

What is your Trauma Inventory? (0=No; 1=Yes)

More info:

Addicted Parent(s)	0	<i>One or both parents had an addiction to alcohol, marijuana, or</i>
Parent had mental health issue	0	<i>Parent had Narcissism, Depression, Anxiety</i>
Parents divorced	0	<i>Separate houses, fighting, ripping of family fabric</i>
Sexually Molested or Raped	0	<i>Sexually touched in any way, by an adult or child older than yo</i>
Bullied or Mocked	0	<i>By family, schoolmates, neighbors</i>
Physically abused	0	<i>Beat, slapped, hurt in any way; threatened to be hurt</i>
Moved homes to new town/school	0	<i>Loss of stable community relationships, and/or familiar dwellin</i>
Lacked stable family relationships	0	<i>Family fighting, no contact with healthy extended family</i>
Lacked stable friendships	0	<i>Family, Friend or community relationships that provided suppo</i>
Neglected or ignored by Caretakers	0	<i>Due to parents working, addiction, or other circumstance</i>
Judged or controled excessively	0	<i>Always felt wrong/bad</i>
Cared for beyond need	0	<i>Parents that overparented beyond what was necessary</i>
Other	1	
Other		

What is your Soul Loss Index (0=No; 1=Yes)

(Please answer based on how you feel *most of the time*)

	Embodied	Fragmented	
Connected to Self ; Engaged emotionally, physically, mentally in life	1	0	Disconnected from Self ; Watching life from outside; Disengaged
Full (of positive emotion, people, thoughts)	1	0	Empty (of that which feels good)
Clarity of Direction	1	0	Lost
Connected with others	1	0	Alone ; Disconnected from others
Feel like <i>I am inherently GOOD</i>	1	0	Bad person ; something wrong with me; defective; not enough
Feel like <i>I matter</i>	1	0	Irrelevant ; don't matter; invisible
Capable to Change self or circumstances	1	0	Stuck (not able to change internal or external circumstances)
Happy and stimulated	1	0	Depressed (Emotionally Heavy, mentally dull)
Grounded ; Secure	1	0	Anxious (Emotionally overwhelmed, worried; hyperactive mind)
Accepting ; at Peace	1	0	Angry (or Resentful/ Frustrated)
No/low Recreational Substance Use of alcohol, marijuana, other drugs	1	0	Recreational Substance Use of alcohol, marijuana, other drugs (more than 1x/wk)
No perscription medications	1	0	>1 Perscription medications
> 5 years feeling generally positive	1	0	> 5 years feeling generally negative
	13	0	