

SOMA QUESTIONNAIRE

1. Why are you choosing to experience SOMA NEUROMUSCULAR INTEGRATION®?
2. What is the most pleasing aspect of your life right now?
3. What is the most unsatisfactory part of your life?
4. How much responsibility do you assume for the situations in questions (2) and (3) above?
5. What is the best thing that could happen to you as a result of your experience with Soma Structural Integration?
6. What is the worst thing that could happen?
7. What do you like most about your body?
8. What do you like least about your body?
9. Is there anything about yourself you would like to change?
10. What is your earliest memory? What was your age then?