

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

*We are a faith-based ministry and therefore we ask that you give a
Tax-deductible donation for the ministry you receive.*

Harbor Shalom, Inc.

CONFIDENTIAL INFORMATION

Name: _____	Today's Date: _____
Address: _____ _____	Spiritual Counselor: _____
Phone: _____	Church Attended: _____
Cell Phone: _____	Pastor's Name: _____
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 parents' 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 |

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 | |

Others _____

NOTE: 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"/> Daughters of the Nile | <input type="checkbox"/> Others _____ | |

NOTE: 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 Infection |
| <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 Sclerosis | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Blood disease | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Lingered Disorders | <input type="checkbox"/> Mental problems | <input type="checkbox"/> RX tranquilizers | |
| Others _____ | | | |

NOTE: 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

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

This is about you:

- | | | |
|--|-------------|-------------------|
| 42. Are you easily frustrated?
If yes, do you show it or bury it?
If yes, state what frustrates you: | Yes
Show | No
Bury |
| 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?
Describe any recurring theme: | Yes | No |
| 49. Have you ever been tempted to commit suicide?
If yes, when and why? | Yes | No |
| 50. Have you tried to commit suicide?
If yes, how, when and why? | Yes | No |
| 51. Have you ever wished to die? | Yes | No |
| 52. Have you ever 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"/> 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 _____

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 religion? 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:

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?

- | | | |
|----------------------------------|--|------------------------------------|
| <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 ever 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 _____ |

71. In your Christian experience do you:

- | | |
|---|---|
| <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"/> pagan symbols |
| <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"/> 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. 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 in 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 | | |

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"/> 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 | |

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"/> Braggish 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"/> Excessive pain and affliction | <input type="checkbox"/> Lingering disorders | <input type="checkbox"/> Tumors |
| <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 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. 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 |
| <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. I have in the past or continue to struggle 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?

What do you 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.
 No 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 out 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, un-forgiveness, resentment, bitterness, or hatred toward anyone? (List all and use the back of this page if needed.) Whom and why:

What do you think?

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:

98. Besides Cleansing Stream, have you received prayer for deliverance? 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

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