

# **What's Blocking You?**

**I am collecting stories and suggestions for my upcoming book and presentations. I want to make it as interesting and useful as possible, so I am asking people for their insights, experiences, and opinions. I know you are busy. I would really appreciate it if you would take 10-15 minutes to fill out this questionnaire. I will be glad to attribute your remarks or keep them confidential. Please indicate your preference at the end of this survey.**

- 1. Is there a specific area in your life where you are feeling blocked? (e.g., you're not making enough money to pay bills; you're uncomfortable approaching people to ask for a date; you're afraid to start your own business even though it's what you've always wanted to do). Please explain.**

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- 2. Is there a person in your life who is keeping you from achieving your full potential? (e.g., you have a partner who verbally undermines you because he/she is threatened by your success; you have a boss who is playing favorites and not giving you the credit you deserve; you have a mother-in-law who gives you the impression you can't do anything right). Please explain.**

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- 3. What emotional and/or physical impact is that having on you? (e.g., I'm retreating and never want to go anywhere unless I have to; I have stress-related illnesses that cause me to keep having to go to my doctor; my partner and I are separated because we can't seem to get along). Please explain.**

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- 4. Thinking back, was there a time when you felt unable to make progress? (e.g., you were offered a new job but couldn't decide whether to take it; you lived in a small town but found it very difficult to leave your comfort zone; you were in a relationship and felt locked in). Please explain.**

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- 5. Looking back, was there a person in your life whom you felt obstructed your path? (e.g., a parent who devalued your worth by telling you that you wouldn't amount to anything; a teacher who unfairly directed negative attention toward you for having differing opinions and being outspoken; a friend or co-worker who always seemed to elevate themselves by tearing you down). Please explain.**

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- 6. What emotional and/or physical impact did that have on you? (e.g., I became more guarded and defensive in my communications which prevented intimate connections; I developed recurrent back pain and headaches that kept me on pain medication and away from rewarding recreation; I stopped trusting others with my deepest thoughts and feelings and felt more alone and isolated). Please explain.**

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- 7. Did you take a specific action that resolved that situation so that the event or individual was no longer keeping you from moving forward? What was that? (e.g., I joined a support group and connected with other people who were going through a similar experience; I started taking better care of myself with exercise and eating healthier foods; I began seeing a health care provider such as a doctor of chiropractic, medical doctor, or acupuncturist). Please explain.**

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- 8. Would you please give a specific example of how your life has improved because you decided to deal with the situation instead of ignoring it? (e.g., I had the courage to quit my job and move into a position where I really love what I do; I finally confronted my spouse, we're going to marital counseling together, and getting along better than we have in years; I feel closer to God with a clearer sense of purpose each day). Please explain.**

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- 9. Are you a chiropractic patient? No? Why not? Is there a reason why you haven't considered availing yourself of chiropractic services? (e.g., I don't want to have my spine and especially my neck twisted and popped because I'm afraid it will hurt or I will get hurt; I didn't really think I had a need because I don't get back pain and I thought that was the only thing it was for; I don't have insurance benefits for it and I figured I couldn't afford it). Please explain.**

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10. Are you a chiropractic patient? Yes? What are one or more specific benefits you have received during your experience, whether obviously due to your care or not? Please don't limit your thinking to decreased physical pain. (e.g., for the first time in ten years I actually can't wait to get up in the morning because I have energy for the day instead of dragging myself around; I have a much more positive outlook on life demonstrated by my noticing beautiful things in nature again instead of going around in a constant shade of gray; for the first time in years I can move and walk again without stiffness, pain, or limited mobility). Please explain.

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Did you know that each of these questions is directly related to the care and benefits you can receive from a chiropractor?

Order the "[What's Blocking You? CD](#)" and call us at 559 - 490 - 9550 for a consult. [Email](#) me or visit the website <http://www.DrMatthewNorton.com> to further understand more.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yes, you have my permission to use my name and the information above.

No, I don't want my name used, but you may use the information above.

**Please return this form to me as soon as possible. Thank you!**