

YOUR POWER TO HEAL

5. What do you lose by being sick?

6. When and in what ways did your primary caretakers take care of you as a child?

7. What are the ways you missed being taken care of?

8. How many times a year do you get sick? (Include colds, allergies, upset stomachs, back pain, etc.)

9. When do you usually get sick?

10. Do you remember ever being dependent or vulnerable and showing it? ___ yes ___ no
If so, what happened when you expressed your dependency or vulnerability?

YOUR POWER TO HEAL

11. Are you afraid of expressing your dependence or vulnerability? ___ yes ___ no
If so, why?

12. Do you feel like you always have to be strong and in control? ___ yes ___ no

13. What is your lifestyle for keeping healthy?

14. What percent of the time do you adhere to this health regimen?

15. What do you think or say when someone around you says, "I think I am coming down with a cold or flu?"

16. You enjoy your work: ___ immensely ___ moderately ___ very little ___ not at all

17. You are happy: ___ always ___ most of the time ___ a lot of the time ___ occasionally
___ rarely ___ never

18. You are in a committed relationship: ___ yes ___ no

19. You are happy in this relationship. Circle a number:

0 1 2 3 4 5 6 7 8 9 10
SELDOM MOST OF THE TIME

YOUR POWER TO HEAL

20. You have suffered significant losses in your life: ___ yes ___ no
If yes, please list who, what, and when.

21. Are there significant painful experiences in your life? ___ yes ___ no
If yes, please list them with age of occurrence.

22. Have you had significant accidents/injuries? ___ yes ___ no
If yes, what and when?

23. What do you do at the first sign of a cold, allergy, or flu?

24. Do you have a significant illness, or did you have a significant illness in the past?
___ yes ___ no
If yes, what?

25. What did (or does) it keep you from doing that was important to you?

YOUR POWER TO HEAL

26. What did the illness get you out of doing?

27. What did the illness get for you?

28. How often do you feel stressed? ___ all the time ___ frequently ___ never ___ occasionally
How strong is your stress now? Circle a number:

0 1 2 3 4 5 6 7 8 9 10
LOW HIGH

29. You were physically abused: ___ yes ___ no
If yes, when and by whom?

30. You were sexually abused: ___ yes ___ no
If yes, when and by whom?

31. You feel guilty when you get sick: ___ often ___ sometimes ___ never

32. You worry about getting sick: ___ often ___ sometimes ___ never

Your Needs for Getting Sick (Secondary Gains)

33. What did you get by being sick?

34. What did you get out of doing by being sick?

35. What would you lose by being in excellent health?

36. What do you gain by being sick? (Here's a place to allow irrational answers.)

37. What do you believe caused other members in your family to get sick as you were growing up?

38. What emotions are you aware of feeling before you either get sick or have a little symptom?

39. You feel guilty and blame yourself when you get sick: ___ yes ___ no

The Strength of Your Internal Power

40. Do you believe most illnesses come from an external cause? yes no

41. Where do you think the locus of power resides that causes most of your illnesses?

42. Do you trust that you have the power to heal? yes no

43. If you get sick, do you tend to blame someone else? yes no

44. What do you believe causes most of your illnesses?

45. When you get depressed or anxious, what do you do? Check whatever applies:

- You look for an external reason
- You look for the thoughts you have been thinking
- You look for someone or something to blame
- You blame your body chemistry
- Other _____

46. Who is in charge of your life?

47. Do you believe that sickness is inevitable for you? yes no

48. If you get the flu or a cold, do you blame it on the latest bug going around? yes no

YOUR POWER TO HEAL

49. Who or what seems to be in charge of your body?

50. Do you often say, "My" back [neck, head, stomach, etc.] is killing me? ___ yes ___ no

51. Do you control your body or does it seem like your body and its symptoms control you?

52. Are you afraid of losing your identity as one who is powerless to heal yourself?

___ yes ___ no

53. Who and what do you believe you are?

54. How does that fit with your being sick?

55. You usually get sick when you feel

56. What do you think causes your pain?

57. What do you see as the source of your stress?

58. What are your thoughts about each stressor?

Thought Patterns That Support Your Being Sick or Getting Well

59. What is the first thing you think when you start to get sick?

60. What is the first thing you think when someone close to you gets sick?

61. What is the second thing you think?

62. What are your thoughts about the source of your stress?

63. If you were diagnosed with a serious illness, what would you do (or what did you do), think, or say?

64. You look forward to people being sympathetic to you when you get sick: ___ yes ___ no

65. What emotions or attitudes are difficult or easy for you to express?

Place an "E" by those that are easy.

Place a "D" by those that are difficult to feel or express.

Place an "F" by those that you feel with great frequency.

Place an "N" by those that you never allow yourself to feel or express.

___ fear

___ dependency

___ annoyance

___ deprivation

___ anger

___ hatred

___ sorrow

___ grief

___ forgiveness

___ affection

___ rage

___ acceptance

___ anxiety

___ resentment

___ hurt

___ rejection

___ judgment

___ shame

___ delight

___ gratefulness

___ appreciation

___ peace

___ pain

___ ongoing anger

___ loneliness

___ guilt

___ empathy

___ calm

___ sexual desire

___ lust

___ embarrassment

___ passion

Family Beliefs and Behavior Patterns from Childhood You Are Playing Out

66. What did others in your family get by being sick as you were growing up?

67. What did family members get out of doing by being sick?

68. What did family members say about getting colds or the flu?

69. What did you get by being sick when you were a child?

70. What did you get out of doing by being sick when you were a child?

71. Do you believe that a sickness is inevitable because it runs in your family? ___ yes ___ no

72. What did an illness or disability keep you from doing that was important to you as a child?

YOUR POWER TO HEAL

- I am worthy of having a healthy life.
- I am not worthy of having a healthy life.

- It's safe to have a healthy life.
- It's not safe to have a healthy life.

- It will benefit everyone for me to be healthy.
- It will not benefit anyone for me to be healthy.

- This sickness is inevitable because it runs in my family.
- I can be healthy even if this sickness runs in my family.

- I am afraid of losing a part of my old identity if I am healthy.
- It's okay to lose a part of my old identity if I am healthy.

- I am sick because I am being punished.
- I am free of all guilt.

- If an illness is going around, I am sure to catch it.
- I will stay strong and healthy, even if an illness is going around.

- I will do what it takes to be healthy.
- I won't do what it takes to be healthy.

- I choose to be healthy right now.
- I want to wait a little longer before I am healthy.
(If you score this above 0, write down how long you are willing to wait until you get healthy.) _____

- I am afraid of embracing my full power.
- I am quite comfortable embracing my full power.

- I am afraid of losing my identity as one who is powerless to heal myself.
- It's okay to lose my old identity as one who is powerless to heal myself.

- I am guilty and need to pay the price of being sick.
- I am over my guilt.

- I will lose something if I am well.
- I will not lose anything important if I am well.