

**Deliverance Ministry
Questionnaire (Minor)**

Confidential Information

Parents,

It is our heart's desire to see your child and your entire family experience healing, wholeness, and the freedom to live in the abundant life that Jesus desires for us all.

To help us minister with wisdom and care, we ask that you complete the **Forgiveness and Soul Tie Worksheets** and **Adult Questionnaire** for yourself, and the **Children's Questionnaire** with your child. The information you provide allows us to better understand your family's story and to pray more effectively and sensitively for your child.

It is especially important that parents complete the adult questionnaire, as a parent's history and experiences often provide valuable insight into a child's needs and healing journey. If your child is **12 years of age or older**, please have them complete the adult questionnaire as well.

If your child is able, we encourage you to allow them to complete as much of the children's questionnaire as they feel comfortable doing, offering support as needed and without pressure.

Thank you for entrusting us with this sacred work. We are honored to walk alongside your family in prayer and ministry.

Looking to the future,
Chet Swearingen

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Questionnaire (Minor)

Ages 0–12 Years

For younger children (approximately ages 0–6), parents or guardians should complete the form based on observation.

Parent / Guardian Information

Parent / Guardian Name _____

Date _____ Cell _____

Parent / Guardian Email _____

Child's Name _____

Address _____

Age _____ Date of Birth _____ Gender _____

Child Questions

*(To be completed by the child **only if developmentally appropriate**; otherwise, parent observation may be used.)*

Feelings and Emotions

1. Are you feeling angry, sad, or upset with anyone right now?

Who? _____

2. Do you ever feel mad at or disappointed with yourself?

Why? _____

3. How do you usually feel at home?

4. How do you usually feel at school (or daycare/homeschool)?

5. Do you ever feel angry with your mom?

Why? _____

6. Do you ever feel angry with your dad?
Why? _____
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Safety and Boundaries

(Ask gently. If a child becomes uncomfortable, stop and notify ministry leadership.)

7. Has anyone ever touched you in a way that made you feel scared, confused, or uncomfortable?
 Yes No Not sure

If yes, and the child is able to share:

Who? _____ When? _____ Where? _____

8. Have you ever seen things on a phone, computer, tablet, or TV that made you feel scared, confused, or bad inside?
 Yes No

If yes, what did you see?

9. Are there shows, videos, games, or pictures that make you feel upset or uncomfortable afterward?
 Yes No

If yes, what are they? _____

Body Awareness and Sleep

10. Sometimes kids are curious about their bodies. Do you ever touch yourself or others in ways that make you feel confused, worried, or uncomfortable?
 Yourself Others No

11. Do you have bad or scary dreams?
 Yes No

If yes, what are they about? _____

12. What kinds of things make you feel scared? _____
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Behavior and Imagination

13. When you feel angry, what do you usually do? _____

14. Do you have an imaginary friend or character you like to play with?

Yes No

If yes, what is their name? _____

15. Is it sometimes hard to obey mom or dad?

Yes No

16. Do you ever feel like something inside is telling you to disobey or do the wrong thing?

Yes No

17. Do you sometimes tell lies?

Yes No

18. When you are mad, do you ever hit, bite, or hurt others?

Yes No

Child's Voice

19. Is there anything you would like help with, prayer for, or want to do better at?

(Words or pictures are both okay.) _____

Parent / Guardian Section

Home and Environment

1. Does your child have any social media accounts?

Yes No

If yes, which ones? _____

2. Does your child live with both parents?

Yes No

Please explain if needed: _____

3. Has your child been exposed to drugs or alcohol in the home or family environment?
 Yes No

Explain (if applicable): _____

4. What kinds of video games, apps, TV shows, or online content does your child (or others in the home) regularly engage with? _____

Pregnancy, Birth, and Early Life

5. Were there any significant stressors, trauma, or losses during pregnancy or before your child's birth?
 Yes No

Explain (if known): _____

6. Did your child experience any complications or trauma during birth or shortly after?
 Yes No

Explain: _____

Health and Development

7. Are there any behaviors or habits that concern you?
 Yes No

Explain: _____

8. Has your child ever been diagnosed with a medical, developmental, or mental health condition by a licensed professional?
 Yes No

If yes, please list: _____

9. Is your child currently taking any medications?

Yes No

If yes, please list: _____

Adopted or Foster Children (If Applicable)

10. At what age was your child adopted or placed in your care?

11. Country of origin (if applicable): _____

12. Was your child in foster care or an orphanage?

Yes No

Explain (if known): _____

13. Is there any known history of physical or sexual abuse prior to placement?

Yes No Unknown

Explain (if appropriate): _____

14. Were the biological parents known to struggle with drugs or alcohol?

Yes No Unknown

Explain (if known): _____

15. Do you feel bonding and attachment are developing between you and your child?

Yes Somewhat No

Explain: _____

16. Is your child able to express love and receive affection?

Yes Sometimes No

Explain: _____

Reason for Seeking Ministry

17. Please describe the behaviors, concerns, or spiritual needs that have led you to seek prayer and deliverance ministry for your child:

*“Let the little children come to Me, and do not hinder them,
for the kingdom of God belongs to such as these.”*
— **Luke 18:16 (NIV)**