

(Form #CW6-1)

Death Urge Questionnaire

Rebirther Consultant to ask client

1. Remember/Recall the first time anyone told you "you had to die."

The first time I heard about death was _____

2. Rebirther discusses with client the following:-

- a. If your parents are no longer alive
 - i. What age did they die?
 - ii. What did they die of? Especially the parent of the same sex as you.

- b. Family patterns in illness and death
 - i. Symptoms and diseases your parents have or have had.
 - ii. Symptoms and diseases you have had.
 - iii. Are there any correlations, similarities?

- c. Discuss Grandparents or further back in family tree if you can access that info.

- d. Any foetal death, miscarriages, abortions before you?

- e.. Any deaths in the family while you were gestating?

- f. Any near-death experiences as a child? Drownings, violent attacks, accidents, etc.

- g. Closed Eye Technique. Client to fill in the blank

Rebirther to ask client to close eyes and answer following

- i. If you were to die, you would die at the age of _____?

- ii. How would you die _____?