

## PERSONAL PROFILE QUESTIONNAIRE

Name: .....

Address: .....

.....

.....

Post Code .....

E-mail Address .....

Age Band:  Up to 20 years  21 to 50 years  Over 50 years

1) **Have you used Flower Essences before?**  Yes  No.

If 'Yes' please summarize your experiences

2) **What are your reasons for wanting to use Flower Essences now?**

3) **What kind of work do you do?**

4) **How do you relax?**

5) **How do you respond to stress?**

6) **Have you experienced any of the following traumas or stresses in the past five years?**

(Enter number of years for each event)

a) Death of a loved one..... years ago

b) Divorce / Separation .....years ago

c) Financial problems ..... years ago

d) Job change .....years ago

e) Job redundancy ..... years ago

f) Serious illness/accident.....years ago

**7) List three positive words that would describe you**

- a)
- b)
- c)

**8) List three negative words that would describe you**

- a)
- b)
- c)

**9) Give a brief description of your general state of health**

**Physical**

**Emotional**

**Mental**

**Spiritual**

**Once you have completed the form please return it to the following address along with a cheque for the sum of £25. Please make cheques payable to 'Dorothy Crichton'.**

**Postal Address:**

**Dorothy Crichton  
Scottish Flower Essences  
8 Coranbae Place  
Doonfoot  
Ayr  
KA7 4JB**