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ERQ — EMDR Readiness Questionnaire

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Name

Date

Please select to what extent the following items apply to you. The five options are labeled above each row — note that the order of the options is not the same on every row.

BN — BASIC NEEDS

	Not at All	Rarely	Sometimes	Often	Always
1. I have a permanent place to live.	○	○	○	○	○
2. My basic needs (food, clothing) are met.	○	○	○	○	○
3. I have enough money to pay for basic needs.	○	○	○	○	○
4. I live in a safe environment.	○	○	○	○	○

SS — SOCIAL SUPPORT

	Not at All	Rarely	Sometimes	Often	Always
1. I have a spouse or partner I confide in.	○	○	○	○	○
2. I have a family I talk to.	○	○	○	○	○
3. I have close friends or coworkers I confide in.	○	○	○	○	○
4. I am involved in community organizations.	○	○	○	○	○
5. I am involved in support groups.	○	○	○	○	○
6. I make friends easily.	○	○	○	○	○

F — FEELINGS

	Not at All	Rarely	Sometimes	Often	Always
1. I am able to identify my feelings.	○	○	○	○	○
2. I know why I feel the way I do.	○	○	○	○	○

	Not at All	Rarely	Sometimes	Often	Always
3. I recognize how the past affects my feelings now.	○	○	○	○	○
4. When I grew up, it was safe to express my feelings.	○	○	○	○	○
	Always	**Often**	**Sometimes**	**Rarely**	**Not at All**
5. My parents or caretakers overreacted emotionally (angry outbursts, depression, anxiety).	○	○	○	○	○
6. I am able to express my feelings appropriately to the people I trust.	○	○	○	○	○
7. When appropriate, I am able to show my feelings.	○	○	○	○	○
8. I am able to accept and tolerate intense feelings (fear, anger, sadness, hurt) in myself/others.	○	○	○	○	○

EL — EMOTIONAL LABILITY

	Always	Often	Sometimes	Rarely	Not at All
1. If I show feelings, I am afraid that others will not like me.	○	○	○	○	○
2. I alternate feeling love and hate for the same person.	○	○	○	○	○
3. My feelings change rapidly and unexpectedly.	○	○	○	○	○
4. I overreact to people and situations.	○	○	○	○	○
5. I have a short fuse.	○	○	○	○	○
6. I feel empty.	○	○	○	○	○
7. Presently, I get so depressed I feel suicidal.	○	○	○	○	○
8. As I look over my life, I have gotten so depressed that I have felt suicidal.	○	○	○	○	○
9. Presently, I get so angry I feel like hurting others or destroying things.	○	○	○	○	○
10. As I look over my life, I have gotten so angry that I have felt like hurting others or destroying things.	○	○	○	○	○
11. When I feel bad, I act impulsively in ways that can be harmful to myself (spending, sex, eating, alcohol/drugs, gambling).	○	○	○	○	○
12. When I feel bad, I do things to hurt my body (cutting, burning).	○	○	○	○	○
13. When I feel bad, I hurt others or destroy things.	○	○	○	○	○

R — REGULATION

1. I need to be in control and want things to be done my way.	Always	Often	Sometimes	Rarely	Not at All
2. I tolerate changes well.	Not at All	Rarely	Sometimes	Often	Always
3. I am flexible.	Not at All	Rarely	Sometimes	Often	Always

ES — EGO STRENGTH

1. I like myself.	Not at All	Rarely	Sometimes	Often	Always
2. I am confident.	Not at All	Rarely	Sometimes	Often	Always
3. I trust myself.	Not at All	Rarely	Sometimes	Often	Always
4. I feel people are out to get me.	Always	Often	Sometimes	Rarely	Not at All
5. I hear or see things others may not be hearing or seeing.	Always	Often	Sometimes	Rarely	Not at All

O — OPENNESS

1. I share my innermost thoughts and feelings with others when appropriate.	Not at All	Rarely	Sometimes	Often	Always
2. I get defensive when questioned about my past.	Always	Often	Sometimes	Rarely	Not at All

D — DISSOCIATION

1. I have lapses in my memory for the present/past.	Always	Often	Sometimes	Rarely	Not at All
2. I have bodily symptoms that physicians cannot explain.	Always	Often	Sometimes	Rarely	Not at All
3. I view the world as strange and unreal.	Always	Often	Sometimes	Rarely	Not at All
4. I feel like I am an observer of my thoughts and body.	Always	Often	Sometimes	Rarely	Not at All
5. I feel like I am in a dream.	Always	Often	Sometimes	Rarely	Not at All
6. I hear voices inside my head.	Always	Often	Sometimes	Rarely	Not at All
7. I have feelings that come out of the blue without any way to explain them.	Always	Often	Sometimes	Rarely	Not at All

	Always	Often	Sometimes	Rarely	Not at All
8. I cope with feelings by going away inside.	○	○	○	○	○
9. I cope with feelings by pushing them down.	○	○	○	○	○

A/D — ALCOHOL / DRUGS

	Always	Often	Sometimes	Rarely	Not at All
1. Presently, I use alcohol/drugs to cope.	○	○	○	○	○
2. Alcohol/drugs have negative effects on my life now.	○	○	○	○	○
3. I have used alcohol/drugs to cope in the past.	○	○	○	○	○
4. Alcohol/drugs have caused negative effects on my life in the past.	○	○	○	○	○

For the following, please mark Yes or No. If Yes, use the field alongside to briefly explain.

SMI — SYMPTOMS & MENTAL HEALTH HISTORY

	Yes	No	If Yes, please explain
1. I use medication for depression, anxiety, or hearing voices.	○	○	
2. In the past, I have used medication for depression, anxiety, or hearing voices.	○	○	
3. I have been in the hospital for emotional/psychiatric reasons.	○	○	
4. I have received treatment for alcohol/drug abuse.	○	○	
5. I have attempted suicide.	○	○	

M — MEDICAL

	Yes	No	If Yes, please explain
1. I have heart problems.	○	○	
2. I have high blood pressure.	○	○	
3. I have eye problems.	○	○	
4. I have respiratory problems.	○	○	
5. I have neurological problems.	○	○	
6. I have a seizure disorder.	○	○	
7. I am pregnant.	○	○	
8. Other medical condition.	○	○	

L — LEGAL

	Yes	No	If Yes, please explain
1. I am or may possibly become involved in legal action.	○	○	
2. I have been in prison.	○	○	
3. I have been arrested.	○	○	
4. I have been in a physical fight in the past year.	○	○	
5. I have attempted/committed homicide.	○	○	
6. I often have to fight to defend my rights.	○	○	
7. I often have to lie to get by.	○	○	

If needed, use this space for continuing explanations of Yes responses above:

Note: ERQ (EMDR Readiness Questionnaire) originally developed 10/94 and revised 10/95, 5/96, 6/97, and 8/97. This questionnaire in conjunction with a thorough intake interview is necessary to assess EMDR readiness.