

Phase One Worksheets

We are thrilled that you have taken this step!

Instructions:

- 1) Print this. If you cannot print, please contact our church and we can mail you printed papers.
- 2) Do the **Forgiveness Worksheet** (Page 2). We do not need it back.
- 3) Do the **Soul Tie Worksheet** (Page 4). We do not need it back.
- 4) Complete the **Questionnaire** (Page 5).
- 5) Sign up to “Continue the Process” at www.MyNewHope.in/continue-the-process

Forgiveness Worksheet

This Worksheet does not need to be returned.

How to Forgive

To begin with, you must make yourself vulnerable to God. He has to be allowed to bring to the surface all the painful emotions you feel towards those who hurt you. Do not try to suppress or hide your pain. You need to grant God permission to go down to the emotional core of your being and bring that pain to the surface so those damaged emotions can begin to heal once your decision to forgive is complete.

1. Get alone and ask the Lord to show you the people you need to forgive.
 - Make a list of the names of people he brings to your memory.
 - They may be the little girl from the third-grade, or your fifth-grade schoolteacher, or perhaps even yourself.
2. Go over each name with the Lord and express to him how they have hurt you.
3. Write down what they did and why you need to forgive them.
 - Example:
 - Mrs. Smith, my fifth-grade teacher, humiliated me. She made fun of me and I was so angry. I was so vulnerable and not able to protect myself from her.
4. List whatever feelings you had and the degree to which you felt them.
 - Example:
 - I was so angry; I did not care if they fell and hurt themselves. Actually, I wished they had.
 - I wished I could have died because of the humiliation.
5. Write a short note to each person who has hurt you, telling them what they did and how it made you feel. End each note with: *"But I choose to forgive you!"*
 - These notes do not need to be given to the person you need to forgive. These are an act of faith. The Lord will see you are serious.
6. Choose to forgive and release them. Then do it.
 - Pray a simple prayer similar to this:
 - Lord, I want to confess that I have not loved, but have resented, certain people and have unforgiveness in my heart. Lord, I now choose to forgive _____ (*name of the person or persons*), in the name of Jesus, amen.
 - Pray that prayer for each person on your list.
7. Last of all, this step can be the hardest but also the most freeing.
 - Go somewhere alone—the bathroom, or your bedroom—with a mirror. Look at yourself in the mirror. Forgive and release yourself for everything that you need to forgive yourself of.

The Motivation for Seeking Forgiveness for the Wrongs You Did to Others

Matt. 5:23-26 is the key passage for seeking forgiveness. Several points in these verses bear emphasizing. The worshipper coming before God to offer a gift *remembers* that someone has something against him. The Holy Spirit is the One who brings to his or her mind the wrong that was done.

Only the actions which have hurt another person need to be confessed to them. If you have had jealousy, lustful, or angry thoughts toward another, and they don't know about it, these are to be confessed to God alone. An exception to this principle occurs when restitution needs to be made. If you stole or broke something, damaged someone's reputation, and so on, you need to go to that person and make it right, even if he or she is unaware of what you did.

The Process for Seeking Forgiveness for What You Have Done to Others

1. Write out what you did wrong and why you did it (this is not to be given to the person you offended).
2. Make sure you have already forgiven them for whatever they may have done to you.
3. Think through exactly how you will ask them to forgive you. Be sure to:
 - Label your action as “wrong.”
 - Be specific and admit what you did.
 - Make no defenses or excuses.
 - Do not blame the other people, and do not expect or demand that they ask for your forgiveness.
 - Your confession should lead to the direct question: “Will you forgive me?”
4. Seek the right place and the right time to approach the offended person.
5. Ask for forgiveness in person with anyone with whom you can talk face to face, with the following exception: *Do not go alone* when your safety is in danger.
6. Except where no other means of communication is possible, *do not write a letter* because: a letter can be very easily misread or misunderstood; a letter can be read by the wrong people (those having nothing to do with the offense or the confession); a letter can be kept when it should have been destroyed.
7. Once you sincerely seek forgiveness, you are free—whether the other person forgives you or not (Rom. 12:18).
8. After forgiveness, fellowship with God in worship (Matt. 5:24).

Soul Tie Worksheet

This Worksheet does not need to be returned.

Exercise

Write down the names of everyone you've had an ungodly relationship with, either sexually or emotionally, and this includes all fantasies. It includes pornography with accompanying masturbation. It includes lesbianism, homosexuality, and molestation, regardless if you were a victim or the abuser, and any other type of sexual perversion that you may have been involved in. This also includes your spouse if you had sexual relations with your spouse prior to your marriage.

If you don't know or remember the name of the person, you can use a description like: "The girl in the bar," or "The boy at the beach," or "The man at the hotel," or whatever other description can help you identify them. After the prayer, consider taking that piece of paper and burning it, or tearing it into little tiny pieces, and stomping on it. Put it under your feet. Also be sure to forgive these people. Forgive them for sinning with you, or forgive them for sinning against you, especially if you were a victim of molestation or rape.

Prayer

Heavenly Father, I submit myself completely to you. I ask you to forgive me for any and all unnatural or ungodly relationships with any person, place, or thing. I ask you to forgive me for any and all sexual misconduct or ungodly soul ties specifically with _____ (everyone on your list). And in the mighty name of Jesus, I ask that my spirit be loosed from them according to Matt. 18:18-19, and I tell my spirit to forget the unions. I tell my mind to release responsibility for them, and I tell my emotions to let go and forget the unions. I tell the fragmented pieces of my soul to come back together. I hereby break every ungodly soul tie in the mighty name of Jesus, amen!

Lord, I choose to forgive each person that I have been involved with in any wrong way. I renounce all uses of my body as an instrument of unrighteousness, and by so doing, I ask you to break all bondages that Satan has brought into my life through that involvement. I confess my participation, I choose to forgive myself, and I choose to no longer be angry with myself, or to hate myself or punish myself. I now present my body to you as a living sacrifice, holy and acceptable to you. I reserve the sexual use of my body only for marriage. I renounce the lie of Satan that my body is not clean, that it is dirty or in any way unacceptable as a result of my past sexual experience.

Lord, I thank you that you have totally cleansed and forgiven me, that you love and accept me unconditionally. Therefore, I can accept myself, and I choose to do so, to accept myself and my body as cleansed, in Jesus name, amen.

Deliverance Ministry Questionnaire (Adult)

- 1) Complete this questionnaire, asking the Holy Spirit to enlighten you.
- 2) Once you're finished, sign up to continue the process. You can do so by going back to the website where you received this form and click on "Continue the Process."
(alternatively, visit www.MyNewHope.in/continue-the-process)
- 3) A well-trained and confidential team leader will contact you and set up a time to meet face-to-face. Bring this questionnaire with you.

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.

- CONFIDENTIAL INFORMATION -

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|---------|----------|-----------|---------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name: _____ | | Date: _____ | | | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | | | | | |
| E-mail: _____ | | Phone: _____ | | | | | | | | | | | | | |
| Church Attended: _____ | | Pastor's Name: _____ | | | | | | | | | | | | | |
| Your Occupation: _____ | | Number of Children _____ | | | | | | | | | | | | | |
| Age: _____ | | Gender: _____ | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Marital Status:</td> <td style="width: 20%;">Single</td> <td style="width: 20%;">Married</td> <td style="width: 20%;">Divorced</td> <td style="width: 20%;">Remarried</td> <td style="width: 20%;">Widowed</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | | | Marital Status: | Single | Married | Divorced | Remarried | Widowed | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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
22. Were you raised in a Christian home? Yes No
23. Was (is) your father: Passive Strong and Manipulative Neither
 Would you say you had a good relationship with your father? Yes No
 Would your father say you had a good relationship with him? Yes No Don't know
 Briefly describe your past and present relationship with your father:

24. Was (is) your mother: Passive Strong and Manipulative Neither
 Would you say you had a good relationship with your mother? Yes No
 Would your mother say you had a good relationship with her? Yes No Don't know
 Briefly describe your past and present relationship with your mother:
25. Was your upbringing in an alcoholic or drug-dominated home? Yes No
 If yes, please briefly explain:
26. Do you have brothers or sisters? Yes No
 Names: 1. _____ Age _____ brother / sister / full / half / step
 2. _____ Age _____ brother / sister / full / half / step
 3. _____ Age _____ brother / sister / full / half / step
 4. _____ Age _____ brother / sister / full / half / step
 5. _____ Age _____ brother / sister / full / half / step
 6. _____ Age _____ brother / sister / full / half / step
(circle all that apply)
27. Where do you fall in the sibling line? 1st 2nd 3rd 4th 5th 6th
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
33. Do you tithe? Yes No
34. Was (is) your father a perfectionist? Yes No
35. Was (is) your mother a perfectionist? Yes No
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:
- | | | |
|---|--|---|
| <input type="checkbox"/> Occultism | <input type="checkbox"/> Children of Love | <input type="checkbox"/> Religious communes |
| <input type="checkbox"/> Spiritist churches | <input type="checkbox"/> Scientology | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Christadelphians | <input type="checkbox"/> Unification church | <input type="checkbox"/> Buddhism |
| <input type="checkbox"/> Theosophy | <input type="checkbox"/> Native religion | <input type="checkbox"/> Mormons |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Jehovah's Witnesses | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Rosicrucian | <input type="checkbox"/> Baha'i | |
- 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:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Freemasons | <input type="checkbox"/> Oddfellows | <input type="checkbox"/> Elks Club |
| <input type="checkbox"/> (Masonic Lodges) | <input type="checkbox"/> Shriners | <input type="checkbox"/> Ku Klux Klan |
| <input type="checkbox"/> Eastern Star | <input type="checkbox"/> Daughters of the Nile | <input type="checkbox"/> DeMolay |
| <input type="checkbox"/> Job's Daughters | <input type="checkbox"/> Rainbow Girls | |
- 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:
- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> High Fever | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> RX Tranquilizers |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Virus Infections |
| <input type="checkbox"/> Bent Body | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Impotency |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Allergies | <input type="checkbox"/> Mental Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Muscular Dystrophy | |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Lingered Disorders | |
- Others _____

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

42. Did either of your parents suffer from depression? Father Mother Neither
If you circled mother or father, describe their depression and its impact at home:

This Is About You:

43. Are you easily frustrated? Yes No
If yes, do you show it or bury it? Show Bury
If yes, state what frustrates you:

44. Would you describe yourself as: Anxious Yes No
 A worrier Yes No
 Depressed Yes No
45. Have you personally ever had psychiatric counseling? Yes No When?
46. Have you ever been hypnotized? Yes No
47. Do you feel mentally confused? Yes No
48. Do you daydream or have mental fantasies? Yes No
49. Do you suffer from frequent bad dreams/nightmares? Yes No
 Describe any recurring theme:
50. Have you ever been tempted to commit suicide? Yes No
 If yes, when and why?
51. Have you tried to commit suicide? Yes No
 If yes, how, when, and why?
52. Have you ever wished to die? Yes No
53. Have you been involved in occultism or witchcraft? Yes No
54. Have you ever had involvement with any of the following:
 ___ Fortune Tellers ___ White Magic
 ___ Mediums ___ Crystals ___ Séances
 ___ Levitation ___ New Age Movement ___ Color Therapy
 ___ Black Magic ___ Ouija boards ___ Lucky Charms
 ___ Clairvoyance ___ Astrology ___ Spirit Guides
 ___ Dungeons & Dragons ___ Horoscopes ___ Native Healer
 ___ Tarot Cards ___ Demon Worship ___ Voodoo
 ___ Palmistry ___ Automatic Handwriting
 ___ Astral Travel ___ Witch Doctors
 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?
If yes, briefly explain: Yes No
64. Do you currently have in your home any symbols of idols or spirit worship such as:
 ___ Buddha ___ Totem Poles ___ Painted Facemasks
 ___ Idol Carvings ___ Fetish Objects ___ Pagan Symbols
 ___ Tikis ___ Native Art ___ Kachina Dolls
65. What type of music did you occupy your mind with before conversion?
 ___ Rock & Roll ___ Punk Rock ___ New Age
 ___ Rap ___ Heavy Metal ___ Country
 ___ Gospel/Christian ___ Classical
66. What type of music do you occupy your mind with now?
 ___ Rock & Roll ___ Punk Rock ___ New Age
 ___ Rap ___ Heavy Metal ___ Country
 ___ Gospel/Christian ___ Classical
67. Have you ever learned any of the martial arts?
If yes, describe and explain: Yes No
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, place a “P” for past, a “C” for current or “PC” for both.

70. Have you ever utilized any of the following drugs?
 ___ LSD ___ Speed ___ Uppers
 ___ Cocaine ___ Crack
 ___ Downers ___ Marijuana
 ___ 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:
- ☐ Have trouble accepting the deity of Christ
 - ☐ Have trouble accepting Christ's atoning sacrifice
 - ☐ Have trouble accepting the teachings of Christ
 - ☐ Tend to unknowingly suppress ministries
 - ☐ Tend to gravitate toward humanistic thinking
 - ☐ Tend to have a lawlessness about you
 - ☐ Not believe you have an anointing on your life
 - ☐ Tend to often be in heretical teaching
 - ☐ Seem to always be persecuted in your walk with Christ
 - ☐ 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 & 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"/> Hyper-spirituality | <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"/> False doctrines such as Mormonism, Jehovah's Witness, Catholicism, Buddhism, Hinduism | | |
| <input type="checkbox"/> 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"/> Gluttony | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Life's unfairness | <input type="checkbox"/> Discouragement | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Inner hurts & torn spirit | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Many regrets |
| <input type="checkbox"/> Continuous sorrow & grief | <input type="checkbox"/> Suppressed emotions | <input type="checkbox"/> Excessive mourning |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> A broken heart | <input type="checkbox"/> False responsibility |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Depression | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Self-pity | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Despair | |
83. I have in the past or currently struggle with the following:
- | | | |
|---|--|---|
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Revenge | <input type="checkbox"/> Causing division |
| <input type="checkbox"/> Cruelty | <input type="checkbox"/> Extreme competition | <input type="checkbox"/> Envy |
| <input type="checkbox"/> Coveting | <input type="checkbox"/> Selfishness | <input type="checkbox"/> Hatred |
| <input type="checkbox"/> Strife | <input type="checkbox"/> Contentiousness | <input type="checkbox"/> Bigotry and racism |
| <input type="checkbox"/> Anger and rage | <input type="checkbox"/> Violence | <input type="checkbox"/> Desire to murder |
| <input type="checkbox"/> Suppressed anger | <input type="checkbox"/> Spite | |
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"/> Attracted to false signs |
| <input type="checkbox"/> Fascination with evil ways | <input type="checkbox"/> Controlling spirit |
| <input type="checkbox"/> Fascination with evil objects | <input type="checkbox"/> Deception |
| <input type="checkbox"/> Fascination with evil people | <input type="checkbox"/> Enticers |
| <input type="checkbox"/> Attracted to false wonders | <input type="checkbox"/> Hypocritical lies |
| <input type="checkbox"/> Seared conscience | <input type="checkbox"/> Attracted to false prophets |
| <input type="checkbox"/> Seducers | <input type="checkbox"/> Passive spirit |
| <input type="checkbox"/> Wander from the truth | |

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.
- | | |
|--|--|
| <input type="checkbox"/> I am all alone. | <input type="checkbox"/> There is no one to protect me. |
| <input type="checkbox"/> I don't matter. | <input type="checkbox"/> I am afraid they won't come back. |
| <input type="checkbox"/> God has forsaken me, too. | <input type="checkbox"/> They do not need me. |
| <input type="checkbox"/> I cannot trust anyone. | <input type="checkbox"/> They are not coming back. |
| <input type="checkbox"/> I have been overlooked. | <input type="checkbox"/> No one will believe me. |
| <input type="checkbox"/> No one ever really cares. | <input type="checkbox"/> 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.
☐ No one will be able to really love me.
☐ Everyone can see my shame, filth, dirtiness, etc.
☐ I will always be hurt/damaged/broken because of what has happened.
☐ God could never want me after what has happened to me.
☐ I will always be unclean, filthy, etc.
☐ My life is ruined.
☐ I will never be happy.
☐ My body parts are dirty.
☐ I will never feel clean again.
94. ☐ I am not loved, needed, cared for, or important.
☐ I am worthless and have no value.
☐ I was a mistake.
☐ I was never liked by them, because I was _____!
☐ I am in the way. I am a burden.
☐ I could never jump high enough to please him/her.
☐ They do not need me.
☐ I am unimportant.
☐ I should have never been born.
☐ God could never love or accept me.
☐ I could never be as _____ as he or she
☐ I am not acceptable.

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.*