

9. Do you have a problem with doubt and unbelief in everyday Christian living?

10. Are you satisfied with your Christian walk? Yes No
 If not, how would you like to see it improve?

CATEGORY A (circle all answers that apply)

1. Was your relationship with your parents: Good Bad Indifferent (circle one)
 Explain:

a. Was your father (circle) passive strong manipulative neither
 Were you friends? Yes No Sort of
 Describe briefly your relationship with your father:

b. Any special problems with your father?

Who and in what way?

- | | | | |
|---|-----|----|------------|
| d. Were you conceived out of wedlock? | Yes | No | Don't Know |
| e. Were you adopted? | Yes | No | Don't Know |
| f. The result of a violent conception (i.e. rape) | Yes | No | Don't Know |
| g. If adopted, do you know anything about your natural parents? | | | |

- h. Do you know if your mother suffered any trauma during her pregnancy with you?
Physical trauma?

Emotional trauma?

- | | | |
|---|-----------|----|
| i. Was your birth difficult or complicated?
If yes, in what way? | Yes | No |
| j. Were you "bonded at birth"?
A breast-fed baby? | Yes | No |
| k. Do you have brothers and sisters? | Yes | No |
| Name _____ | Age _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

Where do you fall in the sibling line?

How was your relationship with them growing up?

What is it like now?

Any special problems?

- | | | | |
|-----------------------------|---------|-----|----|
| 3. Are your parents living? | Mother? | Yes | No |
| | Father? | Yes | No |
| Are they Christians? | Mother? | Yes | No |
| | Father? | Yes | No |
| Living together? | | Yes | No |
| Divorced? | | Yes | No |
| Remarried? | | Yes | No |

If parent(s) is deceased, at what age did they die?

- Mother
- Father

If grandparents are deceased, at what age did they die?

- Maternal grandmother
- Maternal grandfather
- Paternal grandmother
- Paternal grandfather

Have any other members of your family died before the age of 60?

If so, who?

How is your relationship with stepparents?

Are they Christians?

Step brothers?

Step Sisters?

How was your relationship growing up?

How is your relationship now?

- 4 Are you a people pleaser (do you jeopardize yourself to please others)? Yes No Maybe
In what way?

5. Are you a critical person? Yes No Maybe
If yes, of whom are you critical?

Of what activities or characteristics are you most critical?

Do you feel superior to people of whom you are critical? Yes No Maybe

6. Do you feel emotionally immature? Yes No Maybe

What is your emotional age?

7. Tell us about your self-image (circle where applicable):
- | | |
|-----------------------------|------------------------|
| Low self-image | Feel insecure |
| Condemn myself | Hate myself |
| Feel worthless | Believe I am a failure |
| Feel inferior | Question my identity |
| Punish myself (if so, how?) | |
| Mental | |
| Emotional | |
| Physical | |
| Sexual | |
8. Was yours a happy home during childhood? Yes No
Describe briefly:
9. How would you describe your family's financial situation when you were a child?
- Poor
Slight financial struggles
Moderate income
Affluent
10. Did your parents tithe? Yes No
Do you tithe? Yes No
11. Were you lonely as a teenager? Yes Sometimes No
Explain:
12. Do you experience a mixture of anger, resentment, bitterness, revenge, rage, feelings or actions of violence? Yes No
Explain.

- 13. How many times have you been married?
- Current spouse's name?
- How long have you been married to your current spouse?
- How would you describe your relationship?

- 14. Previous spouse's name?
- How long were you married?
- How would you describe your relationship?

Why and how did it end?

**Please use the back of this page to list other spouses and to describe your relationships.*

- 15. Have you had any serious romantic relationships not involving marriage, i.e. lived with someone, but never got married? Yes No
- Name of person
- How long were you together?
- How would you describe your relationship?

Why and how did it end?

16. How many children to you have? Ages:
 How is your relationship with them?

Any special problems, past or present?

17 . Has lying or stealing been a problem to you?	Yes	No
Is it now?	Yes	No
Do you exaggerate?	Yes	No

18. Do you have trouble giving or receiving love?	No	At times	Yes
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19. Do you find it easy to communicate with persons close to you?		
I have real difficulty	I am unwilling	
I have some problems at times	It's easy	

20. Are you a perfectionist?	Yes	No
Were (are) your parents perfectionists?	Yes	No

21. Do you come from a proud family?	Yes	No
--------------------------------------	-----	----

22. Do you personally have a problem with pride?	Yes	No
--	-----	----

23. Have you had advanced education?	Yes	No
If so, what?		

24. Do you have a history of conflict with those in authority over you, i.e. teachers, bosses, pastors, etc.

Yes No

If so, please describe.

25. Do you have or have you had problems with (circle all applicable):

Impatience	Used to	Now	Irritability	Used to	Now	Temper	Used to	Now
Racial prejudice	Used to	Now	Moodiness	Used to	Now	Rebellion	Used to	Now
Violence	Used to	Now	Defensiveness	Used to	Now	Stubbornness	Used to	Now
Anger	Used to	Now	Temptation to murder	Used to	Now			

26. Have you been given to:

Swearing Blasphemies Obscenities

Do you now:

Swear Blaspheme Use obscenities

27. Think over your life and list any times you've been hurt or suffered an injustice. Ask God to remind you of specific incidents, large or small. These incidents can involve parents, family members, siblings, spouses, children, friends, pastors, bosses, teachers, neighbors, or even total strangers. Don't be concerned with *why* they did what they did; if it hurt you, please include it. For example, has anyone ever treated you unfairly? Has anyone ever done anything that hurt your feelings? Can you remember anytime when you cried or felt like crying because of something someone did to you? Did anyone ever embarrass you, leave you out, abandon you, or frighten you? (*Note: Please take your time with this. If it comes to your mind during this time, it is probably the Holy Spirit reminding you, so include it in the list.*)

Pre-school years:

Grade school years:

Middle school and High School:

College or Young Adult years:

Incidents in Marriage:

Incidents at Work:

Incidents at Church:

Incidents involving Friends:

Incidents involving people you dated or wanted to date:

Recent incidents:

Other:

CATEGORY B

- | | | | |
|---|-------------------|------------|---------------|
| 1. Are you easily frustrated?
Do you show it or bury it? | Yes
Show | No
Bury | |
| 2. Are you: | An anxious person | Worrier | Get Depressed |
| 3. Did either of your parents or grandparents suffer from depression? | Father | Mother | Grandfather |
| | | | Grandmother |
| | | | Yes |
| | | | No |

4. Have you or has any parent, brother, sister, grandparent suffered from acute nervousness or a mental problem, such as schizophrenia bipolar disorder or obsessive compulsive disorder?

	Yes	No
Who?	Problem?	

5. Have you personally ever had psychiatric counseling? Yes No
 Hospitalization for psychiatric treatment? Yes No
 Other hospitalization Yes No
 Shock Treatment? Yes No
 Psychoanalysis? Yes No
 Been under anesthesia? Yes No
 Been intoxicated (alcohol) Yes No
 Used drugs inducing a passive-mind state? Yes No
 (prescription or non-prescription)
 Had a fever with delirium? Yes No
 Been unconscious? Yes No
 Other Yes No
6. Have you ever been hypnotized? Yes No
 If so, when and why?

7. Are you currently taking any medication for depression, anxiety or pain, or an anti-psychotic drug?
 If so, what are you taking, what is the dosage and how often are you taking it.

8. Since you have been taking it, do you have difficulty concentrating and focusing or is it easier?

9. Have you, your parents, or grandparents been in any cults (circle where applicable):

Christian Science	Myself	Others	Armstrong Worldwide COG	Myself	Others
Anthroposophy	Myself	Others	Rosicrucian	Myself	Others
Jehovah's Witnesses	Myself	Others	Gurus	Myself	Others
Mormons	Myself	Others	Unification Church (Moonies)	Myself	Others
Unity	Myself	Others	Spiritist churches	Myself	Others
Children of Love	Myself	Others	Christadelphians	Myself	Others
Scientology	Myself	Others	Bahai	Myself	Others
Religious communes	Myself	Others	Theosophy	Myself	Others
Native religions	Myself	Others			
Eastern religions (specify):	Myself	Others			
Other:					

10. Have you or has any close family member been a:

Freemason	Odd fellow	Rainbow Girl	Mormon
Eastern Star	Shriner	Daughter of the Nile	Amaranth
Job's Daughter	Elk	Demolay	

If so, who?

Do you suffer from (circle where applicable):

Apathy	hardness of emotion	confusion	financial disaster
Skepticism	doubt	unbelief	comprehension difficulties
Infirmities	frequent sickness	allergies	

Is there any Masonic regalia or memorabilia in your possession? Yes No

If yes, what?

11. Do you feel mentally confused?

Yes No

Have mental blocks?

Yes No

12. Do you day-dream?

Yes No

If yes, what is the nature of your day-dreams?

13. Do you have mental fantasies?

Yes No

If yes, what is the nature of the fantasies?

14. Do you suffer from bad dreams?

Yes No

What is the content or nature of the dreams?

15. Do you suffer from sleeplessness?

Yes No

16. Have you ever been tempted to commit suicide?

Yes No

If yes, when and why?

Have you tried?

Yes No

Flying in an airplane	Used to	Now	Open spaces	Used to	Now
Grocery stores	Used to	Now	Rodents	Used to	Now
Death or injury of a loved one		Used to	Now		
Divorce or marriage breakup		Used to	Now		

CATEGORY C

1. Have you ever made a pact with the devil? Yes No

Was it a blood pact? Yes No

What was it?

When?

Why?

Are you willing to renounce it? Yes No
2. To your knowledge, has any curse been placed on you or your family? Yes No

By whom?

Why?

Explain?
3. To your knowledge, have your parents or any relative as far back as you know been involved in occultism or witchcraft? Yes No

Whom and doing what?

To what extent?

As a child, did any family member dedicate you to Satan or any demonic worship? Yes No

If yes, who, when and why?

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

Fortunetellers	Tarot cards	Ouija boards
Séances	mediums	palmistry
Astrology	color therapy	levitation
Astral travel	horoscope	good luck charms
Black magic	demon worship	asked for a spirit guide
Clairvoyance	crystals	done automatic handwriting
New Age Movement	reincarnation	past lives regression
Psychics	iridology	been to a curandero or native healer

Been involved in any other witchcraft or demonic or Satanic things?

If so, what?

To your knowledge have your parents, grandparents or other ancestors ever been involved in any of the above?

Yes No

Which ones?

5. Have you ever read books on occultism or witchcraft? Yes No

Why?

6. Have you played demonic games such as Dungeons & Dragons or other demonic-themed video games?

Yes No

Have you read “dark” novels, or novels with themes about the occult, supernatural, ghosts, science fiction?

Yes No

Have you watched demonic films, or films with themes about the occult, supernatural, ghosts, science fiction?

Yes No

Have you watched films with extremely violent themes or scene, or with scenes portraying graphic violence or injury to human beings or animals?

Yes No

If yes, to any of the above, do you now? Yes No

What, when and how often?

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

Do you have a mantra? Yes No

If so, what is it?

Have you ever had acupuncture? Yes No

- | | | | | |
|---|------------------------------|---------------------------------|-----|----|
| 8. Have you been involved in Eastern religions?
Followed a guru? | Yes
Yes | No
No | | |
| 9. Have you ever visited heathen temples?
If so, when and why? | Yes | No | | |
| Made offerings?
What were they? | Yes | No | | |
| Did you take part in any ceremony?
Explain: | Yes | No | | |
| Have you ever celebrated Halloween or Mardi Gras?
If so, when and in what way? | Yes | No | | |
| 10. Have you ever done any form of yoga?
Meditation?
Exercises? | Yes
Yes
Yes | No
No
No | | |
| 11. Have you ever learned or used any form of mind communication, mind control or ESP?
Explain: | | | Yes | No |
| 12. Were your parents or grandparents superstitious?
If so, who? | Yes | No | | |
| Were you?
If so, are you now? | Yes
Yes | No
No | | |
| Were their lives or your life governed by superstition?
Explain: | Yes | No | | |
| 13. Have you ever worn or kept any of the following:
good luck charms
signs of the zodiac
peace symbols
Tai Chi symbols | fetishes
ankh
swastika | amulets
pyramids
caduceus | | |
| Do you have any in your possession? | Yes | No | | |

14. Do you have in your possession any symbols of idols or spirit worship, such as:
- | | | | | |
|--|---------------------------|---------------|-----|----|
| Buddahs | totem poles | masks | | |
| Carvings | fetish objects or feather | pagan symbols | | |
| Gargoyles | obelisks | rosary | | |
| Zodiac symbols | | | | |
| Statues or pictures of dragons or snakes | | | | |
| Statues or pictures of saints. | | | | |
| Native American art or jewelry depicting spiritual subjects or symbols | | | Yes | No |
| If so, what? | | | | |

Other?

Where are they from, and how did you get them?

15. Do you have any witches, such as “good luck witches” in your home? Yes No

16. Are you drawn by any of the following music:

Rock & roll	punk rock	new age
Rap	heavy metal	

How much time do you spend listening to it?

17. Are you drawn by demonic art, abstract art, or surrealistic art? Yes No

18. Have you ever learned any of the martial arts? Yes No
If so, which?

Do you practice it now? Yes No

19. Have you ever had premonitions? Yes No
Deja vou? Yes No
Psychic sight? Yes No
If so, how frequently?

20. Have you ever been involved in: (circle all that apply)
 Firewalking
 voodoo
 Any other form of religious pagan ceremony
 If so, what and when?
21. Do you have any tattoos? Yes No
 If so, of what?
22. Have you ever been in the military? Yes No
 If yes, were you trained for combat? Yes No
 Have you been in combat? Yes No
 Where and when?
23. Have you ever had a near-death experience? Yes No
 If so, when and what?
24. Have you had a loved one who died? Yes No
 If so, who and when?
- Did you mourn or grieve for them? Yes No
 Explain:
- Do you now? Yes No
- Women only:* Have you ever had a miscarriage? Yes No
 Have you ever had a stillbirth? Yes No
- Did you mourn or grieve for them? Yes No
 Do you now? Yes No
- Have you ever been with someone when they died? Yes No
 Describe your feelings about it:
25. Do you have or have you ever had tendencies toward violent behavior? Yes No
 Have you ever acted violently? Yes No
 If so, when and toward whom?
26. Are you or have you been extremely competitive? Is it out of control? I am now I used to be No
 Explain:

27. As a child, did you have an imaginary playmate? Yes No
 Explain:

28. Have you ever studied or used "visualization" or "inner healing"? Yes No
 Explain:

CATEGORY D

1. Do you have lustful thoughts? Fantasy lust? Yes No
 Heterosexual Homosexual Pedophilia Bi-sexual
 Of what?

Frequency?

2. To your knowledge, was there evidence of lust in your parents, grandparents or further back? Yes No
 If so, explain:

3. Do you masturbate? Yes No
 Frequency?
 Do you know why?
 Do you feel it is a compulsive problem? Yes No

4. Were you ever sexually molested by someone outside your family as a child or teenager? Yes No
 By whom?

More than once? Yes No
 Explain:

Were you actually raped? Yes No

By whom?

More than once?

Explain:

5. Have you ever participated in incest (sex with a family member)? Yes No

By whom?

Was it voluntary on your part? Yes No

If not voluntary, were you actually raped? Yes No

How often?

For how long?

6. Men: Have you ever molested or raped anyone? Yes No
Names:

Women: Have you ever been raped? Yes No
By whom?

Explain:

7. Have you ever committed fornication (sex while not married)? Yes No
How many partners?
First names and when:

Have you ever been involved in oral sex outside of marriage? Yes No
With whom?

Have you ever had sex with prostitutes? Yes No
How many?

When?

Others?

Have you ever committed adultery (at least one partner married)? Yes No
 While you were married? Yes No
 While you were single and your partner was married? Yes No
 First names and when:

Are you currently involved in an illicit sexual relationship? Yes No
 Name:

Are you willing to break it off? Yes No

8. Have you ever had homosexual or lesbian desire? Yes No
 Do you now? Yes No
 Have you ever acted on the desire and had a homosexual or lesbian experience? Yes No
 With whom and when:

Do you currently participate in homosexual or lesbian activity? Yes No
 If so, how frequently and with whom?

9. Have you ever had tendencies toward transvestite behavior? Yes No
 Have you ever acted on transvestite tendencies? Yes No
 If so, when and how often?

Do you now? Yes No
 When and how often?

10. *Married women only* Are you sexually frigid? Yes No

11. Have you ever sexually fantasized about an animal? Yes No
 Have you committed a sex act with an animal? Yes No
 Name all animals involved:

How often and when?

12. Has pornography ever attracted you? Yes No
 How did you become involved?
- Name of persons involved:
- To what extent have you viewed pornography?
- How frequently?
- When?
- Have you seen pornographic movies? Yes No
 Where and when?
- Have you seen pornographic videos? Yes No
 Where and when?
- Have you viewed live sex shows? Yes No
 Where and when?
- Have you viewed pornographic magazines or photos? Yes No
- Have you viewed pornographic material on the Internet? Yes No
- Have you participated in sexually oriented 'chat rooms' or discussion groups on the Internet? Yes No
 Have you had a sexual fetish? Yes No
 What?
- Do you still view pornographic materials? Yes No
 What, when and how frequently?
- Do you currently purchase or rent pornographic movies or videos or have such a channel on your home TV?
Yes No
- How frequently?
13. Have you ever been involved in anal sex? Yes No
 With whom?

19. Do members of the opposite sex make uninvited comments to you of a sexual nature, tell you "dirty jokes",

behave in a sexually inappropriate manner toward you, or "come on" to you in any other way?

20. How would you describe your sexual relationship with your spouse?

CATEGORY E

1. Did any of your family as far back as you know have addictions of any kind? Yes No
Who and to what?

2. Have you ever been or are you currently addicted to any of the following:

Alcohol	No	Currently addicted	Used to be addicted
Smoking	No	Currently addicted	Used to be addicted
Food	No	Currently addicted	Used to be addicted
Gambling	No	Currently addicted	Used to be addicted
Compulsive exercise	No	Currently addicted	Used to be addicted
Being a spendthrift	No	Currently addicted	Used to be addicted
Watching TV	No	Currently addicted	Used to be addicted
Coffee	No	Currently addicted	Used to be addicted
Marijuana	No	Currently addicted	Used to be addicted
Prescriptions Drugs	No	Currently addicted	Used to be addicted

Which ones?

Street Drugs	No	Currently addicted	Used to be addicted
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Which ones?

Any other addictions?

Explain:

CATEGORY F

1. What is your country of birth?

2. Have you lived in other countries? Yes No
Which ones?

3. Where was your mother born? (city, state, nation)

Where was your father born? (city, state, nation)

4. Where were your grandparents born? (city, state, nation)

Maternal grandmother?

Maternal grandfather?

Paternal grandmother?

Paternal grandfather?

5. Have you ever been in a counter-culture? Surfers - bikers - hippies - drug drop-outs - New Age

CATEGORY G

1. Do you suffer from any chronic illness or allergies? Yes No
Which?

Is it hereditary?

2. Have you had any severe accidents or traumas that stand out in your mind (not already mentioned above)?
Explain:

Who was involved in the accident with you? (i.e. car wreck, I was with my daughter)

3. Have you ever received a blood transfusion? Yes No

4. Have you ever donated blood? Yes No

5. Describe yourself in as many one or two word phrases as you can:

- | | |
|----|----|
| a. | h. |
| b. | i. |
| c. | j. |
| d. | k. |
| e. | l. |
| f. | m. |
| g. | n. |

6. Do you have any other problems you feel this questionnaire hasn't uncovered?

Explain as fully as you can. Try to pinpoint when they began and if they were connected with a trauma of some kind or, if you were victimized or if you invited the problem in.