

## ***Confidential Information Cover Sheet***

*It is the desire of this ministry staff to help you and effectively move you onward in your walk with God.*

*We believe that through the power of God's Holy Spirit and by His Word, people are changed and transformed into the likeness of Jesus Christ, making us able and capable vessels to advance the Kingdom of God around the earth.*

*We also recognize that we have carried with us baggage from our varied experiences and backgrounds that hinder our spiritual growth and capacity to become fully capable to love and serve Him as He desires. Therefore, it is our goal to minister to you by coming along side of you and assisting you in dealing with the things that hinder your Christian growth and maturity.*

*In order to help you we are asking that you complete the enclosed questionnaire and return it to us. Please prayerfully consider your response to each question, asking the Holy Spirit to enlighten you.*

***Please note that the information is confidential.***



12. Where was your mother born? (City, State, Nation) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
13. Were you a planned child? Yes No Don't know
14. Were you the "right sex?" Yes No Don't know
15. Were you conceived out of wedlock? Yes No Don't know
16. Were you adopted? Yes No Don't know  
If yes, at what age? \_\_\_\_\_  
If yes, do you know your natural parents? Yes No
17. Was your mother in trauma during pregnancy with you? Yes No Don't know
18. Were you "bonded at birth?" Yes No Don't know
19. Are your parents living? Father Yes No  
Mother Yes No  
If no, how old were you when they died? \_\_\_\_\_
20. Are your parents Christians? Father Yes No Don't know  
Mother Yes No Don't know
21. In whose home(s) were you raised?  
 Both biological parent's home       Adoptive parent's       Mother's home  
 Father's home       Grandparent's home       Orphanage  
 Foster home(s)       Friend's home       Other relative's home
22. Were you raised in a Christian home? Yes No
23. Was (is) your father: Passive Strong and manipulative Neither  
 Would you say you had a good relationship with your father? Yes No  
 Would your father say you had a good relationship with him? Yes No Don't know  
 Briefly describe your past and present relationship with your father:
24. Was (is) your mother: Passive Strong and manipulative Neither  
 Would you say you had a good relationship with your mother? Yes No  
 Would your mother say you had a good relationship with her? Yes No Don't know  
 Briefly describe your past and present relationship with your mother:
25. Was your upbringing in an alcoholic or drug dominated home? Yes No  
 If yes, please briefly explain:
26. Do you have brothers or sisters? Yes No

Names: 1. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step  
 2. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step  
 3. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step  
 4. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step  
 5. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step  
 6. \_\_\_\_\_ Age \_\_\_\_\_ brother/sister/full/half/step (circle all that apply)

27. Where did you fall in the sibling line? \_\_\_\_\_

28. Briefly describe your relationship with your siblings while you were growing up:

29. Briefly describe your relationship with your siblings today:

30. Was yours a happy home during childhood? Yes No

31. Were you lonely as a teenager? Yes No

Briefly explain:

32. How would you describe your family's financial situation when you were a child?

\_\_\_ Poor \_\_\_ Below Average \_\_\_ Average \_\_\_ Above average \_\_\_ Highly Affluent

Do you tithe? Yes No

How frequently? Always very frequently once in a while

Do you know the difference in tithing and giving offerings? Yes No

33. Was (is) your father a perfectionist? Yes No

34. Was (is) your mother a perfectionist? Yes No

35. Were you raised in a physically or verbally abusive home? Yes No

If yes, please briefly explain:

36. Were you sexually abused at home? Yes No

If yes, please briefly explain:

37. Were you ever sexually abused outside the home? Yes No

If yes, please briefly explain:

38. Have you, your spouse, your parents, or grandparents been in any of the following cults?

\_\_\_ Occultism \_\_\_ Rosicrucian \_\_\_ Jehovah's Witnesses \_\_\_ Gurus \_\_\_ Unity  
 \_\_\_ Spiritist churches \_\_\_ Children of Love \_\_\_ Christadelphians \_\_\_ Scientology \_\_\_ Bahai  
 \_\_\_ Religious communes \_\_\_ Theosophy \_\_\_ Native religions \_\_\_ Unification church \_\_\_ Islam  
 \_\_\_ Hinduism \_\_\_ Buddhism \_\_\_ Christian Science \_\_\_ Mormons

Others \_\_\_\_\_

a. If you have checked any of the above, state who, what, when, and to what extent:

39. Have you, your spouse, your parents, or grandparents been a member of any of the following?

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Freemasons (Masonic Lodges) | <input type="checkbox"/> Oddfellows           | <input type="checkbox"/> Rainbow Girls | <input type="checkbox"/> Ku Klux Klan |
| <input type="checkbox"/> Eastern Star                | <input type="checkbox"/> Shriners             | <input type="checkbox"/> Elks club     | <input type="checkbox"/> Demolay      |
| <input type="checkbox"/> Job's Daughters             | <input type="checkbox"/> Daughter of the Nile | <input type="checkbox"/> Others _____  |                                       |

\_\_\_ If you have checked any of the above, state who, what, when and to what extent:

40. Have you, your spouse, your parents, or grandparents suffered from any of the following:

- |                                     |  |  |   |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> High Fever | <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Virus Infections |
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Impotency        |
| <input type="checkbox"/> Bent body  | <input type="checkbox"/> Multiple Scirosis | <input type="checkbox"/> Muscular Dystrophy  | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> Blindness  | <input type="checkbox"/> Blood disease     | <input type="checkbox"/> Lingering Disorders | <input type="checkbox"/> Mental Problems  |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug use          | <input type="checkbox"/> RX Tranquilizers    |   |

Others \_\_\_\_\_

a. If you have checked any of the above, state who, what, when and to what extent:

41. Did either of your parents suffer from depression?                      Father    Mother    Neither

a. If you circled mother or father, describe their depression and its impact at home:

## This is about you:

- |  |      |      |             |
|--|------|------|-------------|
| 42. Are you easily frustrated?                           | Yes  | No   |             |
| If yes, do you show it or bury it?                       | Show | Bury |             |
| If yes, state what frustrates you:                       |      |      |             |
| 43. Would you describe yourself as: Anxious              | Yes  | No   |             |
| A worrier  | Yes  | No   |             |
| Depressed  | Yes  | No   |             |
| 44. Have you personally ever had psychiatric counseling? | Yes  | No   | When? _____ |
| 45. Have you ever been hypnotized?                       | Yes  | No   |             |
| 46. Do you feel mentally confused?                       | Yes  | No   |             |
| 47. Do you daydream or have mental fantasies?            | Yes  | No   |             |
| 48. Do you suffer from frequent bad dreams/nightmares?   | Yes  | No   |             |
| Describe any recurring theme:                            |      |      |             |
| 49. Have you ever been tempted to commit suicide?        | Yes  | No   |             |
| If yes, when and why?                                    |      |      |             |
| 50. Have you tried to commit suicide?                    | Yes  | No   |             |
| If yes, how, when, and why?                              |      |      |             |

51. Have you ever wished to die? Yes No

52. Have you been involved in occultism or witchcraft? Yes No

53. Have you ever had involvement with any of the following?

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Fortune Tellers    | <input type="checkbox"/> tarot cards      | <input type="checkbox"/> Ouija boards          | <input type="checkbox"/> seances       |
| <input type="checkbox"/> Mediums            | <input type="checkbox"/> palmistry        | <input type="checkbox"/> astrology             | <input type="checkbox"/> color therapy |
| <input type="checkbox"/> Levitation         | <input type="checkbox"/> astral travel    | <input type="checkbox"/> horoscopes            | <input type="checkbox"/> lucky charms  |
| <input type="checkbox"/> Black magic        | <input type="checkbox"/> white magic      | <input type="checkbox"/> demon worship         | <input type="checkbox"/> spirit guides |
| <input type="checkbox"/> Clairvoyance       | <input type="checkbox"/> crystals         | <input type="checkbox"/> automatic handwriting | <input type="checkbox"/> Native healer |
| <input type="checkbox"/> Dungeons & Dragons | <input type="checkbox"/> New age movement | <input type="checkbox"/> Witch Doctors         | <input type="checkbox"/> Voodoo        |
| Others _____                                |   |  |  |

Describe your involvement with any of the above:

54. Have you ever read books on occultism or witchcraft? Yes No  
If yes, what and why?

55. Have you made any pacts with Satan? Yes No

56. Do you know of any curse placed on you or your family? Yes No  
If yes, when, by whom, and why?

57. Have you been involved in transcendental meditation? Yes No

58. Have you been involved in Eastern religions? Yes No

59. Have you ever visited heathen temples? Yes No

60. Have you ever done any form of Yoga? Yes No

61. Have you learned/used mind communication or mind control? Yes No

62. Have you ever seen a demonic presence? Yes No  
If yes, briefly explain:

63. Do you currently have in your home any symbols of idols or spirit worship, such as:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Buddha        | <input type="checkbox"/> Totem poles               | <input type="checkbox"/> painted facemasks |
| <input type="checkbox"/> Idol carvings | <input type="checkbox"/> fetish objects or feather | <input type="checkbox"/> pagan symbols     |
| <input type="checkbox"/> Tikis         | <input type="checkbox"/> native art                | <input type="checkbox"/> Kachina dolls     |

64. What type of music did you occupy your mind with before conversion?

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rock & roll      | <input type="checkbox"/> Punk rock   | <input type="checkbox"/> New age      |
| <input type="checkbox"/> Rap              | <input type="checkbox"/> Heavy metal | <input type="checkbox"/> Country      |
| <input type="checkbox"/> Gospel/Christian | <input type="checkbox"/> Classical   | <input type="checkbox"/> Contemporary |

65. What type of music do you occupy your mind with now?

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rock & roll      | <input type="checkbox"/> Punk rock   | <input type="checkbox"/> New age      |
| <input type="checkbox"/> Rap              | <input type="checkbox"/> Heavy metal | <input type="checkbox"/> Country      |
| <input type="checkbox"/> Gospel/Christian | <input type="checkbox"/> Classical   | <input type="checkbox"/> Contemporary |

66. Have you ever learned any of the martial arts? Yes No  
If yes, describe and explain:



- \_\_\_ Animal guides                      \_\_\_ Astral projection                      \_\_\_ Water witching  
 \_\_\_ Lust for power or control

76. I have in the past or currently struggle with the following areas:

- \_\_\_ Error in doctrine                      \_\_\_ False Prophecy                      \_\_\_ An un-submissive attitude  
 \_\_\_ Hyper Spirituality                      \_\_\_ Twisting of scripture                      \_\_\_ Unteachable spirit  
 \_\_\_ Mix the holy with the profane                      \_\_\_ Defensive                      \_\_\_ Argumentative  
 \_\_\_ New Age movement                      \_\_\_ Contentiousness                      \_\_\_ Servant to corruption  
 \_\_\_ Maintaining a form of Godliness                      \_\_\_ Mental confusion                      \_\_\_ Fears  
 \_\_\_ Dullness of Comprehension                      \_\_\_ Hindrances to prayer                      \_\_\_ Hindrances to Bible study  
 \_\_\_ Hindrances to hearing sermons                      \_\_\_ Hindrances to movement of the Holy Spirit  
 \_\_\_ Hindrances to believing faith principals.  
 \_\_\_ False doctrines such as, Mormonism, Catholicism, Buddhism, Hinduism, Unitarianism

77. I am or have in the past been involved in the following areas:

- \_\_\_ Familiar Spirits                      \_\_\_ Divination                      \_\_\_ Witchcraft  
 \_\_\_ Calling on Mediums                      \_\_\_ Yoga                      \_\_\_ Clairvoyant  
 \_\_\_ Inferiority                      \_\_\_ Mind dreaming                      \_\_\_ Spirit guides / animal guides  
 \_\_\_ False prophecy                      \_\_\_ Seances                      \_\_\_ Bigotry  
 \_\_\_ Racism                      \_\_\_ Low self esteem                      \_\_\_ Peeping and muttering  
 \_\_\_ Self pity                      \_\_\_ Necromancing                      \_\_\_ Drugs, illegal or prolonged use of legal

78. I have in the past or currently struggle with the following:

- \_\_\_ Fear                      \_\_\_ Torment – horror                      \_\_\_ Fear of death                      \_\_\_ Introvert  
 \_\_\_ A desire to be a hermit or recluse                      \_\_\_ Anxiety, stress                      \_\_\_ Extrovert                      \_\_\_ Fear of saying no  
 \_\_\_ Lack of trust, doubt, worry                      \_\_\_ Migraines                      \_\_\_ Fear of rejection                      \_\_\_ Fear of abandonment  
 \_\_\_ Fear of heart attacks                      \_\_\_ Fear of authority                      \_\_\_ Fear of failure                      \_\_\_ Fear of heights  
 \_\_\_ A constant desire to be alone                      \_\_\_ A critical spirit                      \_\_\_ Unhealthy fear of God                      \_\_\_ Fear of spiders  
 \_\_\_ Fear of not being good enough                      \_\_\_ Fear of animals                      \_\_\_ Panic attacks  
 \_\_\_ Other fears, list \_\_\_\_\_

79. I have in the past or currently struggle with the following:

- \_\_\_ Haughtiness                      \_\_\_ With religious pride                      \_\_\_ Rationalizing pride  
 \_\_\_ Scornful attitude                      \_\_\_ Vanity                      \_\_\_ Professional pride  
 \_\_\_ Regional pride                      \_\_\_ Obstinate                      \_\_\_ National pride  
 \_\_\_ Self righteous                      \_\_\_ Dictatorial                      \_\_\_ Controlling  
 \_\_\_ Overbearing or domineering                      \_\_\_ Manipulative                      \_\_\_ Rejection of God's authority  
 \_\_\_ Rejection of Man's authority                      \_\_\_ Rebellion                      \_\_\_ A holier than thou attitude  
 \_\_\_ Exalted feelings                      \_\_\_ Gossip                      \_\_\_ Egotistical attitude  
 \_\_\_ Self-deception                      \_\_\_ Contentiousness                      \_\_\_ Bragging and boastful attitude  
 \_\_\_ Strife                      \_\_\_ Idleness                      \_\_\_ Performance orientation  
 \_\_\_ Attention seeking                      \_\_\_ Interrupting others                      \_\_\_ Impatience  
 \_\_\_ Always right type of attitude                      \_\_\_ Being arrogant and smug

80. I have in the past or currently struggle with the following areas:

- \_\_\_ Self hate                      \_\_\_ Self pity                      \_\_\_ A broken heart                      \_\_\_ Many regrets  
 \_\_\_ Life's unfairness                      \_\_\_ Suicidal thoughts                      \_\_\_ Depression                      \_\_\_ Excessive mourning  
 \_\_\_ Inner hurts and a torn spirit                      \_\_\_ Gluttony                      \_\_\_ Loneliness                      \_\_\_ Dejection  
 \_\_\_ Continuous sorrow and grief                      \_\_\_ Discouragement                      \_\_\_ Despair                      \_\_\_ Hopelessness  
 \_\_\_ Rejection                      \_\_\_ Insecurity                      \_\_\_ Abandonment                      \_\_\_ Inferiority  
 \_\_\_ Low self-esteem                      \_\_\_ Suppressed emotions                      \_\_\_ Insomnia                      \_\_\_ False responsibility

81. I have in the past or currently suffer from the following infirmities:

- \_\_\_ Infirmity in general                      \_\_\_ Bent body-spine                      \_\_\_ Chemical imbalance  
 \_\_\_ Extended fever                      \_\_\_ Impotency                      \_\_\_ Frailness  
 \_\_\_ Lameness                      \_\_\_ Arthritis                      \_\_\_ Diabetes  
 \_\_\_ Oppression                      \_\_\_ Tuberculosis                      \_\_\_ Emphysema  
 \_\_\_ Excessive pain and affliction                      \_\_\_ Lingering disorders                      \_\_\_ Tumors  
 \_\_\_ Cysts                      \_\_\_ Warts                      \_\_\_ Excessive fatigue  
 \_\_\_ Viral infections                      \_\_\_ Bacterial infections                      \_\_\_ Asthma  
 \_\_\_ Hay Fever                      \_\_\_ Allergies                      \_\_\_ Epilepsy



## What do I think?

Please place a check by each statement that describes your thinking about yourself!

88.  I am all alone.  I have been overlooked.  They do not need me.  
 I don't matter.  No one ever cares.  They are not coming back.  
 God has forsaken me too.  There is no one to protect me.  No one will believe me.  
 I cannot trust anyone.  I am afraid they won't come back.
89.  I am so stupid, ignorant, an idiot.  I allowed it.  
 I was a participant.  I should have known better.  
 I should have done something to have stopped it from happening.  It was my fault.  
 I knew what was going to happen yet I stayed away.  I should have told someone.  
 I felt pleasure so I must have wanted it.  I was a participant.  
 It happened because of my looks, my gender, my body, etc.  I should have stopped them.  
 I did not try to run away.  I am cheap like a slut.  
 I was paid for service rendered.  I deserved it.  
 I kept going back.  I did it to him/her first.  
 I'm bad, dirty, shameful, sick, nasty.
90.  I am going to die.  He/she is going to hurt me.  
 I do not know what to do.  If I tell they will come back and hurt me.  
 If I trust I will die.  He/she/they are coming back.  
 It is just a matter of time before it happens again.  They are going to get me.  
 If I let him/her/them into my life they will hurt me too.  Doom is just around the corner.  
 Something bad will happen if I tell, stop it, confront it.
91.  He/she/they are too strong to resist.  I cannot stop this.  
 I am going to die and I cannot do anything about it.  There is no way out.  
 I am too weak to resist.  The pain is too great to bear.  
 I cannot get away.  I cannot get loose.  
 I am overwhelmed.  I don't know what to do.  
 Everything is out of control.  I am pulled from every direction.  
 Not even God can help me.  I am too small to do anything.
92.  I am dirty, evil, shameful, perverted, because of what happened to me.  My life is ruined.  
 No one will be able to really love me.  I will never be happy.  
 Everyone can see my shame, filth, dirtiness, etc.  I will always be unclean, filthy, etc.  
 I will always be hurt/damaged/broken because of what has happened.  My body parts are dirty.  
 God could never want me after what has happened to me.  I will never feel clean again.
93.  I am not loved, needed, cared for, or important.  They do not need me.  
 I am worthless and have no value.  I am unimportant.  
 I was a mistake.  I should have never been born.  
 I was never liked by them, because I was \_\_\_\_\_!  God could never love or accept me.  
 I am in the way, I am a burden.  I could never be as \_\_\_\_\_ as he or she.  
 I could never jump high enough to please him/her.  I am not acceptable.
94.  It is never going to get any better.  There is no way out.  
 It will just happen again and again.  There is no good thing for me.  
 I have no reason to live.  There are no options for me.  
 I just want to die.  Nothing good will ever come of this.
95.  I don't know what is happening to me.  Everything is confusing  
 This does not make any sense.  Why would they do this to me.

## Other Areas of Your Life

96. Do you have known sin, unforgiveness, resentment, bitterness, or hatred, toward anyone? (List all and use the back of this page if needed.) Whom and why:

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97. Have you completed Cleansing Stream? Yes    No

If yes, state where? \_\_\_\_\_. The month and year of the retreat: Month \_\_\_\_\_ Year \_\_\_\_\_

Please describe your experience:

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98. Besides Cleansing Stream, have you received prayer for deliverance? Yes    No

If yes, describe your experience:

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99. Describe your dreams, your goals, and aspirations for your life?

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100. Are there any other problems you feel this questionnaire hasn't addressed? Please explain:

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*“The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to preach good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release for the prisoners, to proclaim the year of the Lord’s favor.”*

*Isaiah 61:1-2*