

# DASA

## Meditation Questionnaire

Name:

Address:

City:

Phone: Home:

Work:

Cell:

What are your hobbies and interests?

What is your occupation?

How would you rate the stress level of your job (1-10)?

What stresses do you currently have in your life?

Describe your daily routine.

Do you drink alcohol?

Do you take "recreational" drugs?

Are you currently taking anti-depressants or sedatives?

Are you seeing a mental health professional (psychologist, psychiatrist, therapist)?

If yes, how often?

What do you hope to gain through learning to meditate?

With my signature below, I agree not to disclose or record in any manner the DASA meditation training, the DASA meditation practice or the DASA meditation techniques presented to me.

Student\_\_\_\_\_Teacher\_\_\_\_\_

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