

## Questionnaire for Application to the Diamond Approach Work

Please check one:

I am applying to CADH10       I am applying for Private Sessions

This questionnaire is designed to provide us with valuable information, which will be useful in our work together and will help us determine whether this work will be appropriate for you and of benefit to you. We invite you to continue your answers on additional pages if you need more space. This information will be held confidential and will only be used by those involved in the application process and teachers who will be working with you.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Email: \_\_\_\_\_

1. How did you hear about the Ridhwan School or the Diamond Heart® program?
2. Have you ever applied to a Diamond Approach® program or to work with a Ridhwan teacher? Please specify.

If you were accepted or were involved with a DA group or teacher, please describe the circumstances.

3. Give a brief description of what interests you about this Work.
4. If you have read any of the books of Hameed Ali (published under the name A.H. Almaas) would you indicate which ones by circling them:

*The Elixir of Enlightenment, Essence, Diamond Heart I, DH II, DH III, DH IV, DH V, The Void, The Pearl Beyond Price, Luminous Night's Journey, The Point of Existence, Facets of Unity, Spacecruiser Inquiry, Inner Journey Home, Brilliancy, The Unfolding Now.*

5. Where were you born? \_\_\_\_\_ Where did you grow up? \_\_\_\_\_
6. Did you live with your parents during childhood and adolescence?

Were they ever separated during that time?

If there were other parental figures or caretakers (such as aunts, uncles, grandparents or others), who were they and when were they a part of your life?

7. Is your mother living? If so, what is her age? Where does she live?  
When you were a child, what was your relationship with her like? Describe your current relationship with her.

If deceased, how old was she when she died? How old were you?  
What were the circumstances of her death?

8. Is your father living? If so, what is his age? Where does he live?  
When you were a child, what was your relationship with him like? Describe your current relationship with him.

If deceased, how old was he when he died? How old were you?  
What were the circumstances of his death?

9. Describe your mother and father's occupations.

10. What was your family's religious background?

11. List the names and ages of brothers and sisters, where they are living now and briefly describe your relationships with them as a child, and currently.

12. What major events or themes stand out for you in your childhood?

13. At what age did you leave home? What were the circumstances of your leaving?

14. List significant intimate and/or sexual relationships, their duration, your age at the time, and briefly describe each. As you review these, are you aware of any pattern to these relationships? What stands out for you?

Are you currently in a relationship? For how long? If you are in one now, briefly describe it.

Please describe any similarities you are aware of between your past relationships and your current one.

15. Do you have children? Do they live with you?  
List names, ages and sex. What is the nature of your relationship with them?

16. What is your educational background?

17. What is your current occupation? How do you feel about your job and the work you do?

18. Briefly describe your work history.

19. If you are a student, what field are you in and what degree are you working toward?

20. Are you currently seeing a psychotherapist, psychiatrist, counselor, bodyworker, or anyone in the helping professions?

If so, whom are you seeing, for how long, and what are your reasons for working with this person?

21. List any experience with therapies (psychotherapy, psychiatric treatment, hospitalization, counseling, body-oriented therapies, or any other growth work). Include the approximate dates and duration of each.

What led you to these therapies and what were the circumstances of your stopping? In what way were they useful for you?

22. What kinds of spiritual work have you been involved with in the past? Include the approximate dates and duration of each. What was your experience being involved in each form?
23. Do you have a current religious or spiritual involvement? Do you have an on-going practice? If so, please describe.
24. Say something about your personal relationship to spirituality and what it means to you in your life.
25. Were you ever physically abused? If so, when, how often, and in what way? Does this abuse currently affect your life? If so, how? What steps have you taken to deal with this experience?
26. Were you ever sexually abused? If so, when and over what period of time in your life? Does this abuse currently affect your life? If so, how? What have you done in order to deal with this experience?
27. Do you drink alcohol or use drugs?  
If so, what, how often and how much? Do you, or anyone in your life, consider your use of these a problem? Has it ever been a problem for you? If so, when?
28. What is your relationship to food, diet and nutrition? Do you, or anyone in your life, consider your relationship to food, diet and nutrition a problem? Has it ever been a problem? If yes, please explain.
29. Have you ever felt like you were falling apart? If so, describe your experience. Is this a familiar feeling? How did/do you deal with it? Are you aware of any patterns if this situation is recurring?

30. How do you deal with depression in your life? What is it like for you?

Have you ever been deeply depressed? If so, when and for how long? What were the circumstances that brought it about? What did you do to help yourself deal with the depression?

31. Have you ever tried to harm yourself or considered suicide?

If so, when? Describe the circumstances around the attempt, or around your thoughts of suicide.

Has anyone in your family attempted or committed suicide?

If so, identify which family member(s), and their age when the attempt was made or their age when they died.

32. Do you experience anger, frustration and/or aggression? What is this like for you? What do you do when you get very angry, frustrated or aggressive?

33. Please describe the central issues in your life at this time?

34. Please describe how you see your self as a person, including your strengths, obstacles, and what is developing in you.

35.. Have you had any major injuries or surgery? If so what were these?

36. Have you ever been hospitalized? If so, for what reason?

37. Have you had any of the following?

	NO	YES	WHEN	Check if still a problem
Allergies/respiratory problems _____	_____	_____	_____	_____

Anxiety attacks \_\_\_\_\_

Asthma \_\_\_\_\_

Cancer \_\_\_\_\_

Chronic fatigue \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy/Seizures \_\_\_\_\_

Eye trouble \_\_\_\_\_

Headaches \_\_\_\_\_

Heart trouble \_\_\_\_\_

High blood pressure \_\_\_\_\_

Kidney trouble \_\_\_\_\_

Medication for treating emotional or  
psychological conditions \_\_\_\_\_

Neurological disease \_\_\_\_\_

Spinal problems \_\_\_\_\_

Thyroid trouble \_\_\_\_\_

Other \_\_\_\_\_

If you are applying to CADH10

Please e-mail your completed questionnaire to [CADH10@ridhwan.org](mailto:CADH10@ridhwan.org)

If e-mailing is not possible, please print out the questionnaire, complete it and return it by mail with a photo and a check for \$25, payable to Ridhwan Foundation. The mailing address is: Erik Reed, Ridhwan - CADH10, PO Box 10173, Berkeley, CA 94709. After we receive your questionnaire we will call you with any questions.

If you are applying for Private Sessions

Please e-mail your completed questionnaire to [betsy@ridhwan.org](mailto:betsy@ridhwan.org)

If e-mailing is not possible, please print out the questionnaire, complete it and return it by mail with a photo. The mailing address is: Betsy Ginkel, Ridhwan, PO Box 2779, Petaluma, CA 94953. After we receive your questionnaire we will call you with any questions.