

## ***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 world.*

*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.*

*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 feel free to use separate sheets of paper to go into greater detail, as needed.*

*You can e-mail this form back to us at [Sandy@wilmingtonhealingcenter.org](mailto:Sandy@wilmingtonhealingcenter.org) or mail to:*

*Wilmington Healing Center  
Attn: Sandy Bell  
PO Box 4081  
Wilmington NC 28406*

***All information is strictly confidential.***

***We are a faith-based ministry and we there is NO charge for this service***

***HOWEVER, we DO recommend a Donation!***

***The SUGGESTED Donation is \$50.00 per hour.***

***WHC is a Ministry that operates by Donations only, your Donation is welcome!***

***Sandy Bell***

**Founder & Director**

**Wilmington Healing Center**

## - CONFIDENTIAL INFORMATION -

Name: _____	Today's Date: _____
Address: _____	Spiritual Counselor: _____
	Church Attended: _____
E-mail: _____	Pastor's Name: _____
Phone: _____	Cell: _____
Age: _____	Birthday: _____
	Gender: _____
<b>Marital Status:</b>	
Single	Married
Divorced	Remarried
	Widowed

**Please briefly answer the following:** (Use back of sheet if needed.)

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 in water since your conversion? Yes No  
If yes, when \_\_\_\_\_
  
5. Do you have assurance of your 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? Yes No Don't know

Father  
Mother

Yes No Don't know

Yes No Don't know

If no, how old were you when they died? \_\_\_\_\_

20. Are your parents Christians? Yes No Don't know

Father  
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 parents

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

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 do 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

32. 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  
 Spiritists churches                       Children of Love                       Christadelphians                       Scientology                       Bahia  
 Religious communes                       Theosophy                       Native religions                       Unification church                       Islam  
 Hinduism                       Buddhism                       Christian Science                       Mormons  
Others \_\_\_\_\_

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:

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**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: Yes No  
 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

**This is about you, your spouse, parents, grandparents, etc:**

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"/> Séances       |
| <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 _____                                |   |  |  |

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/pagan 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:  
 Buddha                       Totem Poles                       Painted Facemasks  
 Idol Carvings                       Fetish Objects or Feather                       Pagan Symbols  
 Takis                       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 or any member of your family ever studied any of the martial arts? Yes No  
If yes, describe and explain:

68. Do you have any tattoos?      Yes    No    How many? \_\_\_\_\_

69. Have you or any member family ever utilized any of the following drugs?

<input type="checkbox"/> LSD	<input type="checkbox"/> Speed	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Crack	<input type="checkbox"/> Uppers
<input type="checkbox"/> Downers	<input type="checkbox"/> Other drugs _____	

Were you addicted:    Yes    No

70. Have you or any of your family members been addicted to any of the following?

<input type="checkbox"/> Gambling	<input type="checkbox"/> Compulsive Exercise	<input type="checkbox"/> Being a Spendthrift
<input type="checkbox"/> Television	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Smoking
<input type="checkbox"/> Food	<input type="checkbox"/> Coffee	<input type="checkbox"/> Shopping
<input type="checkbox"/> Pornography	<input type="checkbox"/> Sex	<input type="checkbox"/> RX Drugs _____

**For questions 71 through 86 please place a “P” for past, a “C” for current or “PC” for both.**

71. In your Christian experience do you or any members of your family:

<input type="checkbox"/> Have trouble accepting the deity of Christ.	<input type="checkbox"/> Have trouble accepting Christ’s atoning sacrifice.
<input type="checkbox"/> Have trouble accepting the teachings of Christ.	<input type="checkbox"/> Tend to unknowingly suppress ministries.
<input type="checkbox"/> Tend to gravitate toward humanistic thinking.	<input type="checkbox"/> Tend to have a lawlessness about you.
<input type="checkbox"/> Not believe you have an anointing on your life.	<input type="checkbox"/> Tend to often be in heretical teaching.
<input type="checkbox"/> Seem to always be persecuted in your walk with Christ.	<input type="checkbox"/> Have trouble accepting God’s forgiveness.

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

<input type="checkbox"/> Lust	<input type="checkbox"/> Satanic interest	<input type="checkbox"/> Various forms of corruption
<input type="checkbox"/> My ambitions and 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. I have in the past or currently experience 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"/> Self-mutilation	<input type="checkbox"/> Madness
<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"/> Retardation
<input type="checkbox"/> Senility	<input type="checkbox"/> Insanity	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Retardation		
<input type="checkbox"/> Eating disorders: Type(s) _____		

74. I have in the past or currently experience 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. I have in the past or currently experience 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-enchanter            |
| <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      | <input type="checkbox"/> Ghosts            |   |

76. I have in the past or currently struggle 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. I am or have 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"/> Calling 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. I have in the past or currently struggle 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"/> Panic attacks         | <input type="checkbox"/> Fear of spiders     |
| <input type="checkbox"/> Fear of not being good enough      | <input type="checkbox"/> Fear of animal’s  | <input type="checkbox"/> Unhealthy fear of God |  |
| <input type="checkbox"/> Other fears, list _____            |  |  |  |

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

- |  |  |   |   |
|--|--|---|---|
| <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 torn 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. I have in the past or currently suffer from the following infirmities:

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

82. I have in the past or currently struggle 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 division's |
| <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. I have in the past or continue to struggle 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. I have in the past or continue to struggle 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. I have in the past or continue to struggle 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  |

- Fascination with evil objects
- Fascination with evil people
- Attracted to false wonders

- Wander from the truth
- Hypocritical lies
- Attracted to false signs
- Attracted to false prophets
- Jezebel Spirit
- Ahab spirit (passivity)

86. I have in the past or continue to struggle with the following:

- Addiction to entertainment
- Unfaithfulness
- Adultery
- Prostitution of Spirit, Soul or Body
- Love of money
- Excessive appetite
- Worldliness
- Fornication
- Idolatry
- Chronic dissatisfaction
- Love of self
- Self reward
- Addiction to sports
- 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 spiritual counseling?

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## 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 really 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.                       I cannot trust pastors/ministers.

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 all 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 services rendered.                       I deserved it.  
 I kept going back.                       I did it to him/her first.  
 I'm bad, dirty, shameful, sick, nasty.                       I am just in the way.

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/they 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 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.  
 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. Using a separate Sheet of Paper, PLEASE TELL US ABOUT YOUR Children, include names and ages, Your relationship with them and any areas that they are struggling in.

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97. 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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98. Have you completed any form of Theophostic Ministry? Yes No

If yes, state where? \_\_\_\_\_ . Month \_\_\_\_\_ Year \_\_\_\_\_

Please describe your experience:

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99. Have you received prayer for deliverance? Yes No

If yes, where so and describe your experience:

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

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101. Are there any other problems you believe this questionnaire has not 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***