**BIRTH TIME RECTIFICATION QUESTIONNAIRE**

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| Your nickname at registration: |  |
| Your e-mail address: |  |

Please specify the exact year, month and day of an event. If you do not remember the exact day /

month, please specify the period: “beginning of summer”, “middle of winter”, etc.

1. **Date, time and place of birth:**

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Please indicate your source of information (parents, newborn tag, entry in the medical record, etc.)

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Describe in a few words what your mother told you about your birth (difficult or easy labor,

some significant event that happened at the moment of your birth).

1. **Parents or stepparents:**

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Please indicate the dates of their birth (or death).

1. **Are your parents divorced?**

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Please indicate how old you were when it happened (date).

1. **Do you have siblings?**

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Please indicate their dates of birth. If your siblings passed away, indicate the dates when it happened.

1. **Primary education:**

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When did you enter school (year) and when did you finish it (date)?

1. **Other educational institutions:**

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Please indicate the dates of admission and graduation, as well as your profession.

1. **Have you changed your place of residence?**

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Please indicate the dates you moved to another city / town / country.

1. **Have you moved to a new house / apartment?**

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Please indicate the dates you moved to a new house / apartment.

1. **Have you served in the military?**

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Please specify when you were called up and when you left military service.

1. **Are you married? Are you in a committed relationship?**

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Please specify the date, place and time (if there are two or more marriages, provide the details for

all of them). In case of a common-law marriage, indicate the date when you moved in together.

Please specify your spouse’s date of birth, marriage registration place, conception of a child or

change of residence at the time of marriage (if applicable).

1. **Divorce or death of a spouse:**

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Please indicate the corresponding dates.

1. **Children, stepchildren, adopted children:**

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Please indicate the dates of birth or adoption. Describe the pregnancy in a few words. Was it full-

term? Describe the labor. What have you remembered? Was there a cord entanglement?

(ruptures, incision, C-section, any other problems).

1. **If your children passed away, indicate the dates when it happened.**

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Please indicate the dates.

1. **Dates of abortions (please indicate the gestational age), miscarriages:**

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1. **Have you been in an accident? Have you had severe injuries, burns or fractures?**

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Please indicate the damaged body parts. Was it a life-threatening situation? What do you remember about it?

1. **Have you had a surgery?**

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Please indicate when it happened, the corresponding body parts or internal organs. Were any removed? Was it a life-threatening situation? What do you remember about it?

1. **Have you had a serious disease, chronic illness, etc.?**

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Please describe the case. Were you hospitalized? Was it a life-threatening situation? What do you remember about it?

1. **If you left home for a while (more than a month), please indicate the place and the dates of departure and arrival:**

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Please specify the dates.

1. **Please specify the date you started working (dates, if you have changed jobs), as well as the dates of promotions, demotions and leaving (major ones):**

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Please indicate the dates.

1. **Were there any other important events in your life?**

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Perhaps, your grandmothers (grandfathers, friend, pets) passed away. Perhaps, you remember the

date of the first sexual experience (Was it voluntary?) Meeting a significant other. Acquisition of

a pet. Purchase of real estate or a vehicle. Acquisition or loss of something very important.

Change of name, religion, beliefs.

1. **Your hobbies & interests:**

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1. **Your chronic conditions (the ones you know about):**

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1. **Questions to the astrologer: what exactly would you like to know about yourself and your life?**

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