FRESH START

Family Questionnaire

Please complete this questionnaire at home and email it back to

info@thefsrc.com

at least one week prior to the start date of your workshop.

Please bring a printed copy with you to the workshop.

Initials _____

Workshop Start Date ____ / ____ / ____
MM DD YYYY

Session ☐ Male Session ☐ Female Session

Your responses are confidential and will be used solely to support your workshop experience.

1. Location and Home Life

(a) When and where were you born?

(b) What town and state did you grow up in?

(c) How many years did you spend there?

(d) If you moved, where did you move to (and how many times did you move from 0-18 years of age)?

2. Family of Origin

(a) Identify your major caregivers:

Name	Relationship

(b) List the birth order of the children in your family. Use a noun or adjective to describe each person. Include yourself and indicate deceased siblings.

Sibling	Age	Description (noun or adjective)

(c) Number of children in your family:

(d) Your rank in the birth order:

(e) If you were adopted, at what age were you adopted?

(f) List other adults (e.g., family, teacher, mentors, coaches, Morahs, Rebbeim, etc.) who were involved in your childhood. Use a noun or adjective to describe each person.

Adult / Relationship	Description (noun or adjective)

3. Parental Information

In this form, "mother" and "father" refer to biological, adoptive, or substitute parents.

(a) Is your mother living?

☐ Yes ☐ No

(b) If your mother is deceased, how old were you at the time of her death?

(c) If not your biological mother, identify your relationship to her:

(d) Is your father living?

☐ Yes ☐ No

(e) If your father is deceased, how old were you at the time of his death?

(f) If not your biological father, identify your relationship to him:

(g) If your parents were living during your childhood, were they:

Circle one: ☐ Living together ☐ Separated ☐ Divorced

(h) If they were separated or divorced, at what age were you when they were:

Separated: Divorced:

(i) Did your parents remarry? If so, where and who did you live with?

(j) If your parents are living, what is their current marital status?

(k) What were/are the educational levels and occupations of your parents?

Mother:

Education:

Occupation(s):

(If your mother stayed at home and then worked, how old were you when she started working?):

Father:

Education:

Occupation(s):

(If your father stayed at home and then worked, how old were you when he started working?):

4. Yiddishkeit

(a) What did a relationship with HaShem mean in your parents' life?

Mother:

Father:

(b) What did Torah and "Mitzvos" mean in your parents' life?

Mother:

Father:

(c) How did your parents' approach to parenting / education / "chinuch" impact your childhood and relationship to Torah, mitzvahs, and spirituality / "ruchniyos"?

(d) Did your relationship with HaShem and Yiddishkeit ever change in some way? If so, at what age(s) did this become so? and Why?

5. Early Family Relationships

(a) Describe the physical, financial, and emotional situation of your parents at the time of your birth (or adoption):

(b) Describe the relationship which existed between your mother and father at the time of your birth (or adoption).

(c) Describe how your mother felt and her age at the time of your birth or adoption.

(d) Describe how your father felt and his age at the time of your birth or adoption.

(e) Describe the relationship which existed between your mother and father during your childhood. (Close your eyes and imagine watching them in a disagreement/argument when you were between 8 - 12 years old...what did it look like?)

6. Childhood Memories and Parental Relationships – Part 1 - Mother

Before answering, close your eyes and imagine yourself as a child being in the physical presence of your mother.

(a) List nouns and adjectives to describe your mother.

Positive	Negative

(b) Are you aware of any addictions or mental health issues that your mother might have had?

☐ Yes ☐ No

(c) If yes, please list them:

(d) Describe the happiest moments with your mother:

(e) Describe a time (or times) in your life when you felt "invisible" to your mother:

(f) Describe the 3 worst times you remember with your mother:

i.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

ii.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

iii.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

(g) What did you want from your mother that you never received, or that she never did for you?

(h) As a child, what did you do to get approval from your mother?

Childhood Memories and Parental Relationships – Part 2 - Father

Before answering, close your eyes and imagine yourself as a child being in the physical presence of your father.

(a) List nouns and adjectives to describe your father.

Positive	Negative

(b) Are you aware of any addictions or mental health issues that your father might have had?

☐ Yes ☐ No

(c) If yes, please list them:

(d) Describe the happiest moments with your father:

(e) Describe a time (or times) in your life when you felt "invisible" to your father:

(f) Describe the 3 worst times you remember with your father:

i.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

ii.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

iii.

What was your age at the time?

What Emotion(s) did you have then?

And what Emotion(s) come up for you now?

Describe the event:

(g) What did you want from your father that you never received, or that he never did for you?

(h) As a child, what did you do to get approval from your father?

7. Childhood

(a) What was your age at the time of your earliest memory?

(b) Describe the memory:

(c) Did you have any severe or chronic childhood/adolescent illnesses, medical conditions?

(d) If yes, how old were you at that time?

(e) Did anyone else in your family have an illness, etc.?

(f) If yes, what were they?

(g) How old were you at that time?

(h) When you think of yourself as a child ... how old are you?

(i) How did you learn about sexuality growing up?

8. Other Childhood Experiences

Imagine yourself as a child between 3 - 11 years old:

(a) Describe yourself as a child - from the ages of 3 - 11 years old:

(b) When you were upset emotionally what would you do to cope?

(c) When you were hurt ... who did you turn to for help/support?

(d) How did your mother and Father respond if/when you turned to them for help/support?

i. Mother:

ii. Father:

(e) Imagine yourself when you were 3-11 years old … what thought(s) and emotion(s) come up for you when you think about yourself….

iii. as an Orthodox/Frum Jew

iv. as representing the religious affiliation of your parents (e.g., Yeshivish, Chassidish, etc.)

v. What was your "learning ability or level"

Imagine yourself as a teenager between 12 - 18 years old:

(f) Describe yourself as a child - from the ages of 12 - 18 years old:

(g) When you were upset emotionally what would you do to cope?

(h) When you were hurt ... who did you turn to for help/support?

(i) How did your mother and Father respond if/when you turned to them for help/support?

vi. Mother:

vii. Father:

(j) Imagine yourself when you were 12-18 years old … what thought(s) and emotion(s) come up for you when you think about yourself….

viii. as an Orthodox/Frum Jew

ix. as representing the religious affiliation of your parents (e.g., Yeshivish, Chassidish, etc.)

x. What was your "learning ability or level"

(k) Describe the three worst memories in your childhood and the people who traumatized and/or negatively impacted you.

[Only describe details that you are comfortable writing, sharing, and thinking about]

(1) Traumatizing memory:

Age at the time of the event:

Emotion(s) Then:

Emotion(s) Now:

(2) Traumatizing memory:

Age at the time of the event:

Emotion(s) Then:

Emotion(s) Now:

(3) Traumatizing memory:

Age at the time of the event:

Emotion(s) Then:

Emotion(s) Now:

(l) How were your relationships with HaShem and Yiddishkeit influenced by these past events?

(m) Describe the feelings you had as a child/adolescent (e.g., being sad, mad, glad, or scared or feelings of shame, guilt, empty, and/or lonely, etc.):

(n) Identify the people in your life that you felt close to in your childhood, and why?

(o) Identify the places and activities where you felt safe in your childhood, and why?

(p) As a child, was it easy or difficult for you to make friends? Why?

(q) As a child, did you have nicknames? ☐ Yes ☐ No

(r) If you had nicknames, what were they?

(s) Who gave them to you?

(t) How did you feel about them?

10. Current Relationships/Situation

(a) Describe the relationship you have with your mother today:

(b) Describe the relationship you have with your father today:

(c) Describe the relationship you have with HaShem and Yiddishkeit today:

(d) If you had other major caregiver(s) and/or other significant relationships in childhood, identify the relationships and describe your current relationship(s) with them today:

(e) If your parents could/would listen to you today, what would you want to talk to them about? What would you want them to understand about your life growing up?

(f) What did you want from them in your childhood that you may have not gotten (enough of)? What do/would you want from them now?

(g) Regarding your childhood experiences and your life growing up...what would you want to share/discuss/talk about with HaShem?

(h) What do/would you want from HaShem now?

(i) What was your favorite childhood story, and why? (This can include stories such as biblical events, midrashim, fairy tales, books, television shows, or movies):

(j) Describe the theme of your favorite story and how you related to each of the main characters:

(k) Reflect on your childhood and your life today, in what ways would you and your life be different today if your parents were more functional, capable, less overwhelmed, etc.?

11. Additional/Demographic Questions

a) What is the highest level of education you have completed? (Check one)

- ☐ Some high school, no diploma
- ☐ High school graduate / GED
- ☐ Some college credit, no degree
- ☐ Trade/technical/vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral Degree/MD/JD or other advanced graduate degree

b) What is your total household income? (Check one)

- ☐ 0 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 - $149,999
- ☐ $150,000 - $249,999
- ☐ Above $250,000
- ☐ Prefer not to answer

c) Which category best describes your current Jewish Affiliation? (Check one)

[First 5 = Orthodox Affiliations; last 6 = Non-Orthodox Affiliations]

- ☐ Chassidish
- ☐ Yeshiva Orthodox
- ☐ Modern Orthodox
- ☐ Sephardic Orthodox
- ☐ Chabad/Lubavitch
- ☐ Conservative
- ☐ Reform
- ☐ Reconstructionist
- ☐ Humanistic
- ☐ Sephardic Traditional
- ☐ Other Jewish (describe below)

Other Jewish — describe: _____

d) Which category best describes the Jewish Affiliation your parents/the home you grew up in?

[First 5 = Orthodox Affiliations; last 6 = Non-Orthodox Affiliations]

- ☐ Chassidish
- ☐ Yeshiva Orthodox
- ☐ Modern Orthodox
- ☐ Sephardic Orthodox
- ☐ Chabad/Lubavitch
- ☐ Conservative
- ☐ Reform
- ☐ Reconstructionist
- ☐ Humanistic
- ☐ Sephardic Traditional
- ☐ Other Jewish (describe below)

Other Jewish — describe:

e) If you are in a current relationship, how would you rate your relationship on a scale from 1-10 (10 = couldn't be better; 1 = couldn't be worse):

f) Why?

g) If you currently have children, how would you rate your role as a parent and your relationship with your kids on a scale from 1-10 (10 = couldn't be better; 1 = couldn't be worse):

h) Why?

i) When you feel overwhelmed, how do you self-regulate/manage your feelings?

j) What do you consider to be some of your strengths?

k) What do you consider to be some of your weaknesses?

l) Please list any food, medicine, or other allergies:

m) Optional: Feel free to write anything else that you would like us to know about you:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest of pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed, or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
Thoughts that you would be better off dead or hurting yourself in some way	☐	☐	☐	☐

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

This scale consists of several words that describe different feelings and emotions. Read each item and then put a check in the appropriate space next to that word. This should be how you feel on average.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
10) Interested	☐	☐	☐	☐	☐
11) Distressed	☐	☐	☐	☐	☐
12) Excited	☐	☐	☐	☐	☐
13) Upset	☐	☐	☐	☐	☐
14) Strong	☐	☐	☐	☐	☐
15) Guilty	☐	☐	☐	☐	☐
16) Scared	☐	☐	☐	☐	☐
17) Hostile	☐	☐	☐	☐	☐
18) Enthusiastic	☐	☐	☐	☐	☐
19) Proud	☐	☐	☐	☐	☐
20) Irritable	☐	☐	☐	☐	☐
21) Alert	☐	☐	☐	☐	☐
22) Ashamed	☐	☐	☐	☐	☐
23) Inspired	☐	☐	☐	☐	☐
24) Nervous	☐	☐	☐	☐	☐
25) Determined	☐	☐	☐	☐	☐
26) Attentive	☐	☐	☐	☐	☐
27) Jittery	☐	☐	☐	☐	☐
28) Active	☐	☐	☐	☐	☐
29) Afraid	☐	☐	☐	☐	☐

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1) Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2) Not being able to stop or control worrying	☐	☐	☐	☐
3) Worrying too much about different things	☐	☐	☐	☐
4) Trouble relaxing	☐	☐	☐	☐
5) Being so restless that it is hard to sit still	☐	☐	☐	☐
6) Becoming easily annoyed or irritable	☐	☐	☐	☐
7) Feeling afraid, as if something awful might happen	☐	☐	☐	☐

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below

	Almost Never 0-10%	Sometimes 11-35%	About Half of the Time 36-65%	Most of the Time 66-90%	Almost Always 91-100%
1) I pay attention to how I feel.	☐	☐	☐	☐	☐
2) I have no idea how I am feeling.	☐	☐	☐	☐	☐
3) I have difficulty making sense out of my feelings.	☐	☐	☐	☐	☐
4) I am attentive to my feelings.	☐	☐	☐	☐	☐
5) I am confused about how I feel.	☐	☐	☐	☐	☐
6) When I'm upset, I acknowledge my emotions.	☐	☐	☐	☐	☐
7) When I'm upset, I become embarrassed for feeling that way.	☐	☐	☐	☐	☐
8) When I'm upset, I have difficulty getting work done.	☐	☐	☐	☐	☐
9) When I'm upset, I become out of control.	☐	☐	☐	☐	☐
10) When I'm upset, I believe that I will remain that way for a long time.	☐	☐	☐	☐	☐
11) When I'm upset, I believe that I'll end up feeling very depressed.	☐	☐	☐	☐	☐
12) When I'm upset, I have difficulty focusing on other things.	☐	☐	☐	☐	☐
13) When I'm upset, I feel ashamed with myself for feeling that way.	☐	☐	☐	☐	☐
14) When I'm upset, I feel guilty for feeling that way.	☐	☐	☐	☐	☐
15) When I'm upset, I have difficulty concentrating.	☐	☐	☐	☐	☐
16) When I'm upset, I have difficulty controlling my behaviors.	☐	☐	☐	☐	☐
17) When I'm upset, I believe that wallowing in it is all I can do.	☐	☐	☐	☐	☐
18) When I'm upset, I lose control over my behaviors	☐	☐	☐	☐	☐

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
1) I can think of many ways to get out of a jam.	☐	☐	☐	☐	☐	☐	☐	☐
2) I energetically pursue my goals.	☐	☐	☐	☐	☐	☐	☐	☐
3) I feel tired most of the time.	☐	☐	☐	☐	☐	☐	☐	☐
4) There are lots of ways around any problem.	☐	☐	☐	☐	☐	☐	☐	☐
5) I am easily downed in an argument.	☐	☐	☐	☐	☐	☐	☐	☐
6) I can think of many ways to get the things in life that are important to me.	☐	☐	☐	☐	☐	☐	☐	☐
7) I worry about my health.	☐	☐	☐	☐	☐	☐	☐	☐
8) Even when others get discouraged, I know I can find a way to solve the problem.	☐	☐	☐	☐	☐	☐	☐	☐
9) My past experiences have prepared me well for my future.	☐	☐	☐	☐	☐	☐	☐	☐
10) I've been pretty successful in life.	☐	☐	☐	☐	☐	☐	☐	☐
11) I usually find myself worrying about something.	☐	☐	☐	☐	☐	☐	☐	☐
12) I meet the goals that I set for myself.	☐	☐	☐	☐	☐	☐	☐	☐

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by the problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1) Repeated disturbing memories, thoughts, or images of the stressful experience.	☐	☐	☐	☐	☐
2) Repeated, disturbing dreams of the stressful experience.	☐	☐	☐	☐	☐
3) Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it).	☐	☐	☐	☐	☐
4) Feeling very upset when something reminded you of the stressful experience.	☐	☐	☐	☐	☐
5) Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience.	☐	☐	☐	☐	☐
6) Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	☐	☐	☐	☐	☐
7) Avoiding activities or situations because they remind you of the stressful situation.	☐	☐	☐	☐	☐
8) Trouble remembering important parts of the stressful experience.	☐	☐	☐	☐	☐
9) Loss of interest in activities that you used to enjoy.	☐	☐	☐	☐	☐
10) Feeling distant or cut off from other people.	☐	☐	☐	☐	☐
11) Feeling emotionally numb or being unable to have loving feelings for those close to you.	☐	☐	☐	☐	☐
12) Feeling as if your future will somehow be cut short.	☐	☐	☐	☐	☐
13) Trouble falling or staying asleep.	☐	☐	☐	☐	☐
14) Feeling irritable or having angry outbursts.	☐	☐	☐	☐	☐
15) Having difficulty concentrating.	☐	☐	☐	☐	☐
16) Being "super alert", watchful, or on guard.	☐	☐	☐	☐	☐
17) Feeling jumpy or easily startled.	☐	☐	☐	☐	☐

Please respond to each item by putting 1 check per row

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1) I tend to bounce back quickly after hard times	☐	☐	☐	☐	☐
2) I have a hard time making it through stressful events	☐	☐	☐	☐	☐
3) It does not take me long to recover from a stressful event	☐	☐	☐	☐	☐
4) It is hard for me to snap back when something bad happens	☐	☐	☐	☐	☐
5) I usually come through difficult times with little trouble	☐	☐	☐	☐	☐
6) I tend to take a long time to get over setbacks in my life	☐	☐	☐	☐	☐

Be as honest as you can throughout and try not to let your response to one question influence your response to other questions. There

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1) There is not enough purpose in my life.	☐	☐	☐	☐	☐
2) To me, the things I do are all worthwhile.	☐	☐	☐	☐	☐
3) Most of what I do seems trivial and unimportant to me.	☐	☐	☐	☐	☐
4) I value my activities a lot.	☐	☐	☐	☐	☐
5) I don't care very much about the things I do.	☐	☐	☐	☐	☐
6) I have a lot of reasons for living.	☐	☐	☐	☐	☐

The next 3 questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

	Often	Some of the time	Hardly ever	Never
1) How often do you feel a lack of companionship?	☐	☐	☐	☐
2) How often do you feel left out?	☐	☐	☐	☐
3) Most of what I do seems trivial and unimportant to me.	☐	☐	☐	☐

Dealing with Stress: This questionnaire asks about different ways in which you might rely on religion to deal with stress. Choose the answer that best describes how often you do the following things when you have a stressful problem.

	Never	Hardly Ever	Sometimes	Most of the time	Always
1) I ask G-d to forgive me for things I did wrong.	☐	☐	☐	☐	☐
2) I get mad at G-d.	☐	☐	☐	☐	☐
3) I try to be an inspiration to others.	☐	☐	☐	☐	☐
4) I try to see how G-d may be trying to teach me something.	☐	☐	☐	☐	☐
5) I think about what Judaism has to say about how to handle the problem.	☐	☐	☐	☐	☐
6) I do the best I can and know the rest is G-d's will.	☐	☐	☐	☐	☐
7) I look forward to Shabbat.	☐	☐	☐	☐	☐
8) I talk to my rabbi.	☐	☐	☐	☐	☐
9) I look for a stronger connection with G-d.	☐	☐	☐	☐	☐
10) I question whether G-d can really do anything.	☐	☐	☐	☐	☐
11) I pray for the well-being of others.	☐	☐	☐	☐	☐
12) I pray for G-d's love and care.	☐	☐	☐	☐	☐
13) I wonder if G-d cares about me.	☐	☐	☐	☐	☐
14) I try to do Mitzvot (good deeds).	☐	☐	☐	☐	☐
15) I try to remember that my life is part of a larger spiritual force.	☐	☐	☐	☐	☐
16) I question my religious beliefs, faith and practices.	☐	☐	☐	☐	☐

This questionnaire has 11 questions about your religious beliefs and practices. Please try to answer all the questions as

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
1) My religion influences everything I do.	☐	☐	☐	☐	☐	☐	☐
2) I believe that the Torah was given to Moshe by G-d at Sinai.	☐	☐	☐	☐	☐	☐	☐
3) I try to observe halacha [religious law] as carefully as possible.	☐	☐	☐	☐	☐	☐	☐
4) I believe G-d directs and controls the world.	☐	☐	☐	☐	☐	☐	☐
5) My religious observance is primarily out of social expectation.	☐	☐	☐	☐	☐	☐	☐
6) I believe G-d loves all His creations.	☐	☐	☐	☐	☐	☐	☐
7) I feel that G-d is always accessible to me.	☐	☐	☐	☐	☐	☐	☐
8) I feel G-d listens to my prayers.	☐	☐	☐	☐	☐	☐	☐
9) I feel Divine intervention (hashgacha) within my life.	☐	☐	☐	☐	☐	☐	☐
10) I believe in G-d.	☐	☐	☐	☐	☐	☐	☐
11) I say Brochos [blessings] with Kavanah [devotion].	☐	☐	☐	☐	☐	☐	☐

The following statements are concerned with your beliefs about G-d (Higher Power, Divine, Creator). Please indicate how strongly you generally believe in each statement.

	Not at all	A Little	Somewhat	A Lot	Very Much
1) G-d loves me immensely.	☐	☐	☐	☐	☐
2) G-d ignores me.	☐	☐	☐	☐	☐
3) G-d cares about my deepest concerns.	☐	☐	☐	☐	☐
4) G-d hates me.	☐	☐	☐	☐	☐
5) No matter how bad things may seem, G-d's kindness to me never ceases.	☐	☐	☐	☐	☐
6) G-d doesn't care about me.	☐	☐	☐	☐	☐

Please mark how often you feel, "closer to HaShem" when you are engaged in each of the following activities:

	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS
1) Tefillah (prayer) in Shul/b'tzibur	☐	☐	☐	☐	☐
2) Tefillah (prayer) b'yachid (by myself)	☐	☐	☐	☐	☐
3) Learning Torah	☐	☐	☐	☐	☐
4) Time spent with Spouse	☐	☐	☐	☐	☐
5) Time spent with Children	☐	☐	☐	☐	☐
6) Shabbos Seudos (meals)	☐	☐	☐	☐	☐
7) Tzedakah (giving charity)	☐	☐	☐	☐	☐
8) Chesed (acts of kindness)	☐	☐	☐	☐	☐
9) Other Mitzvos that you often do (please list 2):	☐	☐	☐	☐	☐

Please list your 2 other Mitzvos:

(A) _____ **(B)** _____