories.

(B) Inconsistent, with some memories of safety and security, and other memories of abandonment, neglect and inconsistency of care, but mostly pleasant memories.

(C) Scary and fearful, and mostly unpleasant memories.

(D) I can't remember.

(E) Other. Please provide details.

5. Do you remember of any childhood traumatic experiences which happened to you during this time? If so, what were they?

4. What do you remember your childhood and home environment being like from the age of 6 - 12 years of age? Was your childhood, school and home: (please tick)

(A) Safe and secure, with mostly supportive and happy memories.

(B) Inconsistent, with some memories of safety and security, and other memories of abandonment, neglect and inconsistency of care, but mostly pleasant memories.

(C) Scary and fearful, and mostly unpleasant memories.

(D) I can't remember.

(E) Other. Please provide details.

5. Do you remember of any childhood traumatic experiences which happened to you during this time from 6 - 12 years? If so, what were they?

6. What do you remember your childhood and home environment being like from the age of 12 - 18 years of age? Was your childhood, school and home: (please tick)

(A) Safe and secure, with mostly supportive and happy memories.

(B) Inconsistent, with some memories of safety and security, and other memories of abandonment, neglect and inconsistency of care, but mostly pleasant memories.

(C) Scary, chaotic and fearful, and mostly unpleasant memories.

(D) I can't remember.

(E) Other. Please provide details.

7. Do you remember of any adolescent traumatic experiences which happened to you during this time from 12 - 18 years? If so, what were they?

8. Do you remember of any adult traumatic experiences which happened to you? If so, what were they?

9. Tell us about your family. What is the relationship between your parents? If you have siblings, what is the relationship between you and your siblings?

10. What is your current life situation? Please provide details.

11. What is your home environment like now? Is it: (please tick)

(A) Safe and secure, and I feel very supported by my family and/or friends.

(B) Inconsistent. There are times where I feel very safe and secure, and other moments where I feel alone and unsupported.

(C) Mostly chaotic and unsupportive.

(D) I live alone and feel isolated.

(E) Other. Please provide details.

12. Tell us a bit of your community and the friends or people who surround you now. Do you feel supported by them? Is there anyone who is helpful and supportive? If so, please share.

13. What are some of the activities that you enjoy doing, that bring you joy and pleasure?

14. Please share a difficult experience that you were able to overcome. What were some tools which helped you to overcome your experience?

15. If you do not have access to follow up therapy after this ceremonial experience, what do you plan to do to support yourself after?

16. Have you ever been or are you in an abusive relationship? Yes \_\_\_\_ No \_\_\_\_

If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual or emotional. If a past relationship, what action did you take? If present, what are you doing about it? Please give details:

17. Has anyone in your family ever attempted or committed suicide?

Yes \_\_\_\_ No \_\_\_\_

18. Have you ever contemplated or attempted suicide?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe the circumstances: