INSTRUCTIONS FOR FILLING OUT THE CONFIDENTIAL PERSONAL INVENTORY (CPI)

1. **This is a Christian prayer ministry that depends entirely upon the providence of God to work in our behalf. We are not licensed psychologists, psychiatrists, ministers, or counselors and do not use hypnosis. This ministry is not intended to replace professional mental health services. Rather, we are intercessors between our Lord and those seeking hope in their seemingly hopeless circumstances.**

2. **As you share your heart on the following pages, please be assured of your confidentiality…both with this inventory form and all the information that you share …unless, however, you indicate clearly that the state you are in is a serious threat to your own life or the lives of others. Following your session(s), after you have reported in for up to 6 weeks and you are still walking in complete freedom, this inventory form and all notes taken in your ministry session will be destroyed to protect your reputation.**

3. **If you are a married woman, it is very important that you have your husband's blessing for receiving counsel and it is strongly encouraged. Also, the one(s) who minister will be under strict guidelines of accountability when providing counsel to someone of the opposite sex. If you are still living at home under your parent's authority, their approval and blessing is required to be ministered to.**

4. **For your own sake, full disclosure and complete honesty by you is requested as you fill out this inventory form. Be sure to note all incidents from your past that have produced trauma, great disappointment, or hurt, and the approximate age when they occurred. If you are unable to deal with situations in detail and with complete honesty, the results will not be satisfactory and may be harmful to you in the long run. Please do your best to answer each question that applies to you. Also, please feel free to add additional sheets to tell us your story! More information is usually better than less. If in doubt about whether to include some information, please include it.**

5. **Jesus Christ gave His life on Calvary for your freedom! However, our ability to walk in the freedom He intended with peace and joy in our hearts depends on our willingness to surrender every area of our life to Him (including wounds from the past). The purpose of this questionnaire is to help you identify unsurrendered areas of your life that are keeping you from walking in the freedom that God has intended for you.**

6. **Satan is the common enemy of God and His children, and he will not easily give up any strongholds or areas of oppression that he claims in your life. Throughout the time of receiving counsel, you must depend on Christ as your Deliverer and recognize that He is the only One who can help you.**
   "*And it shall come to pass, that whosoever shall call on the name of the Lord shall be delivered*".
   Joel 2:32

7. **You will be wise to ask yourself this question, "Am I really desperate to be free?" Experience has proven that Liberation is for the Desperate! Therefore, if you are not desperate, it will be a waste of your precious time and the person's time who is giving you counsel and praying with you. If you truly want freedom, you must purpose in your heart that you will do whatever it takes and stick with the discipleship required until you have the complete freedom that God intends for you. You are strongly urged not to stop halfway into your counseling; otherwise, you will allow the enemy to increase your bondage and you will be worse off than before. (Luke 11:26)**

CPI INSTRUCTIONS (continued)

8. **Since forgiveness of those who have sinned against us is one of the greatest weapons in bringing about liberation, it is vital that you be willing to allow the Lord to enable you to forgive those who have wronged you. The purpose of forgiveness is to remove Satan's legal right to justly accuse and oppress you in these areas (2 Corinthians 2:10,11).**

9. **For your benefit, there are two essential requirements for you prior to your prayer session(s):**

   (a) Prayerfully and thoroughly read Pre-Counseling Information document (PCI) [~30 pages] available upon request, which introduces the scriptural basis for this form of counseling and outlines the basic procedures followed.

   (b) Secondly, fill out this form thoroughly (preferably in your own handwriting), sign/date it & return.

   After these requirements have been satisfied and we have had the opportunity to thoroughly review your CPI form, we can proceed to schedule your prayer session(s).

10. **Please pray while filling out this form, asking the Holy Spirit to guide you and bring key things to your mind. He is your Helper, "The Wonderful Counselor," and will help you expose the darkness with His truth. Please add any pertinent information concerning your background and problems that you think might be helpful. Please pray for God to give you, and the one giving you counsel wisdom during your session(s), to bring about your freedom from Satan's bondage.**

****

I, [Print name] _____ fully acknowledge that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept any of the advice or help that I might receive. I agree to hold Rick and Beverley Gobert and anyone ministering in their behalf free from any and all liability, loss, or damage of any kind that may arise as a result of assistance or ministry which I have received from them.

I have read & understand the above instructions / release of liability and agree to fully comply:

_____ _____

(Signature) **(Date)**

CONFIDENTIAL PERSONAL INVENTORY

Personal Information

Print your name as on your birth certificate below. If you're a married woman, include married name(s).

First: _____ Middle: _____ Last: _____

Date of birth: _____ Place of birth: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Telephones: Home: _____Cell: _____

E-mail address: _____

Referred by: _____

Church affiliation: Present: _____ Past: _____

Vocation: _____ Employer: _____

Education: Highest completed, & degree/diploma received:_____

Other education/job training:_____

Please check marital status: Single _____ Married _____ Divorced: _____ Widowed: _____

Current Spouse's name: _____ Date of marriage:_____

(If married, please give spouse's full name; if spouse is the wife, please include her maiden name.)

Spouses Home Phone (if different from yours): _____

Spouses Home Address (if different from yours): _____

Spouses Work Phone: _____

Spouses Place of Employment: _____

Number of times divorced (if any): _____

Please list Full name(s) of ex-spouse(s), date of marriage and divorce:

_____ _____

_____ _____

Children: Give full names on birth certificates and birth dates: indicate if adopted and give biological name of father and mother (if possible).

_____ _____

_____ _____

_____ _____

To your knowledge, were you a planned child? _____Were you conceived out of wedlock? _____

Are you adopted? _____

To your knowledge, did you have a difficult, complicated, or traumatic birth? _____ If yes, explain:

_____

In whose home(s) were you raised?

___ Both biological parents __ Other (specify) _____

Have you lived in or traveled to other countries? ___ If yes, which ones? _____

Reason(s) for seeking ministry.

1. Please describe what kind of struggles or personal behaviors motivated you to seek ministry?

_____

_____

_____

_____

_____

2. What kind of ministry, mental health, and/or medicinal help have you sought in the past?

_____

_____

_____

Did it help? _____ If so, how? _____

_____

_____

3. On a basis of 0-3 (0 being "NONE" and 3 being "VERY SEVERE), Indicate with an "X" the severity of the following symptoms you have experienced:

0	1	2	3	SYMPTOM
				Destructive habits/sin patterns that seem unbreakable despite confesion / repentance
				Irrational fears (e.g. panic attacks, phobias)
				Feelings of mental paralysis or confusion
				Struggle to read or understand the bible
				Praying for forgiveness but never getting a sense of being cleansed
				Time distortions- Memory blackouts, time that cannot be accounted for.
				Destructive Dreams- Wake up feeling smothered/paralyzed
				Sometimes feeling hot pressure pushing on chest
				Unnatural sexual urges (homosexuality, bestiality, pedophilia)
				A sense of something in room ("presence")
				Mind altering habits (drugs / alcohol addictions)
				Condemning voices in head • **Violate scripture (e.g. "You're worthless")** • **Vague, unspecific (e.g. "You'll never change")** • **Usually in 2nd person (e.g. "You're this or that")**
				Compulsion to destructive behavior (e.g.cutting / suicidal tendancies)
				Mental infirmities (e.g. OCD, bipolar, eating disorders, desperate for attention)
				Fascination with heretical beliefs (1 Timothy 4:1, 2 Timothy 4:3)
				Aversion to Communion / godly preaching, spiritual discussions)
				Poltergeist occurrences
				Involuntary actions (e.g. seizures / tics / jerks)
				Uncontrollable internal agitation ("restlessness")
				Feeling (at times) as if I'm watching myself do something
				emotional tug-of-war within (loved/unloved, accepted/rejected, safe/abandoned, etc)

Salvation and the Church Fellowship

1. When you die and stand outside the entrance gates of heaven, what credentials will you offer to allow your entry? _____
_____
_____

2. Based on your salvation experience and your understanding of scripture, please specify what are the essential requirements for salvation. _____
_____
_____
Do you meet all of those requirements? _____ Please explain _____
_____
_____

3. Please specify when you received Christ as your personal Savior & describe your salvation experience:
_____
_____
_____

4. Are you plagued about doubts of your salvation? _____ If so, Please explain_____ ____ ___
_____
_____

5. Are you under the authority of a local church where the Bible is taught? _____ If no, why not? ___
_____
_____

6. Is repentance and confession a part of your living out the Christian life? _____Please explain:_____
_____

7. Do you struggle with living out the Christian life daily? _____ (If so, in what areas of your life?)
_____
_____

8. Are you presently enjoying fellowship with other believers?_____? If so, where and when? _____
_____
_____

9. Do you tithe? _____ Why or why not? _____

10. Were you baptized as a believer? _____ (If yes , please explain:) _____
_____

11. Do you regularly read the Bible? _____ If yes, where, when, and to what extent? _____
_____

12. Do you find prayer time with God difficult mentally? _____ (If yes, please explain:)_____
_____

_____

13. Are there any areas of your life where you are having difficulty submitting them to God?_____
If yes, please explain: _____

_____

14. Are you willing to submit to God in every area of your life, to put yourself under His authority?_____

If not, please explain: _____

_____

15. While attending church or other Christian ministries and functions, are you plagued with foul thoughts, jealousies, or other mental harassments? _____ If yes, please explain: _____

_____

_____

16. Do you feel like you have ever experienced a call from God to the Gospel ministry? _____

If yes, explain: _____

_____

_____

_____

Family Tree

*Below, please list relatives as best you can and include information regarding who have/had any known negative character traits, or harmful, sinful lifestyle patterns (i.e., independence from or indifference toward God; idolatry, witchcraft, Satanism, sexual sins, perversions, greed, anger, jealousy, drunkenness, depression, addictions, abusive speech, unforgiveness, etc.). If you are adopted, please fill out the following information based on your **biological** parents, if possible. This information is important to establishing any ancestral inheritances and associated issues.(Exodus 34:6,7)*

— BIOLOGICAL SIBLINGS —

_____ (1st sibling's full name / birth date)

_____ (2nd sibling's full name / birth date)

_____ (3rd sibling's full name / birth date)

_____ (4th sibling's full name / birth date)

_____ (5th sibling's full name / birth date)

_____ (6th sibling's full name / birth date)

_____ (7th sibling's full name / birth date)

_____ (8th sibling's full name / birth date)

Siblings' Common Negative Character Traits:

_____

_____

_____

— BIOLOGICAL PARENTS —

_____ (Father's full name)

_____ (Mother's full name- include maiden name)

Father & Mother Negative Character Traits:

_____

_____

----BIOLOGICAL FATHER'S SIDE---- **----BIOLOGICAL MOTHER'S SIDE-----**

— GRANDPARENTS —

_____ _____

(Grandfather's full name) (Grandfather's full name)

_____ _____

(Grandmother's full name) (Grandmother's full name)

Grandparent's Negative Character Traits:

_____

_____

— GREAT-GRANDPARENTS —

---GRANDFATHER'S PARENTS--- **---GRANDFATHER'S PARENTS---**

_____ _____

(Great-grandfather's full name) (Great-grandfather's full name)

_____ _____

(Great-grandmother's full name) (Great-grandmother's full name)

---GRANDMOTHER'S PARENTS--- **---GRANDMOTHER'S PARENTS---**

_____ _____

(Great-grandfather's full name) (Great-grandfather's full name)

_____ _____

(Great-grandmother's full name) (Great-grandmother's full name)

Great Grandparent's Negative Character Traits:

_____

_____

1. Are there any familial negative character traits that you feel that you may have inherited? _____
   If so, which ones? _____

_____

_____

Childhood Information

1. Where was your biological father born? (City, State, Nation) _____
   Is your biological father living? _____
2. Where was your biological mother born? (City, State, Nation) _____
   Is your biological mother living? _____

3. Current marital status of parents? _____ Briefly explain the attitude of their relationship:
   _____
   _____

4. Did you have any significant conflicts with your father? _____ with your mother? _____
   With your siblings? _____ If so, please explain _____
   _____
   _____

5. Were your parents physically, emotionally, or sexually abusive to you or your siblings? _____
   If yes, please explain: _____
   _____
   _____
   _____

6. Were there any events in your childhood that were particularly upsetting or traumatic
   for you? _____ If yes, please describe as many as you can remember. Use back of sheet if neessary:
   _____
   _____
   _____
   _____

7. Was your father clearly the head of the home, or was there a role reversal in which your
   mother ruled the home? _____ Please explain: _____
   _____

8. How do/did your parents treat each other? _____
   _____
   _____
   _____

9. Would you consider your father as passive, strong and manipulative, or neither? _____
   _____

10. Would you consider your mother as passive, strong and manipulative, or neither? _____
    _____

11. Would you consider either of your parents to be perfectionists? _____
    Did they seek perfectionism from you? _____

12. Do you struggle with honoring either of your parents? _____ If yes, why? _____
    _____
    _____

13. Would you consider both your parents to be your friend? _____ If not, please explain_____
    _____
    _____

14. Briefly describe your relationship with your father: _____
_____
_____

15. Briefly describe your relationship with your mother: _____
_____
_____

16. Briefly explain whether or not your parents are Christians and, if so, whether or not their lifestyles measured up to Christ-like behaviors: _____
_____
_____

17. Do you have any step-brothers? _____ Do you have any step-sisters? _____ If so, what was your relationship with them while growing up, and what is your relationship with them now? Please explain:
_____
_____
_____

18. Did your parents treat you significantly worse than your siblings or heavily favor other siblings over you? _____ If yes, please explain: _____
_____
_____

19. During the first 12 years of your life, was there a sense of security and harmony or insecurity and disharmony in your home? _____ Please explain: _____
_____
_____

20. Do you have significant missing periods of memory in your childhood, particularly before age 12?___
If yes, please explain as specific as possible: _____
_____
_____
_____
_____

21. Were you sexually promiscuous earlier in your life? _____ If yes, please explain your circumstances:
_____
_____
_____

22. Below, please check the appropriate rating for the moral atmosphere in which you were raised during the first 18 years of your life:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	_____	_____	_____	_____	_____
Sex	_____	_____	_____	_____	_____
Dating	_____	_____	_____	_____	_____
Movies	_____	_____	_____	_____	_____
Music	_____	_____	_____	_____	_____
Literature	_____	_____	_____	_____	_____
Free Will	_____	_____	_____	_____	_____
Drinking	_____	_____	_____	_____	_____
Smoking	_____	_____	_____	_____	_____
Church attendance	_____	_____	_____	_____	_____

23. Please check how you would describe your family's financial situation when you were a child:
Poor _____ Slight financial struggles _____ Moderate income _____Affluent _____

Relationship with Spouse

1. If married, do you love your spouse? _____
2. If a husband, do you demonstrate your love for your wife with kind deeds and loving her sacrificially like Christ loves the Church and gave His life for her? (Ephesians 5:25-33; 1 Peter 3:7-9) _____
_____
3. If a wife, do you demonstrate your love for him with kind deeds, and showing him respect, deference, and submission to his leadership? (I Peter 3:1-6; Ephesians 5:22-24,33) _____
_____
4. Please share how you get along with your spouse: _____
_____
_____
_____
5. Is your spouse a Christian? _____
6. Do you and your spouse have a good, healthy sexual relationship together? _____

Family and Personal Health

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

Speech impediment ___ Thyroid ___ Fibromyalgia ___ Excessive pain/ affliction ___

Bent body/spine	___	Frailness	___	Tumors / Cysts	___	Immune deficiencies	___
Excessive fatigue	___	Tuberculosis	___	Heart disease	___	Glandular Problems	___
Asthma/Emphysema	___	Lameness	___	Hypochondria	___	Leukemia	___
Chemical imbalance	___	Ulcers	___	Extended fever	___	Seizures	___
Lingering disorders	___	Infections	___	Impotency	___		___
Migraine headaches	___	Arthritis	___	Diabetes	___	Temporary Hearing Loss	___
Dizziness	___	Prostatitis	___	Hydrocephalis	___	Other(Specify)	___

Cancer (list types): _____

If there is any history of the above ailments in your family, please circle which ones.

2. Describe your eating habits (i.e. junk food addict, eat fairly regularly or sporadically, balanced diet, serious disorders, etc.) _____

_____

3. Are there any addictive problems in your family (alcohol, drugs, etc.)? _____ If yes, please explain:

_____

_____

_____

4. Have you ever utilized any of the following drugs: (Check all that apply)

LSD	___	Marijuana	___	Methamphetamine	___	Synthetic Marijuana	___
Speed	___	Cocaine	___	Uppers/Downers	___		___
Fentanyl	___	Opioids	___		___		___

Other (type): _____ Were you addicted? Yes No

Are you still using? _____if so, please explain_____

_____

5. Have you had any drug-induced out of body experiences? _____ If yes, please describe:_____

_____

_____

6. Have you any addictions or cravings past/present or consuming lifestyle or interest that you find difficult to control such as: (Check all that apply)

Gambling___	Compulsive exercise___	Shopping___	Sports___
Television___	Prescription drugs___	Smoking___	Hoarding___
Food___	Compulsive buying___	Work___	Other (specify)___
Pornography___	Alcohol___	Sex___	___

If yes to any, please explain: _____

_____

_____

7. Is there any history of mental illness in your family? _____ If yes, please explain: _____

_____

_____

8. Are you presently taking medication for physical and/or psychological reasons? _____

If yes, please list each medication and explain its purpose: _____

_____

_____

_____

9. Do you have any problem sleeping? _____ Are you having nightmares or disturbances? _____
If yes, please explain: _____

_____

_____

10. Does your present schedule allow for regular periods of rest and relaxation? _____
Please explain: _____

_____

11. Approximately how many hours do you spend on the computer other than mandatory work? _____
In what way do you use this time? _____

_____

_____

12. Approximately how many hours do you spend each week reading? _____ What do you read primarily (newspapers, magazines, secular books, religious books, the Bible, etc.)?

_____

_____

13. Do you listen to music often? _____ What types of music do you enjoy the most? _____

_____

_____

14. Approximately how many hours of TV do you watch per week? _____ List a few of your favorite TV programs that you enjoy viewing: _____

_____

_____

Emotions

1. Do you have trouble giving and receiving love? _____ If yes, please explain: _____

_____

_____

2. Have you ever thought that perhaps you were "cracking up," "going crazy"? _____ If yes, have you feared “cracking up” or "going crazy" recently? _____ Please explain: _____ __

_____

_____

3. Concerning your emotions, whether positive or negative, check those that best describe you:

_____ Readily express my emotions
_____ Express some of my emotions, but not all
_____ Readily acknowledge my emotions' presence, but I am reserved in expressing them
_____ Tendency to suppress my emotions
_____ Feel it is safer not to express how I feel emotionally

_____ Tendency to disregard how I feel emotionally since I don't trust my feelings
_____ Consciously or subconsciously deny my emotions; it's too painful to deal with them

4. Do you presently know someone with whom you could be emotionally honest (i.e., you could tell this person exactly how you feel about yourself, life, and other people)? _____
   Please explain: _____
   _____
   _____

5. How important is it that you are emotionally honest before God? _____
   Do you feel that you are always honest with God? _____ Explain: _____
   _____
   _____

Mental Health

1. Have you ever been diagnosed with any emotional and behavioral disorders? _____ If yes, please list the clinical terms and your age when each was diagnosed: _____
   _____
   _____

2. Have you ever had psychiatric counseling: _____ If yes, were you hospitalized? _____
   If yes, for how long? _____How did the hospitalization affect you? _____
   _____
   _____
   Did you have any particularly troubling experiences in the hospital? _____ If yes, please describe:
   _____
   _____
   _____

3. Have you ever been psychoanalyzed or undergone clinical counseling?_____ If so, please explain:
   _____
   _____

4. Have you ever had anyone lay hands on you pertaining to spiritual and/or physical healing? _____
   If so please explain _____
   _____
   _____

5. Have you ever had any shock treatments? _____ If yes, how many? _____

6. Have you ever heard voices or emotional messages in your mind, had repeating and nagging thoughts that were foreign to what you believe, or felt like there was a dialogue going on in your head? _____
   If yes, please explain as specifically as you can:_____
   _____
   _____

_____

7. Have you ever entertained thoughts of suicide or wished to die? _____ If yes, please explain:

_____

_____

_____

8. Have you ever attempted suicide? _____ If yes, how many times? _____ At what ages? _____
By what method and why? _____

_____

_____

_____

9. Do you suffer from significant lapses of memory or time that you can't account for in your day-to-day life? _____ If yes, please explain: _____

_____

_____

_____

10. Think back to your earliest memory and briefly describe it. _____

_____

_____

_____

_____

11. Within the following ages, list specific actual memories you have. (not memories based on pictures someone has shown you or what someone has told you of the past):

Age 0-5: _____

_____

_____

_____

_____

Age 6-12:_____

_____

_____

_____

_____

12. Do you spend time wishing you were someone else or fantasizing that you are a different person? ___
Do you imagine yourself living in a different time, different place, or in different circumstances? _____
If yes to either question, please explain: _____

_____

_____

13. Please **state** below if you can, under **"Earliest Age"** the **earliest age you remember struggling** with any of these **mental states of mind**, and **check** under **"Present"** if you **still struggle** with any of them:

	Earliest Age	Present		Earliest Age	Present
Daydreaming	_____	_____	Lustful Thoughts	_____	_____
Thoughts of inferiority	_____	_____	Thoughts of Inadequacy	_____	_____
Worry	_____	_____	Despair	_____	_____
Fantasizing	_____	_____	Obsessive Thoughts	_____	_____
Insecurity	_____	_____	Blasphemous Thoughts	_____	_____
Compulsive thoughts	_____	_____	phobias	_____	_____
Bipolar	_____	_____	Hardness in Emotions	_____	_____
Apathy	_____	_____	Skepticism	_____	_____
Depression	_____	_____	Jealousy	_____	_____
Anger/Rage	_____	_____	Bigotry/racism	_____	_____
Frustration	_____	_____	Rebellion	_____	_____
Worthlessness	_____	_____	Shame	_____	_____
Hatred of self	_____	_____	Profanities	_____	_____
Anxiety	_____	_____	Loneliness	_____	_____
Desire to murder	_____	_____	Bitterness	_____	_____
Excessive crying/tears	_____	_____	Hallucinations	_____	_____
Schizophrenia	_____	_____	Paranoia	_____	_____
Eating disorders	_____	_____	Fascination w/ evil	_____	_____
Self mutilation	_____	_____	Gender confusion	_____	_____
ADD/ADHD	_____	_____	Other(specify)	_____	_____
Self-hate-pity	_____	_____	Continuous sorrow/grief	_____	_____
A broken heart	_____	_____	Discouragement	_____	_____
Many regrets	_____	_____	Life's unfairness	_____	_____
Inner hurts & torn spirit	_____	_____	Excessive mourning	_____	_____
Gluttony	_____	_____	Low self-esteem	_____	_____
Hopelessness	_____	_____	Insecurity	_____	_____
Suppressed emotions	_____	_____	Insomnia	_____	_____
Dejection	_____	_____	False responsibility	_____	_____
	_____	_____	Other (specify)	_____	_____

If there is a history of the above conditions in your family, please circle which ones

14. Please **state** below under **"Earliest Age,"** the **earliest age** you remember **strong, prolonged FEAR** of any of the following, and **check** under **"Present"** if you **still do**:

	Earliest Age	Present		Earliest Age	Present
Failure	_____	_____	Inability to Cope	_____	_____
Authority figures	_____	_____	The Dark	_____	_____
Rape	_____	_____	Violence	_____	_____

Satan and evil spirits	_____	_____	The Future	_____	_____
Insanity	_____	_____	Insects	_____	_____
Opinions of people	_____	_____	Old Age	_____	_____
Enclosed spaces	_____	_____	Terminal Diseases	_____	_____
Open spaces	_____	_____	Rejection	_____	_____
Crossing bridges	_____	_____	Animals	_____	_____
	_____	_____	Loud Noises	_____	_____
Snakes	_____	_____	Public Places	_____	_____
Pain	_____	_____	Death	_____	_____
Being Alone	_____	_____	Accidents	_____	_____
Women	_____	_____	Harm to a Loved One	_____	_____
Men	_____	_____	Divorce	_____	_____
Water/Swimming	_____	_____	Commiting Suicide	_____	_____
Flying in an Airplane	_____	_____	Losing my mind	_____	_____
Abandonment	_____	_____	Other(specify)	_____	_____

15. Would you consider yourself to be an optimist, realist, or pessimist? _____Please explain:

_____

16. Please **state** below under **"Earliest Age,"** the **earliest age** you remember, if possible, having any **consistent, extended behavioral patterns** described below, & **check** under **"Present,"** if you **still do**:

	Earliest Age	**Present**		**Earliest Age**	**Present**
Impatience	_____	_____	Irritability	_____	_____
Temper	_____	_____	Racial prejudice	_____	_____
Legalism	_____	_____	Moodiness	_____	_____
Rebellion	_____	_____	Violence	_____	_____
Anti-Semitism	_____	_____	Religious pride	_____	_____
Stubbornness	_____	_____	Grudge-holder	_____	_____
Vengeance	_____	_____	Intimidator	_____	_____
Manipulation	_____	_____	Self-centered	_____	_____
Lying	_____	_____	Exaggeration	_____	_____
Excessive flattery	_____	_____	Violence	_____	_____
Spirit of condemnation	_____	_____	Revenge	_____	_____
Superstitious	_____	_____	Cruelty	_____	_____

17. Do you readily engage in gossip, slandering a person? _____ If yes, who do you gossip about?

_____

_____

_____

18. Do you struggle with modern idolatry (i.e., materialism, being a workaholic, sports addict, addiction to any **consuming** lifestyle or interest that deters you from God's will)? _____ If yes, please explain:

_____
_____
_____

19. Do you struggle with strong desires for the possessions of other, positions of power, etc? _____
If so, please explain: _____
_____
_____

20. Check if you currently act out the following, verbally or mentally:
Swearing? _____ Blasphemies? _____ Obscenities? _____

21. Do you readily engage in lying? _____ What are you more readily prone to lie about?
_____
_____
_____

22. Do you have a problem with stealing? _____ If yes, please explain: _____
_____
_____
If you have stolen things, do you still have any of the items in your possession? _____ If so, what are they and to whom do they belong? _____
_____
_____

23. Have you ever wished someone would die? _____ Have you ever entertained thoughts of how to go about murdering someone? _____ If any answer above is "yes," please explain:_____
_____
_____
_____

24. Have you ever murdered anyone? _____ If so who did you murder and why? _____
_____
_____
_____

25. Please answer the following questions in detail with as much brutal honesty as you can muster:

1. What do you really think about yourself? _____
_____
_____
_____
_____

2. What do you really believe other people think about you? _____
_____
_____
_____
_____

3. What do you really believe God thinks about you? _____
_____
_____
_____
_____

Religious Cult History

1. Are/were your parents and/or grandparents superstitious? _____ Were you superstitious in the past? _____ Are you now superstitious? _____

2. Have you ever worn or owned "luck" charms, fetishes, amulets, or signs of the zodiac? _____

   If so, do you still have any of those in your possession? _____ If so, name them _____
   _____
   _____

3. Were your parents, grandparents, or other close relatives, pastors, or family friends involved in Masonry, Eastern Star, Witchcraft, Voodoo, Magic, New Age, or other occult organizations? _____ If yes, please explain: _____
   _____
   _____
   What level were they in their organization(s)? _____
   _____

   Did any of these people have unsupervised access to you during your childhood years? _____
   If so, please explain: _____
   _____
   _____

4. Did you experience unexplained or supernatural events as a child such as seeing unexplained shadows in your room, hearing footsteps when no one was there, seeing demons, seeing angels, seeing Jesus, levitation, etc.? _____ If yes, please explain: _____
   _____
   _____
   _____
   If so, do any of those experiences continue today? _____
   _____

5. Do you own or have any symbols of idols or items used in spirit worship? _____ Please check any of the following that you own:

Buddhas ____ Totem poles ____ Occultic Jewelry _____ Masks ____ Carvings _____
Pagan symbols ____ Native art ____ Fetish objects or feathers ____ Other? _____
Dream catchers ____ Statues of people (dead or alive) that you believe hold any special powers? _____

If yes, please explain your thoughts about them: _____
_____
_____
_____
_____

6. Are you willing to rid your home of any object that is displeasing to the Lord (Deut.7:26)?_____
If not, please explain why: _____
_____
_____

7. Please mark any activities below that you or your relatives have ever been involved in. Initial where applicable with: **S = Self, F = Family member, S/F = Self and Family member**

Astral projection	_____	Incubi & Succubi	_____		_____
Ouija board	_____	Fetishism	_____	Speaking in a trance	_____
Table-lifting	_____	Greek Fraternity	_____	Automatic writing	_____
Christian Science	_____	Daughter of the Nile	_____	Visionary dreams	_____
Unity	_____	Shriners	_____	Telepathy	_____
Scientology	_____	Clairvoyance	_____	Ghosts	_____
The Way Internat'l	_____		_____	Materialization	_____
Unification Church	_____	Greek Sorority	_____	Mormonism	_____
Zen Buddhism	_____	Drum beatings	_____	Jehovah's Witness	_____
Hare Krishna	_____	Fortune-telling	_____	Children of God	_____
Baha'ism	_____	Tarot cards	_____	Swedenborgianism	_____
Rosicrucian's	_____	Palm-reading	_____	White Shrine of Jerusalem	_____
Unitarianism	_____	Yoga	_____	Magic charming	_____
New Age	_____	Eckankar	_____	Theosophical Society	_____
Silva Mind Control	_____	Roy Master	_____	Satanism	_____
	_____		_____	Blood pacts	_____
Father Divine	_____	Black & White Magic	_____	Demolay	_____
Moose Lodge	_____	Islam	_____	Handwriting Analysis	_____
	_____	Black Muslim	_____	Prince Hall Freemasonry	_____
Divination	_____	Bloody Mary	_____		_____
Acupuncture	_____	Grand Orient Lodge	_____	Foresters	_____
American Lodge	_____	Royal Order of Jesters	_____	Eagles Lodge	_____
Order of Amaranth	_____	Druids	_____	Ladies Oriental Shrine	_____

	_____	Elks Lodge	_____	Knights of Columbus	_____
Orange Order	_____	Knights of Pythias	_____	Rainbow Girls	_____
Necromancy	_____	Seances	_____	Charlie, Charlie	_____
Manchester unity order of Odd fellows			_____	Rome Lodge	_____
Healing magnetism (Vital Force Transference w/ the hands)			_____	Transcendental Meditation	_____
International Order of Job's Daughters			_____	Astrology/Horoscopes	_____
Mental suggestion (mind swapping)			_____	New Age medicines	_____
Mystic Order Of the Veiled Prophets of the Enchanted Realm			_____	Rod and pendulum (dowsing)	_____
Witchcraft (Obeah - Obi, Santeria, Voodoo, Palo, Macumba, Candomble)			_____	Church of the Living Word	_____
World Wide Church of God (Herbert / Garner Ted Armstrong)			_____	Hypnosis	_____
Science of Creative Intelligence			_____		_____

If any are checked, what degree were you/they involved, and to what level did you/they climb in the organization?_____

_____

If you know of others, please share them: _____

8. Is there any Masonic regalia or memorabilia in your possession? _____ If yes, what is it?

_____

_____

9. Have you ever been hypnotized, attended a "New Age" seminar, or participated in a séance, or been through a Native American ceremony? _____ If yes, please explain:

_____

_____

_____

10. Have you ever been involved in any of the martial arts? _____ If yes, which ones and to what level have you advanced? _____

_____

11. If you have been involved in martial arts, do you still practice it? _____

12. Have you ever learned about or used any form of mind communication or mind control? If yes, please explain:_____

_____

_____

13. Have you ever taken a class or read books on parapsychology or witchcraft? _____ If yes, please explain: _____

_____

_____

14. Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance or companionship? _____ If yes, please explain: _____

_____

_____

_____

15. Have you ever been involved in fire-walking? _____ Voodoo? _____ Any other form of religious pagan or satanic ceremony? _____ If yes, please explain: _____

_____

_____

_____

16. To your knowledge, has any curse been placed on you or members of your family? _____ If yes, please share who made it and why: _____

_____

_____

17. What experiences have you had that would be considered supernatural, out of the ordinary?

_____

_____

_____

_____

18. Have you been involved in Satanic rituals of any form?_____ If so please explain:

_____

_____

_____

19. Have you ever made a pact with the Devil? _____ Was it a blood pact? _____ If either of your answers is "yes," please explain: _____

_____

_____

_____

20. Have you played demonic games such as Dungeons and Dragons? _____Have you visited any demonic internet sites? _____Have you watched any demonic films? _____ Please explain:

_____

_____

21. Do you still participate in any of the above demonic activities now? ____ Are there other activities you are involved in that you would consider evil or demonic? If yes, please explain: _____

_____

_____

22. Have you experienced what you would call premonitions? _____Deja vu? _____ Psychic sight?_____

23. Do you have any tattoos? _____ If so describe, tell their meanings, and/or why you were tattooed.

_____

_____

_____

25. Do you have any body piercings or mutilations? _____ If so, please describe, tell why you got them, and any meanings they may have: _____

_____

_____

_____

Abuse and Sexual History

1. Have you ever been emotionally, spiritually, and/or physically battered/abused (excluding sexual abuse)? _____ If yes, please explain: _____

_____

_____

_____

2. Have you ever been sexually molested? _____ If yes, how many times? _____ If yes, please explain ages, who violated you, and circumstances: _____

_____

_____

_____

_____

3. Have you ever committed fornication (a sexual act by an unmarried person)? _____ If yes, about how many partners? _____ Are you currently having an affair with someone? _____

4. If married, have you ever committed adultery (a sexual act by a married person with someone other than their spouse)? _____ If yes, are you currently having an affair? _____ If you are, are you willing to break it off? _____ If not, why? _____

_____

_____

5. Have you ever molested and/or raped anyone? _____ If yes, please explain: _____

_____

_____

6. Have you ever been personally associated with a person who has had an abortion? _____If so, please explain: _____

_____

_____

7. If a woman, have you ever had an abortion? _____ If yes, please tell how many abortions you have had and how old you were when the abortion(s) took place: _____
_____
_____

8. Have you ever had a baby or fathered a baby and adopted the baby out? _____ If yes, was the baby conceived out of wedlock? _____

9. Have you ever had a desire to have sex with a child? _____ If yes, how often? _____

10. Have you ever fondled a child sexually? _____ Have you ever had sex with a child? _____

11. Have you ever committed incest? _____

12. Are you sexually frigid? _____

13. Have you struggled with masturbation in the past? _____ Is it still a struggle? _____

14. Have you ever been attracted to pornography? _____ If yes, what is the earliest age you remember pursuing it? _____ Did you become regularly involved in it? _____ Please share how you were introduced to pornography: _____
_____
_____

15. Are you currently active in pornography? _____ If yes, do you desire to be free from it? _____

16. Have you ever had homosexual or lesbian thoughts and desires? _____
If yes, what is the earliest age you recall being attracted the same sex? _____
Do you currently entertain those thoughts? _____
Have you been a cross-dresser in the past? _____
Have you been cross-dressing recently? _____ If yes, do you desire to stop? _____

17. Have you ever actually had a homosexual or lesbian experience? _____
If yes, did you become sexually involved in a steady relationship? _____
If so, are you still in that relationship? _____
If yes, do you desire to be free from the relationship and homosexuality? _____

18. Have you been involved in the past or present with any other unnamed actions or desires that you would classify as perversion? _____ If so, please explain: _____
_____
_____
_____
_____
_____

Forgiveness

In the space below think through people who have hurt you, caused you harm, or against whom you hold some type of negative feeling or relational wall of tension. Include everyone from your childhood

through the present day. In column one write their name, in column two list what they did to you (briefly), and in column three describe how those actions make you feel.

	Person's Name	What They Did	How This Made You Feel
1			
2			
3			
4			
5			
6			
7			
8			

Other Inner Hurts and Wounds

If you have other painful experiences not listed in the forgiveness table above, please list them below. Use the back of this sheet if necessary:

1. _____

2. _____

3. _____

Strongholds

Circle the number of each statement that describes your thinking about yourself

1	I am damaged goods	31	There are other pathways to God other than surrendering my life to Christ
2	There is little hope that my life will ever change for the better or have any purpose	32	I will not allow close friends that mock God to corrupt me
3	There is no one I can trust to help me	33	It is important that I have the approval of others in order to be happy
4	It would be better for me to end it all	34	I must act and look a certain way in order to be accepted by God and others
5	Everyone has rejected me and cares not whether I live or die.	35	I can hear the word of God and choose what parts to live by without serious consequences
6	I am doomed to keep reliving all of the ugliness of my past.	36	Now that I am a Christian, I am no longer a sinner
7	I have no control over my life	37	Just plain common sense is sometimes better than what the bible calls wisdom

8	**My self worth is based on how I look , what I've accomplished, and what others think about me.**	**38**	**The words of my mouth don't always reveal what's in my heart.**
9	**In this world that God created, life is simply not fair**	**39**	**A God of love would never have allowed what happened to me.**
10	**My spouse is trying to control me like [person] did.**	**40**	**I have committed the unpardonable sin**
11	**I will never be able to stop this destructive activity**	**41**	**God continues to punish me for past sins**
12	**I must be in control of my life, with or without God's help**	**42**	
13	**When I Hide the deepest wounds of my heart so that I can also hide the pain and shame**	**43**	
14	**I don't have to be honest with God because He already knows everything.**	**44**	
15	**I allow Destructive activities in my life because they help me to forget the deepest wounds of my past.**	**45**	
16	**I must look a certain way for people to accept me.**	**46**	
17	**I must isolate myself from people to avoid betrayal or emotional harm to myself**	**47**	
18	**My life is not worth living**	**48**	
19	**It would have been better if I had never been born**	**49**	
20	**God apparently doesn't love me or care about me**	**50**	
21	**If People Saw the real me, they would reject me.**	**51**	
22	**It's up to me to fix what's wrong with my family.**	**52**	
23	**God overlooks my faults because He knows my heart**	**53**	
24	**Having more money would bring me happiness and security**	**54**	
25	**Living a life of excess is harmless if it doesn't hurt others**	**55**	
26	**If only I had a different body and personality, I could obtain the desires of my heart**	**56**	
27	**Sexual lust and promiscuity is able to bring me satisfaction**	**57**	
28	**I can habitually and willfully sin and still inherit God's kingdom**	**58**	
29	**God's provisions for my life are not adequate for my needs**	**59**	
30	**I can live my life without boundaries and suffer no consequences.**	**60**	

Inner Vows/Self Inflicted Curses

Please circle the number in the list below of anything that reflects a <u>spoken</u> or <u>unspoken</u> statement, or attitude that you feel characterized your thinking at any time <u>past</u> or <u>present.</u>

1	I will never allow anyone a chance to hurt me again	31	
2	I will be the boss and in control of my life	32	
3	I will claim ownership over all that I have because it is I who achieved it without the help of anyone.	33	
4	I will show no mercy to those who would hurt me	34	
5	I will show everyone that I am somebody worthy of respect.	35	
6	I will take control of my life, with or without God's help	36	
7		37	
8		38	

9		39	
10		40	
11		41	
12		42	
13		43	
14		44	
15		45	
16		46	
17		47	
18		48	
19		49	
20		50	
21		51	
22		52	
23		53	
24		54	
25		55	
26		56	
27		57	
28		58	
29		59	
30		60	

SOUL TIES

Ungodly soul ties are Satan's way of countering the body of Christ. Soul ties can be formed from any relationship that has the power to negatively affect your thinking or your outlook on life. Relationships that lack a healthy God-centered focus, or that include sinful mental and spiritual influences and/or behavior, can bring about an ungodly soul tie. One of the most common forms of soul ties occur from sex outside of marriage. These soul ties can have a very powerful effect on our ability to establish healthy relationships in the present day. You may find that you consistently have an old friend or romantic flame on your mind in a manner that gets in the way of your current life. You may also find that it is difficult to get rid of an old grudge or judgment against another.

In the workspace below think through past relationships that have had an ungodly spiritual, emotional, or physical aspect to them. Common places to look for ungodly soul ties include: sexual relationships outside of marriage, morally or spiritually corrupt friendships, perverted family ties (including a tie with a parent who will not emotionally let go of their child once they marry), emotional attachments to the dead, codependent relationships, and any relationship in which disunity is fostered - between people at church, work, or among family and friends, etc.

1		**9**	
2		**10**	
3		**11**	
4		**12**	
5		**13**	
6		**14**	
7		**15**	
8		**16**	

Issues Not Addressed

Do you have any other problems, burdens, underlying or repetitive sin that you fell this questionnaire has not given opportunity to share? Please pray and ask the Lord to bring to your mind any other relevant issues, while remembering that the enemy, Satan, has legal rights to stay and torment you until the root of each issue is dealt with. So, please try to pinpoint when each problem began and if they were connected to a traumatic experience or if Satan simply succeeded in snaring you and you gave in to him. Please do feel free to share any additional information that you believe may be helpful to your finding total freedom in Christ during your counseling sessions (use back of sheets if necessary):

_____
_____
_____
_____
_____
_____