

BELONGING QUESTIONNAIRE

EVENT 1

Identify an instance of belonging which is very strong for you. Give brief details.

TIME FRAME

What was your age then, and how old are you now?

Then		Now		Would the same event today generate the same sense of belonging?
<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	
<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	
<input type="checkbox"/> 35-44		<input type="checkbox"/> 35-44		

TYPE OF BELONGING

Which category of belonging does your event come under?

(Definitions from Chambers 20th Century Dictionary)

<input type="checkbox"/> As the property of	<input type="checkbox"/> As a native of
<input type="checkbox"/> As be part or an appendage of	<input type="checkbox"/> As a member of
<input type="checkbox"/> As connected to	<input type="checkbox"/> As in all sense usually with

CHARACTERISTICS

Given your example, tick the relevant elements.

Type of Relationship <input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input type="checkbox"/> Object <input type="checkbox"/> Other Area of Common Interest <input type="checkbox"/> Paid Work <input type="checkbox"/> Voluntary Work <input type="checkbox"/> Hobby <input type="checkbox"/> Sport <input type="checkbox"/> Other	Geographical Territory <input type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Community <input type="checkbox"/> Town <input type="checkbox"/> Region <input type="checkbox"/> Country <input type="checkbox"/> Other Cultural Boundaries <input type="checkbox"/> Perceived Class <input type="checkbox"/> Educational Level <input type="checkbox"/> Religion <input type="checkbox"/> Ethnic Group	Unifying Neuro Logical Level <input type="checkbox"/> Spiritual <input type="checkbox"/> Identity <input type="checkbox"/> Values <input type="checkbox"/> Beliefs <input type="checkbox"/> Skills <input type="checkbox"/> Behaviours <input type="checkbox"/> Environment
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EVENT 2

Identify an instance of belonging which is very strong for you. Give brief details.

TIME FRAME

What was your age then, and how old are you now?

Then		Now		Would the same event today generate the same sense of belonging?
<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	
<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	
<input type="checkbox"/> 35-44		<input type="checkbox"/> 35-44		

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CHARACTERISTICS

Given your example, tick the relevant elements.

Relationship <input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input type="checkbox"/> Object <input type="checkbox"/> Other Interests <input type="checkbox"/> Paid Work <input type="checkbox"/> Voluntary Work <input type="checkbox"/> Hobby <input type="checkbox"/> Other	Location <input type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Community <input type="checkbox"/> Town <input type="checkbox"/> Region <input type="checkbox"/> Country <input type="checkbox"/> Other	Neuro Logical Level <input type="checkbox"/> Spiritual <input type="checkbox"/> Identity <input type="checkbox"/> Values <input type="checkbox"/> Beliefs <input type="checkbox"/> Skills <input type="checkbox"/> Behaviours <input type="checkbox"/> Environment
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EVENT 3

Identify an instance of belonging which is very strong for you. Give brief details.

TIME FRAME

What was your age then, and how old are you now?

Then		Now		Would the same event today generate the same sense of belonging?
<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	<input type="checkbox"/> Up to 20	<input type="checkbox"/> 45-54	
<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> 20-24	<input type="checkbox"/> 55-64	
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 plus	
<input type="checkbox"/> 35-44		<input type="checkbox"/> 35-44		

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EFFECTS OF BELONGING

Tick which (if any) of the following apply to you. Please add any other comments of your own.

Belonging		Not Belonging	
<input type="checkbox"/> Peace	<input type="checkbox"/> Ability to trust	<input type="checkbox"/> Spur to move on	<input type="checkbox"/> Other
<input type="checkbox"/> Sense of connection	<input type="checkbox"/> Foundation for risk Congruence of self	<input type="checkbox"/> Independence	
<input type="checkbox"/> Sense of acceptance	<input type="checkbox"/> Enhanced self esteem	<input type="checkbox"/> Unburdened	
<input type="checkbox"/> Sense of wellbeing	<input type="checkbox"/> Others	<input type="checkbox"/> Incongruence	
<input type="checkbox"/> Sense of bonding		<input type="checkbox"/> Sense of isolation	
<input type="checkbox"/> Reflected identity		<input type="checkbox"/> Sense of detachment	
<input type="checkbox"/> Spiritual knowing		<input type="checkbox"/> Sense of objectivity	

PERSONAL PROFILE

Are you someone who experiences a sense of belonging <input type="checkbox"/> always <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never	Are you someone who experiences spiritual connection <input type="checkbox"/> always <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never	Do you consider your drive to belong to be a result of <input type="checkbox"/> genes / nature <input type="checkbox"/> nurture / home life <input type="checkbox"/> prevailing circumstances <input type="checkbox"/> past life
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STRATEGIES TO GENERATE BELONGING

Tick which (if any) of the following apply to you. Please add any other comments of your own.

<input type="checkbox"/> Actively seek common ground	<input type="checkbox"/> Be aware of the threshold numbers which create inclusion Be prepared to let go previous allegiances
<input type="checkbox"/> Disregard areas of difference	<input type="checkbox"/> Be aware of the levels on which you are connecting
<input type="checkbox"/> Actively initiate occasions for connection	<input type="checkbox"/> Seek membership of clubs, societies, networks
<input type="checkbox"/> Seek out occasions for connection	<input type="checkbox"/>
<input type="checkbox"/> Avoid occasions for connection	<input type="checkbox"/>
<input type="checkbox"/> Go by your instincts and trust your waters	<input type="checkbox"/>
<input type="checkbox"/> Wait till others connect with you	<input type="checkbox"/>
<input type="checkbox"/> Be open to any advances for inclusion	<input type="checkbox"/>
<input type="checkbox"/> Consciously extend your boundaries	<input type="checkbox"/>
<input type="checkbox"/> Consciously withdraw your boundaries	<input type="checkbox"/>

EVIDENCE OF BELONGING

Which of any of these apply to you?

Internal	External
<input type="checkbox"/> Love	<input type="checkbox"/> Receiving personal invitations
<input type="checkbox"/> Calm Joy	<input type="checkbox"/> Knowing people in the group
<input type="checkbox"/> Relaxed	<input type="checkbox"/> Being recognised in familiar environment
<input type="checkbox"/> Comfort	<input type="checkbox"/> Being recognised in unfamiliar environment
<input type="checkbox"/> Excitement	<input type="checkbox"/> Receiving a namecheck by word or print
<input type="checkbox"/>	<input type="checkbox"/> Being on a mailing list
<input type="checkbox"/>	<input type="checkbox"/> Sporting the 'club badge' and dress
<input type="checkbox"/>	<input type="checkbox"/> Joining in with cultural language, jargon, jokes
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Feel free to submit your answers to fran@nlpand/co.uk. I look forward tremendously to whatever you offer.