

MEMBERSHIP SURVEY

Questionnaire

1) Have you ever experienced sexual or physical abuse? Yes/No

If the answer is yes, then please continue. If the answer is no, then please ignore this questionnaire, unless you know someone else who might want to complete it. If so, please pass it on to them.

2) How old were you when the abuse occurred? Over what time period did it occur?

3) Have you had any support to help with the emotional effects? If so, what sort of support?

4) Would you welcome support in the context of your practice of Shiatsu, to enable you to share, explore, understand and integrate possible long-term emotional effects of the abuse?

5) Would you be interested in participating in a long-term support group, meeting monthly in London? The group would be facilitated by two specifically experienced and qualified group leaders, one male and one female, who are also Shiatsu practitioners.

6) If there were a fee, would you be prepared or able to pay for this?

7) What category of membership are you? Please tick appropriate categories

Student

Post-graduate

MRSS practitioner fulltime

MRSS practitioner parttime

Teacher

Associate