

# PRECLEAR ASSESSMENT SHEET

## WHO DOES ASSESSMENT

The auditor assigned to audit the preclear does the assessment.

## WHEN IS ASSESSMENT DONE

This Assessment is done at the beginning of each intensive the preclear has. If he is having 75 hours now, this Assessment Sheet is done at the beginning of the 75 hours. If the preclear comes back for a further 25 hours one week later, another Assessment Sheet is completed by the auditor processing him whether it is the same auditor or not. The reason for this is the preclear changes, his memory improves, and things can have happened in that one week he was not processed.

## IS THIS PART OF THE PRECLEAR'S AUDITING TIME

Yes, it is. The questions asked are to a degree auditing because the auditor is asking the preclear to look and to recall.

## PURPOSE OF PRECLEAR ASSESSMENT SHEET

The purpose of this form is to establish auditor control over the preclear, to better acquaint the auditor with his preclear, and to provide essential information required.

## TO WHOM IS THE PRECLEAR ASSESSMENT SHEET ROUTED

This Sheet is routed to the Director of Processing as soon as possible, at the first session break if the auditor can do so. It must be routed at least by the end of the auditing day. After the Director of Processing reviews the Sheet, it is returned to the auditor for keeping in his folder on the preclear.

## NEATNESS OF PRECLEAR ASSESSMENT SHEET

If you cannot write plainly and neatly, print all the data required. Information is wanted, not mysterious cryptographics.



NAME OF PC \_\_\_\_\_ Age of PC \_\_\_\_\_ TA Position at Start  
of Assessment: \_\_\_\_\_

ADDRESS OF PC \_\_\_\_\_  
\_\_\_\_\_ Tel. No./Nos. \_\_\_\_\_

AUDITOR \_\_\_\_\_ Location \_\_\_\_\_ D of P Initials \_\_\_\_\_

### A. FAMILY

1. Is Mother living? \_\_\_\_\_ E Meter reaction \_\_\_\_\_

2. Date of death \_\_\_\_\_ E Meter reaction \_\_\_\_\_

3. PC's statement of relationship with Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ E Meter reaction \_\_\_\_\_

4. Is Father living? \_\_\_\_\_ E Meter reaction \_\_\_\_\_

5. Date of death \_\_\_\_\_ E Meter reaction \_\_\_\_\_

6. PC's statement of relationship with Father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ E Meter reaction \_\_\_\_\_

7. List brothers, sisters, and other relatives of the PC, date of death of any and E Meter reaction

RELATION	DATE OF DEATH	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### B. MARITAL STATUS

1. Married \_\_\_\_\_ Single \_\_\_\_\_ No. times divorced \_\_\_\_\_

2. PC's statement of relationship with spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ E Meter reaction \_\_\_\_\_

3. List any marital difficulties PC presently has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ E Meter reaction \_\_\_\_\_

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4. If divorced, list reasons for divorce and PC's emotional feeling about divorce \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E Meter reaction \_\_\_\_\_

5. List children, date of death of any child and E Meter reaction

CHILD	DATE OF DEATH	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. EDUCATIONAL LEVEL**

State the level of schooling pc has had, university education, or professional training:

\_\_\_\_\_

\_\_\_\_\_ E Meter reaction \_\_\_\_\_

**D. PROFESSIONAL LIFE**

State main jobs pc has held:

JOB	E METER REACTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. ACCIDENTS**

List any serious accidents pc has had, the date of each, any permanent physical damage, and E Meter reaction

ACCIDENT	DATE	PHYSICAL DAMAGE	E METER REACTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. ILLNESSES**

List any serious illness (except usual childhood diseases, colds, etc.) giving date of each, any permanent physical damage, and E Meter reaction

ILLNESS	DATE	PHYSICAL DAMAGE	E METER REACTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**G. OPERATIONS**

List any operations, the date of each, and E Meter reaction

OPERATION	DATE	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3** H. PRESENT PHYSICAL CONDITION

1. List any bad physical condition pc presently has and E Meter reaction to each

PHYSICAL CONDITION	E METER REACTION
_____	_____
_____	_____
_____	_____

2. Are you here on your own self determinism?

_____	E Meter Reaction _____
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I. MEDICINE OR DRUGS

List any medicine or drugs pc is taking, what he is taking them for, and E Meter reaction

DRUG OR MEDICINE	CONDITION TAKEN FOR	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. MENTAL TREATMENT

List any psychiatric, psycho-analytic, hypnotic, mystical or occult exercises shock therapy or other mental treatment which pc has had, the date of the treatment and E Meter reactions.

NOTE: If shock treatment reads, date it and how many times.

1. TREATMENT	DATE	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SHOCK TREATMENT ( USE IF SHOCK TREATMENT READS ON J-1.)

WHEN	HOW MANY TIMES
_____	_____
_____	_____
_____	_____

3. "Were you instructed to come here?"

YES \_\_\_\_\_ NO \_\_\_\_\_ E METER REACTION \_\_\_\_\_

If YES, by WHO	WHERE	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. COMPULSIONS, REPRESSIONS AND FEARS

1. List any compulsions (things pc feels compelled to do), repressions (things pc must prevent himself from doing), and any fears of pc

COMPULSIONS, etc.	E METER REACTION
_____	_____
_____	_____
_____	_____

2. Are you being audited to change something someone else doesn't like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ E Meter Reaction \_\_\_\_\_

**4** L. CRIMINAL RECORD

List any crime committed by pc, prison sentence, if any, and E Meter reaction

CRIME	SENTENCE	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

M. INTERESTS AND HOBBIES

List any interests and hobbies of pc

INTERESTS AND HOBBIES	E METER REACTION
_____	_____
_____	_____
_____	_____
_____	_____

N. PREVIOUS SCIENTOLOGY PROCESSING

1. List auditors, hours, and E Meter reaction to any processing done other than in the HGC or the Academy

AUDITOR	HOURS	E METER REACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List briefly processes run \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List goals attained from such processing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List goals not attained from such processing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. PRESENT PROCESSING GOALS

List all present goals of pc and E Meter reaction to each

GOALS	E METER REACTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Tone Arm Position at End of Assessment \_\_\_\_\_