



QUESTIONNAIRE: CONFIDENTIAL INFORMATION

Name: _____	Today's Date: _____
Address: _____	Spiritual Counselor: _____
Phone: _____	
Gender: _____	Age: _____ Birthday: _____
Marital Status: Single Married Divorced Remarried Widowed	

Please briefly answer the following:

1. What is your church background? Denomination(s) and or church experience.
2. When did you accept Jesus Christ into your life? _____
Briefly describe your conversion experience:
3. Was your life really changed? Yes No
If so, how?
4. Have you been baptized since your conversion? Yes No
If yes, when:
5. Do you have assurance of salvation? Yes No
If no, please explain:
6. Have you been filled with the Holy Spirit? Yes No
If yes, when and what is the evidence you have seen?
7. Describe the content and frequency of your personal devotion and prayer time
8. Where were you born? (city, state, nation) _____, _____
9. Have you lived in other countries? Yes No
If yes, which ones?
10. Have you traveled to other countries? Yes No
If yes, which ones?



Family Background and Relationships (circle all answers that apply):

11. Where was your father born? (City, State, Nation) _____, _____, _____

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

___ Father's home

___ Foster home(s)

___ Adoptive parent's

___ Grandparent's home

___ Friend's home

___ Mother's home

___ Orphanage

___ 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

(circle all that apply)

Names: 1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

6. _____ Age _____

brother/sister/full/half/step

brother/sister/full/half/step

brother/sister/full/half/step

brother/sister/full/half/step

brother/sister/full/half/step

brother/sister/full/half/step



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

32a. Do you tithe? 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

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?

- ___ Freemasons (Masonic Lodges) ___ Odd fellows ___ Rainbow Girls ___ Ku Klux Klan
___ Eastern Star ___ Shriners ___ Elks club ___ Demolay
___ Job's Daughters ___ Daughter of the Nile ___ 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:

- ___ High Fever ___ Arthritis ___ Cancer ___ Virus Infections
___ Asthma ___ Hay Fever ___ Allergies ___ Impotency
___ Bent Body ___ Multiple Scirosis ___ Muscular Dystrophy ___ Diabetes
___ Blindness ___ Blood Disease ___ Lingering Disorders ___ Mental Problems
___ Alcoholism ___ Drug Use ___ RX Tranquilizers
Others _____

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

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



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:
Buddha Totem Poles Painted Facemasks
Idol Carvings Fetish Objects or Feather Pagan Symbols
Tikis Native Art Kachina Dolls

64. What type of music did you occupy your mind with before conversion?
Rock & Roll Punk Rock New Age
Rap Heavy Metal Country
Gospel/Christian Classical Contemporary

65. What type of music do you occupy your mind with now?
Rock & Roll Punk Rock New Age
Rap Heavy Metal Country
Gospel/Christian Classical Contemporary

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

67. Have you ever had premonitions, Déjà vu, or Psychic sight? Yes No
If yes, describe and explain:

68. Do you have any tattoos? Yes No

For questions 69 through 86, please place a "P" for past, a "C" for current or "PC" for both:

69. Have you ever utilized any of the following Drugs:
LSD Speed Marijuana
Cocaine Crack Uppers
Downers Other drugs
Were you addicted: Yes No

70. Have you been addicted to any of the following:
Gambling Compulsive Exercise Being a Spendthrift
Television Alcohol Smoking
Food Coffee Shopping
Pornography Sex RX Drugs

71. In your Christian experience, do you:
Have trouble accepting the deity of Christ. Have trouble accepting Christ's atoning sacrifice.
Have trouble accepting the teachings of Christ. Tend to unknowingly suppress ministries.
Tend to gravitate toward humanistic thinking. Tend to have a lawlessness about you.
Not believe you have an anointing on your life. Tend to often be in heretical teaching.
Seem to always be persecuted in your walk with Christ. Have trouble accepting God's forgiveness.

72. Do you/have you in the past struggled with the following:
Lust Satanic Interest Various Forms of Corruption



- | | | |
|----------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> My Ambitions/Achievements | <input type="checkbox"/> Fear of Death | <input type="checkbox"/> Bitterness |
| <input type="checkbox"/> Oppression | <input type="checkbox"/> Spiritual Blindness | <input type="checkbox"/> Control Over Life |
| <input type="checkbox"/> Religion | <input type="checkbox"/> A Bound Mind | <input type="checkbox"/> Spiritual Deadness |

73. Do you/have you in the past experienced problems in the following areas:

- | | | |
|----------------------------------------------------------|----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Near drowning experience |
| <input type="checkbox"/> Spiritual deafness or blindness | <input type="checkbox"/> Crippled | <input type="checkbox"/> Excessive crying or tearing |
| <input type="checkbox"/> Foaming at the mouth | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Gnashing of teeth |
| <input type="checkbox"/> Pining away | <input type="checkbox"/> Burned | <input type="checkbox"/> Chemical imbalance |
| <input type="checkbox"/> Prostration | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Self-mutilation |
| <input type="checkbox"/> Madness | <input type="checkbox"/> Insanity | <input type="checkbox"/> Retardation |
| <input type="checkbox"/> Senility | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Hear voices |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Palsy | <input type="checkbox"/> Attention deficit |
| <input type="checkbox"/> Eating disorders: Type(s) _____ | | |

74. Do you/have you in the past experienced problems in the following areas:

- | | | |
|-----------------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Death seems to be lurking nearby | <input type="checkbox"/> Disease | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Fighting | <input type="checkbox"/> Dare devil acts |
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Death to ministry | <input type="checkbox"/> Death in relationships |
| <input type="checkbox"/> Death in marriage | <input type="checkbox"/> Accidents | <input type="checkbox"/> Random acts of violence |

75. Do you/have you in the past had interest with the following areas:

- | | | |
|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Divination | <input type="checkbox"/> False Prophecy | <input type="checkbox"/> Fortune telling or soothsayers |
| <input type="checkbox"/> Stargazing, zodiac, horoscopes | <input type="checkbox"/> Rebellion | <input type="checkbox"/> Hypnotist-enchancer |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Birth charts | <input type="checkbox"/> Magic (Black or white) |
| <input type="checkbox"/> Spiritists | <input type="checkbox"/> Self will | <input type="checkbox"/> Mind control / manipulation |
| <input type="checkbox"/> Warlock | <input type="checkbox"/> Witches | <input type="checkbox"/> Sorcerer |
| <input type="checkbox"/> Wizard | <input type="checkbox"/> Spirit guides | <input type="checkbox"/> Vampires |
| <input type="checkbox"/> Animal guides | <input type="checkbox"/> Astral projection | <input type="checkbox"/> Water witching |
| <input type="checkbox"/> Lust for power or control | | |

76. Do you/have you in the past struggled with the following areas:

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

77. Do you/have you in the past been involved in the following areas:

- | | | |
|---------------------------------------------|------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Familiar Spirits | <input type="checkbox"/> Divination | <input type="checkbox"/> Witchcraft |
| <input type="checkbox"/> Failing on Mediums | <input type="checkbox"/> Yoga | <input type="checkbox"/> Clairvoyant |
| <input type="checkbox"/> Inferiority | <input type="checkbox"/> Mind dreaming | <input type="checkbox"/> Spirit guides / animal guides |
| <input type="checkbox"/> False prophecy | <input type="checkbox"/> Séances | <input type="checkbox"/> Bigotry |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Low self esteem | <input type="checkbox"/> Peeping and muttering |
| <input type="checkbox"/> Self pity | <input type="checkbox"/> Necromancy | <input type="checkbox"/> Drugs, illegal or prolonged use of legal |

78. Do you/have you in the past struggled with the following:

- | | | | |
|-------------------------------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Fear | <input type="checkbox"/> Torment – horror | <input type="checkbox"/> Fear of death | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> A desire to be a hermit or recluse | <input type="checkbox"/> Anxiety, stress | <input type="checkbox"/> Extrovert | <input type="checkbox"/> Fear of saying no |
| <input type="checkbox"/> Lack of trust, doubt, worry | <input type="checkbox"/> Migraines | <input type="checkbox"/> Fear of rejection | <input type="checkbox"/> Fear of abandonment |



- | | | | |
|--------------------------------------------------------|--------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Fear of heart attacks | <input type="checkbox"/> Fear of authority | <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Fear of heights |
| <input type="checkbox"/> A constant desire to be alone | <input type="checkbox"/> A critical spirit | <input type="checkbox"/> Unhealthy fear of God | <input type="checkbox"/> Fear of spiders |
| <input type="checkbox"/> Fear of not being good enough | <input type="checkbox"/> Fear of animals | <input type="checkbox"/> Panic attacks | |
| <input type="checkbox"/> Other fears, list _____ | | | |

79. Do you/have you in the past struggled with the following:

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

80. Do you/have you in the past struggled with the following:

- | | | | |
|-------------------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Self hate | <input type="checkbox"/> Self pity | <input type="checkbox"/> A broken heart | <input type="checkbox"/> Many regrets |
| <input type="checkbox"/> Life's unfairness | <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Depression | <input type="checkbox"/> Excessive mourning |
| <input type="checkbox"/> Inner hurts and a tom spirit | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Dejection |
| <input type="checkbox"/> Continuous sorrow and grief | <input type="checkbox"/> Discouragement | <input type="checkbox"/> Despair | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Suppressed emotions | <input type="checkbox"/> Insomnia | <input type="checkbox"/> False responsibility |

81. Do you/have you in the past suffered from the following infirmities:

- | | | | |
|--------------------------------------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Infirmity in general | <input type="checkbox"/> Bent body-spine | <input type="checkbox"/> Chemical imbalance | <input type="checkbox"/> Viral infections |
| <input type="checkbox"/> Extended fever | <input type="checkbox"/> Impotency | <input type="checkbox"/> Frailness | <input type="checkbox"/> Bacterial infections |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Oppression | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Excessive pain and affliction | <input type="checkbox"/> Lingering disorders | <input type="checkbox"/> Tumors | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Cysts | <input type="checkbox"/> Warts | <input type="checkbox"/> Excessive fatigue | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Hypochondria | |
| <input type="checkbox"/> Cancer: List type(s) _____ | | | |

82. Do you/have you in the past struggled with the following:

- | | | |
|-------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Revenge | <input type="checkbox"/> Spite |
| <input type="checkbox"/> Cruelty | <input type="checkbox"/> Extreme competition | <input type="checkbox"/> Causing divisions |
| <input type="checkbox"/> Coveting | <input type="checkbox"/> Selfishness | <input type="checkbox"/> Envy |
| <input type="checkbox"/> Strife | <input type="checkbox"/> Contentiousness | <input type="checkbox"/> Hatred |
| <input type="checkbox"/> Anger and rage | <input type="checkbox"/> Violence | <input type="checkbox"/> Bigotry and racism |
| <input type="checkbox"/> Suppressed anger | <input type="checkbox"/> Suppressed rage | <input type="checkbox"/> Desire to murder |

83. Do you/have you in the past struggled with the following:

- | | | |
|-------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Lying | <input type="checkbox"/> Flattery | <input type="checkbox"/> Driving zeal |
| <input type="checkbox"/> Strong deception | <input type="checkbox"/> False prophecy | <input type="checkbox"/> Gossip |
| <input type="checkbox"/> Exaggeration | <input type="checkbox"/> False teaching | <input type="checkbox"/> Slander |
| <input type="checkbox"/> Accusations | <input type="checkbox"/> Religious bondage | <input type="checkbox"/> Covenant breaking |
| <input type="checkbox"/> Superstitions | <input type="checkbox"/> profanity | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Shame | <input type="checkbox"/> Condemnation | <input type="checkbox"/> Melancholy nature |
| <input type="checkbox"/> Self deception | <input type="checkbox"/> False burdens | <input type="checkbox"/> Frenzied emotional actions |



84. Do you/have you in the past struggled with the following:

- | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Perversity | <input type="checkbox"/> Broken spirit | <input type="checkbox"/> Evil actions |
| <input type="checkbox"/> Past abortion | <input type="checkbox"/> Child abuse | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Masturbation | <input type="checkbox"/> Atheism | <input type="checkbox"/> A filthy mind |
| <input type="checkbox"/> Sexual perversions | <input type="checkbox"/> Doctrinal error | <input type="checkbox"/> Twisting the word |
| <input type="checkbox"/> Molestation | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Date rape | <input type="checkbox"/> Spousal rape | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Computer pornography | <input type="checkbox"/> Chronic worrier | <input type="checkbox"/> Self lover |
| <input type="checkbox"/> Contentious | <input type="checkbox"/> Foolishness | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Lesbianism | <input type="checkbox"/> Vain imaginations |
| <input type="checkbox"/> Rebellion | <input type="checkbox"/> Sexual frigidity | <input type="checkbox"/> Emotional frigidity |
| <input type="checkbox"/> Effeminate Spirit | <input type="checkbox"/> Fornication | <input type="checkbox"/> Adultery |

85. Do you/have you in the past struggled with the following:

- | | | |
|--------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Seducing spirits | <input type="checkbox"/> Seared conscience | <input type="checkbox"/> Deception |
| <input type="checkbox"/> Fascination with evil ways | <input type="checkbox"/> Seducers | <input type="checkbox"/> Enticers |
| <input type="checkbox"/> Fascination with evil objects | <input type="checkbox"/> Wander from the truth | <input type="checkbox"/> Hypocritical lies |
| <input type="checkbox"/> Fascination with evil people | <input type="checkbox"/> Attracted to false signs | <input type="checkbox"/> Attracted to false prophets |
| <input type="checkbox"/> Attracted to false wonders | <input type="checkbox"/> Jezebel Spirit | <input type="checkbox"/> Ahab spirit (passivity) |

86. Do you/have you in the past struggled with the following:

- | | | |
|----------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Addiction to entertainment | <input type="checkbox"/> Unfaithfulness | <input type="checkbox"/> Adultery |
| <input type="checkbox"/> Prostitution of Spirit, Soul, or Body | <input type="checkbox"/> Love of money | <input type="checkbox"/> Excessive appetite |
| <input type="checkbox"/> Worldliness | <input type="checkbox"/> Fornication | <input type="checkbox"/> Idolatry |
| <input type="checkbox"/> Chronic dissatisfaction | <input type="checkbox"/> Love of self | <input type="checkbox"/> Self reward |
| <input type="checkbox"/> Addiction to sports | <input type="checkbox"/> Addiction to television | |

87. Please describe as clearly as you can what is going on in your life at this time.

What was it that prompted you to seek counseling or deliverance?

About what you think:

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

- | | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|
| 88. <input type="checkbox"/> I am all alone. | <input type="checkbox"/> I have been overlooked. | <input type="checkbox"/> They do not need me. |
| <input type="checkbox"/> I don't matter. | <input type="checkbox"/> No one ever cares. | <input type="checkbox"/> They are not coming back. |
| <input type="checkbox"/> God has forsaken me too. | <input type="checkbox"/> There is no one to protect me. | <input type="checkbox"/> No one will believe me. |
| <input type="checkbox"/> I cannot trust anyone. | <input type="checkbox"/> I am afraid they won't come back. | |
| 89. <input type="checkbox"/> I am so stupid, ignorant, an idiot. | <input type="checkbox"/> I allowed it. | |
| <input type="checkbox"/> I was a participant. | <input type="checkbox"/> I should have known better. | |
| <input type="checkbox"/> I should have done something to have stopped it from happening. | <input type="checkbox"/> It was my fault. | |
| <input type="checkbox"/> I knew what was going to happen yet I stayed away. | <input type="checkbox"/> I should have told someone. | |
| <input type="checkbox"/> I felt pleasure so I must have wanted it. | <input type="checkbox"/> I was a participant. | |



- It happened because of my looks, my gender, my body, etc.
- I did not try to run away.
- I was paid for service rendered.
- I kept going back.
- I'm bad, dirty, shameful, sick, nasty.

- I should have stopped them.
- I am cheap like a slut.
- I deserved it.
- I did it to him/her first.

90. I am going to die.
 I do not know what to do.
 If I trust I will die.
 It is just a matter of time before it happens again.
 If I let him/her/then into my life they will hurt me too.
 Something bad will happen if I tell, stop it, confront it.

- He/she is going to hurt me.
- If I tell they will come back and hurt me.
- He/she/they are coming back.
- They are going to get me.
- Doom is just around the corner.

91. He/she/they are too strong to resist.
 I am going to die and I cannot do anything about it.
 I am too weak to resist.
 I cannot get away.
 I am overwhelmed.
 Everything is out of control.
 Not even God can help me.

- I cannot stop this.
- There is no way out.
- The pain is too great to bear.
- I cannot get loose.
- I don't know what to do.
- I am pulled from every direction.
- I am too small to do anything.

92. I am dirty, evil, shameful, perverted, because of what happened to me.
 No one will be able to really love me.
 Everyone can see my shame, filth, dirtiness, etc.
 I will always be hurt/damaged/broken because of what has happened.
 God could never want me after what has happened to me.

- My life is ruined.
- I will never be happy.
- I will always be unclean, filthy, etc.
- My body parts are dirty.
- I will never feel clean again.

93. I am not loved, needed, cared for, or important.
 I am worthless and have no value.
 I was a mistake.
 I was never liked by them, because I was
 I am in the way, I am a burden.
 I could never jump high enough to please him/her.

- They do not need me.
- I am unimportant.
- I should have never been born.
- God could never love or accept me.
- I could never be as _____ as he or she.
- I am not acceptable.

94. It is never going to get any better.
 I it will just happen again and again.
 I have no reason to live.
 I just want to die.

- There is no way out.
- There is no good thing for me.
- There are no options for me.
- Nothing good will ever come of this.

95. I don't know what is happening to me.
 This does not make any sense.

- Everything is confusing
- Why would they do this to me.

Other areas of your life:

96. Have you ever been incarcerated? Yes or No If yes, please provide details below:



97. Do you have known sin, unforgiveness, resentment, bitterness, or hatred, toward anyone? To whom and why?
(List all, and use additional paper if you need more space.)

98. Have you previously received personal ministry in the area of deliverance or inner healing? Yes No
If yes, describe your experience:

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

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

**"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**

*Acknowledgement is given to Doris Wagner's book, "How to Cast Out Demons: A Beginners Guide " and to Noel and Phil
Gibson's, "Evicting Demonic Intruders", for supplying the basis of the confidential information questionnaire.
This is a modified version of their work.*