

Confidential Information Cover Sheet

The revival ministry *Beautiful Feet* desires to help you effectively walk forward in your relationship with God. We believe that through the power of the Holy Spirit, lives can be miraculously changed and transformed into the likeness of Jesus Christ.

We know that every one of us has weights from our past which has the potential to slow us down from consistent spiritual growth. These weights, if not dealt with effectively, restrict our ability to fully love and serve God. Our objective through this ministry is to come alongside you and minister to you, assisting you in overcoming the situations in your life that hinder your Christian growth.

For us to walk alongside you through this process, we ask that you complete this questionnaire and return it when you come to your next scheduled session.

Please prayerfully consider your response to each question, asking the Holy Spirit to enlighten you.

*You can e-mail this form back to us at romans1015@outlook.com or mail to:
Beautiful Feet
P. O. Box 915
Auburn, IN 46706*

All information is strictly confidential.

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

Chet & Phyllis Swearingen
Beautiful Feet
(260) 920-8248

- CONFIDENTIAL INFORMATION -

Name: _____		Date: _____		
Address: _____				
E-mail: _____		Phone: _____		
Church Attended: _____		Pastor's Name: _____		
Your Occupation: _____		Number of Children _____		
Age: _____	Birthday: _____	Gender: _____		
Marital Status:				
Single	Married	Divorced	Remarried	Widowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of 1st spouse: years married _____		Number of Children with: _____		
Name of 2 nd spouse: years married _____		Number of Children with: _____		
Name of 3 rd spouse: years married _____		Number of Children with: _____		
Name of 4 th spouse: years married _____		Number of Children with: _____		

Please briefly answer the following: *(Use back of sheet for detailed answers.)*

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? Father Yes No Don't know
Mother Yes No Don't know

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 ___ Adoptive parents' ___ Mother's home
___ Father's home ___ Grandparent's home ___ Orphanage
___ Foster home(s) ___ Friend's home ___ Other relative's home

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:

36. Were you raised in a physically or verbally abusive home? Yes No
If yes, please briefly explain:

37. Were you sexually abused at home? Yes No
If yes, please briefly explain:

38. Were you ever sexually abused outside the home? Yes No
If yes, please briefly explain:

39. Have you, your spouse, your parents, or your grandparents been in any of the following cults:
 Occultism Rosicrucian Jehovah's Witnesses Buddhism
 Spiritist churches Children of Love Baha'i Mormons
 Christadelphians Scientology Religious communes Hinduism
 Theosophy Unification church Islam
 Christian Science Native religion

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 been a member of any of the following:
 Freemasons (Masonic Lodges) Oddfellows Rainbow Girls Ku Klux Klan
 Eastern Star Shriners Elks club DeMolay
 Job's Daughters Daughters of the Nile

Others _____

If you have checked any of the above, state who, what, when, and to what extent:

41. 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 Sclerosis Muscular Dystrophy Diabetes
 Blindness Blood disease Lingering Disorders Mental Problems
 Alcoholism Drug Abuse RX Tranquilizers

Others _____

If you have checked any of the above, state who, what, when, and to what extent:

54. 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:

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

If yes, what, and why?

56. Have you made any pacts with Satan? Yes No

57. Do you know of any curse placed on you or your family? Yes No

If yes, when, by whom, and why?

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

59. Have you been involved in Eastern religions? Yes No

60. Have you ever visited non-Christian places of worship? Yes No

61. Have you ever done any form of Yoga? Yes No

62. Have you learned/used mind communication or mind control? Yes No

63. Have you ever seen a demonic presence? Yes No

If yes, briefly explain:

64. 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 | <input type="checkbox"/> Pagan Symbols |
| <input type="checkbox"/> Tikis | <input type="checkbox"/> Native Art | <input type="checkbox"/> Kachina Dolls |

65. 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 | |

66. 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 | |

67. Have you ever learned any of the martial arts? Yes No

If yes, describe and explain:

68. Do you struggle with any sexual issues or problems? Yes No

69. Do you have any tattoos? Yes No

For questions 70 through 87 please place a "P" for past, a "C" for current or "PC" for both.

70. 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

71. Have you been addicted to any of the following?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Compulsive Exercise | <input type="checkbox"/> Reckless Spending |
| <input type="checkbox"/> Television | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Tobacco |
| <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 _____ |

72. 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. |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Lust | <input type="checkbox"/> Satanic interest | <input type="checkbox"/> Control over life |
| <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"/> Religion | <input type="checkbox"/> Spiritual deadness | |

74. 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 |
| <input type="checkbox"/> Foaming at the mouth | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Gnashing of teeth |
| <input type="checkbox"/> Intense depression due to loss | <input type="checkbox"/> Attention deficit | <input type="checkbox"/> Chemical imbalance |
| <input type="checkbox"/> Prostration | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Self-mutilation |
| <input type="checkbox"/> Hear voices | <input type="checkbox"/> Insanity | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Senility | <input type="checkbox"/> Schizophrenia | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Paranoia | |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Paralysis | |
| <input type="checkbox"/> Eating disorders: Type(s) _____ | | |

75. 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"/> Daredevil 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 |

76. I have in the past or currently experience interest with the following areas:

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Error in doctrine | <input type="checkbox"/> Fears | <input type="checkbox"/> An un-submissive attitude |
| <input type="checkbox"/> Hindrances to hearing sermons | <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"/> Maintaining a form of godliness |
| <input type="checkbox"/> Mental confusion | <input type="checkbox"/> Hindrances to Bible reading | |
| <input type="checkbox"/> Dullness of comprehension | <input type="checkbox"/> Hindrances to prayer | |
| <input type="checkbox"/> Hindrances to movement of the Holy Spirit | <input type="checkbox"/> Hyper-spirituality | |
| <input type="checkbox"/> False doctrines such as Mormonism, Jehovah's Witness, Catholicism, Buddhism, Hinduism | | |

other _____

78. I have in the past or currently 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"/> Addiction to sports | <input type="checkbox"/> Addiction to television | |

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

- | | | |
|---|-------------------------------------|--|
| <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"/> Necromancy | <input type="checkbox"/> Spirit guides / animal guides |
| <input type="checkbox"/> Bigotry | <input type="checkbox"/> Séances | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Self-pity | |
| <input type="checkbox"/> Drugs, illegal or prolonged use of legal | | |

80. 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"/> A desire to be a hermit or recluse | <input type="checkbox"/> Anxiety, stress | <input type="checkbox"/> Fear of abandonment |
| <input type="checkbox"/> Lack of trust/ doubt/ worry | <input type="checkbox"/> Migraines | <input type="checkbox"/> Fear of rejection |
| <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"/> Panic attacks | <input type="checkbox"/> Fear of spiders |
| <input type="checkbox"/> Fear of not being good enough | <input type="checkbox"/> Fear of animals | |
| <input type="checkbox"/> Fear of saying 'no' | <input type="checkbox"/> Other fears, list _____ | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Haughtiness | <input type="checkbox"/> 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-righteousness | <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"/> Attitude of always being right | <input type="checkbox"/> Being arrogant and smug | |

82. 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"/> False responsibility |
| <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 | |

83. 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 |
| <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 |

84. 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) _____ | | |

85. 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"/> Gossip | <input type="checkbox"/> Frenzied emotional actions |
| <input type="checkbox"/> Exaggeration | <input type="checkbox"/> Slander | <input type="checkbox"/> Melancholy nature |
| <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"/> Self-deception |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Perversity | <input type="checkbox"/> Broken spirit | <input type="checkbox"/> Lust |
| <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 of God |
| <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"/> Adultery | <input type="checkbox"/> Chronic worrier | <input type="checkbox"/> Self-lover |
| <input type="checkbox"/> Contentiousness | <input type="checkbox"/> Foolishness | <input type="checkbox"/> Fornication |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Lesbianism | <input type="checkbox"/> Effeminate Spirit |
| <input type="checkbox"/> Rebellion | <input type="checkbox"/> Sexual frigidity | |

87. 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"/> Controlling spirit | <input type="checkbox"/> Passive spirit |

88. 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?

What Do I think?

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

89. 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
90. 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 stop it from happening. It was all my fault.
 I knew what was going to happen, yet I stayed anyway. 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.
91. 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.
92. 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.
 Not even God can help me. I am too small to do anything.

93. ___ 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. ___ My body parts are dirty.
 ___ I will always be hurt/damaged/broken because of what has happened. ___ I will never feel clean again.
 ___ God could never want me after what has happened to me.
 ___ I will always be unclean, filthy, etc
94. ___ 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.
95. ___ 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 of this
96. ___ 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

97. What is the worst thing that ever happened in your life?

98. Have you received prayer for deliverance? Yes No
 If yes, describe your experience:

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

100. Are there any other problems you believe this questionnaire has not addressed? Please explain:

“The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to preach good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release for the prisoners, to proclaim the year of the Lord’s favor.”

Isaiah 61:1-2

*Acknowledgement is given to Dr. William Sudduth’s “Deliverance Training Manual.”
This questionnaire is a modified version of his work.*