



MY STORY

RTF Ministry Questionnaire Cover Sheet

Thank you for your interest in receiving Restoring the Foundations ministry. You are about to embark on a life-changing journey that will draw you closer to the heart of Father God.

*Prior to your ministry, we highly suggest you read *Biblical Healing and Deliverance* by Chester and Betsy Kylstra in order to bring you a deeper understanding of this ministry.*

You can order this book and other related materials by contacting our Resource Department at: 828-693-9626, extension 522, by email at resources@RestoringTheFoundations.org or you can order online at www.RestoringTheFoundations.org and select online store.

Please fill out the following questionnaire as honestly and as completely as you can and return it as soon as possible.

Instructions For The My Story Ministry Questionnaire:

- 1.) **IMPORTANT** – Whether you are using an Apple computer or a PC, please open the file using Adobe Reader 8.0 or higher **only**. We will not be able to receive your paperwork from any other reader.
- 2.) Save the questionnaire to your computer desktop.
- 3.) Fill out the questionnaire, saving often while you are filling it out. Since it is saved to your desktop, you may work on it at your own pace.
- 4.) Once you have completed the questionnaire, please save for the final time.
- 5.) Open a new email and attach your saved questionnaire found on your desktop to your email and send it to your HHN ministers or to Susan Rhodes.

For Those Receiving Ministry From HHN RTF Ministers:

Do One of the Following;

- 1.) Save your finished questionnaire onto your computer and then send it as a PDF attachment to the email address given to you by your RTF ministers.
- 2.) Print a copy of your finished questionnaire and mail it to your RTF ministers.

For Those Receiving Ministry At The International Training Center In NC:

Do One of the Following:

- 1.) Open a new email and attach your saved questionnaire found on your desktop to your email and send it to **HHNoffice@RestoringTheFoundations.org**.
- 2.) Print a copy of your finished questionnaire and mail it to:

Susan Rhodes
RTF International Training Center
2849 Laurel Park Highway
Hendersonville, NC 28739



MY STORY

Restoring the Foundations Ministry

THE HEART

The heart of RTF Ministries is to help you fulfill the two greatest commandments, "You shall love the Lord your God with all your heart, soul and mind," and "love your neighbor as yourself." (*Matthew 22:37-40*). It is our fervent prayer and sincere hope that you will receive the healing, deliverance, and freedom God desires for you to have now and forever so that you will fulfill His commands to love Him and to love others.

THE PURPOSE

The purpose of this questionnaire is to help you and your Ministry Team identify the Sins of the Fathers and Resulting Curses and negative patterns that may be hindering you, as well as those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or openings for Demonic Oppression.

PLEASE USE BLACK INK ONLY – PRINT ALL INFORMATION – DO NOT WRITE IN MARGINS

Please fill out this form as honestly and as completely as you can and return it to your RTF ministers as soon as possible.

First Name: _____ Last Name: _____

Street and/or P.O. Box Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Sex Male: ___ Female: ___ Date of Birth: _____

HAVE YOU EVER RECEIVED RTF MINISTRY BEFORE? *If yes, when and with whom:*

YOUR GOALS FOR RESTORING THE FOUNDATIONS MINISTRY:

Please describe what change(s) you would like to see in your life as a result of coming for RTF ministry:

EXPECTATIONS OF YOUR COMMITMENT:

Your Restoring the Foundations Ministry Team will be making a major commitment to you; first as they schedule their time to be available to you and also as they pray, prepare, and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time to ministry sessions and by completing assignments given to you as part of your ministry. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you, and that you will cooperate fully with the Restoring the Foundations Ministers and with the Holy Spirit, in order to maximize your receiving God's help.

We ask you, by your signature, to commit to a minimum of one month of serious prayer and Bible time following the completion of your ministry. This would include one hour per day (at least five days per week) devoted to prayer, Bible reading, and meditation on your new Godly Beliefs and new True Identity Statements.

We also ask you to agree to call your ministry team two weeks and four weeks after your ministry, to report your progress, to obtain any needed prayer and support, and to be accountable as you meditate on your Godly Beliefs and True Identity Statements.

REFERRAL:

If your RTF team is not equipped or able to minister to your particular needs, or if you need longer term ministry, they in conjunction with your spiritual oversight and/or designated representatives(s) will help you find appropriate referral resources that may offer ongoing support and accountability where it could benefit you.

WAIVER OF LIABILITY:

I understand that I will be seeing Restoring the Foundations Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they are not licensed or professional pastors or counselors, that they minister by the Christian Bible and that they may/may not be ordained and/or full-time ministers, pastors or counselors. **I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or by any organization that I will or will not receive any particular healing. Thus I waive all rights to claims of liability.**

WAIVER OF CONFIDENTIALITY:

I am aware that all statements that I shall make to the Restoring the Foundations Ministers are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, **I waive my right to confidentiality** at the discretion of the Restoring the Foundations Ministers, particularly for the following situations:

- I accept that my ministry team may give a brief summary report of the results of the ministry to their oversight team and/or my appropriate spiritual oversight. **I also accept that my ministry team may consult with their oversight team and/or my appropriate spiritual oversight concerning their ministry to me.**
- I accept that my ministers oversight team and my spiritual oversight and will be informed of any ongoing willful sin in which I am involved.
- I accept and acknowledge that pastors, counselors, Restoring the Foundations Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
- I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
- I accept that the Restoring the Foundations Ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Confidentiality and that I accept the stated conditions and limits of confidentiality. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading, meditation for a minimum of 30 days on my Godly Beliefs and True Identity Statements, and the two and four week progress report.

Signature

Date

Printed Name

PERSONAL INFORMATION:

The following information will help your ministry team focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can. This will become a part of your confidential file.

Occupation: _____ Hours worked per week: _____

Employed by: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___

If married, does your spouse desire ministry? Yes ___ No ___ If not, please explain: _____

Presently living with: Parents ___ Spouse ___ Alone ___ Other (Please specify) _____

MARITAL BACKGROUND:

Name of spouse: _____ Occupation: _____

Have you ever been separated Yes ___ No ___ When? _____

Marriage(s): Please give the following information for your marriage(s).

Date Married	Your Age	Their Age	Spouse's Name	Duration	Reason that it Ended

Children: Please give the following information about each of your children.

Name	Age	Sex	Which Marriage?	Dependent?	Married?	Still Alive?	Age/Cause of Death

EDUCATIONAL BACKGROUND:

(Mark last year of school completed)

Grade school: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

High School: 9 ___ 10 ___ 11 ___ 12 ___

College 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6+ ___

Degrees: _____

MEDICAL/MINISTRY/COUNSELING BACKGROUND:

Are you currently receiving medical treatment? Yes ___ No ___

For what purpose? _____

Have you used drugs for other than medical purposes? Yes ___ No ___

When? _____ What drugs? _____

Have you ever been in counseling/therapy/mental health care? Yes ___ No ___ When? _____

With whom? _____

For what reason? _____

Have you ever taken medication prescribed for emotional reasons? Yes ___ No ___ When? _____

For what reason? _____

Are you currently taking medication prescribed for emotional reasons? Yes ___ No ___

What medication? _____

Have you ever had any major operations? Yes ___ No ___ When? _____

Reason? _____

SPIRITUAL/RELIGIOUS BACKGROUND:

Have you made a commitment to Christ as Lord and Savior? Yes ___ No ___ When? _____

Please Tell What Happened:

Have you received the Baptism of the Holy Spirit? Yes ___ No ___ When? _____

Describe Your Present Relationship With The Lord:

Please List Your Current And All Previous Church Affiliations, Including Length Of Time:

WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?

REASON	Year/Age Started?	REASON	Year/Age Started?	REASON	Year/Age Started?
Abuse		Fear/Phobia		Self-esteem	
Addiction		Financial/Legal		Sexual Issues	
Anger/Aggression		Grief/Loss		Spiritual Concerns	
Church Split		Loneliness		Stress/Anxiety	
Compulsions		Parental/Family/Child		Suicide	
Depression		Premarital/Marital		Trauma	
Divorce/Separation		Relationships		Vocation	

Please Comment:

YOUR BIRTH CONDITIONS: *Indicate whether or not any of the following situations were present when you were conceived or during your mother's pregnancy.*

- | | |
|--|---|
| <input type="checkbox"/> 1. My mother dieted during her pregnancy | <input type="checkbox"/> 14. My mother did not want me |
| <input type="checkbox"/> 2. My mother took drugs during her pregnancy | <input type="checkbox"/> 15. My father did not want me |
| <input type="checkbox"/> 3. My mother smoked during her pregnancy | <input type="checkbox"/> 16. I was given up for adoption |
| <input type="checkbox"/> 4. My mother drank alcohol during her pregnancy | <input type="checkbox"/> 17. I was next child after miscarriage or abortion |
| <input type="checkbox"/> 5. My mother drank caffeine during her pregnancy | <input type="checkbox"/> 18. I was conceived out of wedlock |
| <input type="checkbox"/> 6. My mother experienced trauma during pregnancy | <input type="checkbox"/> 19. There were premature delivery complications |
| <input type="checkbox"/> 7. My mother was raped and I was conceived | <input type="checkbox"/> 20. Breech delivery |
| <input type="checkbox"/> 8. My mother was in poor health during pregnancy | <input type="checkbox"/> 21. Cord around my neck during delivery |
| <input type="checkbox"/> 9. My mother lost a loved one during her pregnancy | <input type="checkbox"/> 22. Forceps delivery |
| <input type="checkbox"/> 10. My father died or left during the pregnancy | <input type="checkbox"/> 23. Labor was induced |
| <input type="checkbox"/> 11. There was a lot of fighting in the home | <input type="checkbox"/> 24. I suffered loss of oxygen during delivery |
| <input type="checkbox"/> 12. My parents were too young; not ready for children | <input type="checkbox"/> 25. C-section delivery |
| <input type="checkbox"/> 13. My parents wanted a child of the opposite sex | |

Other:

FAMILY BACKGROUND:

FATHER

MOTHER

From what country or countries did your ancestors originally come?		
What prominent cultural and/or ethnic backgrounds are in your ancestral lines?		
What are the church backgrounds of your ancestors?		
In what geographic areas within America have they primarily lived their lives?		
Is it possible they were connected with slavery ie. Slaves, slave owners or slave traders?		
Is it possible they were involved in unfair business practices?		
Is it possible they were involved in the occult?		

FAMILY PATTERNS:

(Note: This includes your immediate family and your great-grandparents, grandparents, uncles, aunts.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of intimacy (in marriage, other) | <input type="checkbox"/> Co-dependency |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Children favored, idolized |
| <input type="checkbox"/> Lack of communication between parents/child | <input type="checkbox"/> Children not valued, neglected |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Children taking care of parents |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Children dishonoring parents |
| <input type="checkbox"/> Broken marriages/divorce | <input type="checkbox"/> Sibling rivalry, fights, feuds |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Chronic illness/sickness |
| <input type="checkbox"/> Pride and arrogance | <input type="checkbox"/> Premature deaths |
| <input type="checkbox"/> Unfulfilled lives and/or destinies | <input type="checkbox"/> Most received salvation |
| <input type="checkbox"/> Broken promises (in relationships/finances) | <input type="checkbox"/> Most were not saved |
| <input type="checkbox"/> Men/women workaholics | <input type="checkbox"/> Idolatry of _____ |
| <input type="checkbox"/> Success/failure cycles | <input type="checkbox"/> Abuse: _____ |
| <input type="checkbox"/> Deceptive business practices | <input type="checkbox"/> Addiction: _____ |
| <input type="checkbox"/> Business, financial, or other losses | _____ |

PARENTAL RELATIONSHIPS:

- Natural Parents: Married Separated Divorced Never married
- Rate your parent's marriage: Unhappy Average Happy Very Happy
- If parents separated or divorced, how old were you at the time of the divorce? _____
- Father remarried when you were age _____ Mother remarried when you were age _____
- You lived with: Mother Father Foster Other Family Member Whom? _____
- Step-Parents (if applicable): Married Separated Divorced
- Father deceased? Yes No How old were you at the time? _____
- Mother deceased? Yes No How old were you at the time? _____

PARENTAL RELATIONSHIPS CONTINUED:

What Kind Of Relationship Did/Do You Have With Your Father?

What Kind Of Relationship Did/Do You Have With Your Mother?

On a scale of 1 to 10, indicate how much each parent loved you. Give examples of how they showed their love:

FATHER:

MOTHER:

GENERAL QUESTIONS:

Who In Your Life Has Caused You The Most Pain Or Disappointment? Give An Example Of How It Happened:

List The Main Issues In Your Life You And God Are Working On At This Time:

UNGODLY BELIEFS ABOUT MYSELF:

Read the following statements, and check (✓) the ones that you relate to, or agree with.
Please make adjustments or alterations to any of the words to help make the belief fit you.

Theme: Rejection, Not Belonging

- 1. I don't belong. I will always be on the outside (left out).
 - 2. My feelings don't count. No one cares what I feel.
 - 3. No one will love me or care about me just for myself.
 - 4. I will always be lonely. The special man (woman) in my life will not be there for me.
 - 5. _____
-

Theme: Unworthiness, Guilt, Shame

- 1. I am not worthy to receive anything from God.
 - 2. I am the problem. When something is wrong, it is my fault.
 - 3. I am a bad person. If you knew the real me, you would reject me.
 - 4. I must wear a mask so that people won't find out how horrible I am and reject me.
 - 5. I have messed up so badly that I have missed God's best for me.
 - 6. _____
-

Theme: Doing to Achieve Self-Worth, Value, Recognition

- 1. I will never get credit for what I do.
 - 2. My value is in what I do. I am valuable because I do good to others.
 - 3. Even when I do/give my best, it is not good enough. I can never meet the standard.
 - 4. God doesn't care if I have a 'secret life', as long as I appear to be good.
 - 5. _____
-

Theme: Control (to avoid hurt)

- 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
 - 2. The perfect life is one in which no conflict is allowed, and so there is peace.
 - 3. I will isolate myself so that I won't be vulnerable to hurt, rejection, etc., any more.
 - 4. I will choose to be passive in order to avoid conflict that would risk others' disapproval.
 - 5. _____
-

Theme: Physical

- 1. I am unattractive. God shortchanged me.
 - 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
 - 3. It is impossible to lose weight (or gain weight). I am just stuck.
 - 4. _____
-

Theme: Personality Traits

- 1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.)
 - 2. I will never be _____ (likable, lovable, happy, safe, content, etc.)
 - 3. _____
-

Theme: Identity

- 1. I should have been a boy ____ girl _____. Then my parents would have valued/loved me more.
 - 2. Men ____ women ____ have it better.
 - 3. I am not complete as a man ____ woman_____.
 - 4. I will never be known or appreciated for my real self.
 - 5. I will never really change and be as God wants me to be.
 - 6. _____
-

Theme: Miscellaneous

- 1. I have wasted a lot of time and energy, some of my best years.
 - 2. Turmoil is normal for me.
 - 3. I will always have financial problems.
 - 4. I just don't have the (time, energy, resources, _____) to fully follow God.
 - 5. _____
-

Theme: Sonship

- ___ 1. No one will ever love me enough to take care of me.
 - ___ 2. Other people don't meet my standards so I must do it myself.
 - ___ 3. It's not safe to submit myself to someone else.
 - ___ 4. The best way to survive is to (___ avoid, ___overpower) other people.
 - ___ 5. I'm a victim of my circumstances and there is no hope of change.
 - ___ 6. I'm all alone.
 - ___ 7. I will always need to be strong in order to protect and defend myself.
 - ___ 8. Something is wrong with me.
 - ___ 9. The significant people in my life are not there for me and will not be there when I need them.
 - ___ 10. I will never be a priority with those in authority over me.
 - ___ 11. _____
-

UNGODLY BELIEFS ABOUT OTHERS:

Theme: Safety/Protection

- ___ 1. I must be very guarded about what I say, since anything I say may be used against me.
 - ___ 2. I have to guard and hide my emotions and feelings.
 - ___ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I will not be vulnerable, humiliated, or shamed.
 - ___ 4. _____
-

Theme: Retaliation

- ___ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
 - ___ 2. I will make sure that _____ hurts as much as I hurt!
 - ___ 3. _____
-

Theme: Victim

- ___ 1. Authority figures will humiliate me and violate me.
 - ___ 2. I will always be used and abused by other people.
 - ___ 3. My value is based totally on others' judgment/perception about me.
 - ___ 4. I am completely under their authority. I have no will or choice of my own.
 - ___ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
 - ___ 6. _____
-

Theme: Hopelessness/Helplessness

- ___ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
 - ___ 2. I have made such a mess of my life, there is no use going on.
 - ___ 3. _____
-

Theme: Defective in Relationships

- ___ 1. I will never be able to fully give or receive love. I don't know what it is.
 - ___ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
 - ___ 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
 - ___ 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
 - ___ 5. _____
-

Theme: God

- ___ 1. God loves other people more than He loves me.
 - ___ 2. God only values me for what I do. My life is just a means to an end.
 - ___ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
 - ___ 4. God is judging me when I relax. I have to stay busy about His work or He will abandon me.
 - ___ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
 - ___ 6. _____
-

Other ungodly beliefs I relate to or agree with:

FATHER'S SIDE OF THE FAMILY

GGF 1. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 2. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGF 4. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 5. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GF 3. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GM 6. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

FAMILY TREE FACTS

To help your Ministry Team understand your ancestors, please fill in the requested information for each of your two parents (F/M), your four grandparents (GF/GM), and your eight great grandparents (GGF/GGM) to the best of your knowledge. Lack of this information will not affect the ministry process.

FATHER

7. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

ATTENTION:

Please make a note under every person that has/had any of these known sin issues in their life:

1. Masonic Involvement?
If so, what level?
2. Any Miscarriages/Abortions?
3. Illegitimacy?
4. Idolatry?

MOTHER'S SIDE OF THE FAMILY

GGF 8. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GF 10. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 9. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

MOTHER

14. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGF 11. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GM 13. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 12. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

ATTENTION:
 Please make a note under every person that has/had any of these known sin issues in their life:

1. Masonic Involvement?
If so, what level?
2. Any Miscarriages/Abortions?
3. Illegitimacy?
4. Idolatry?

OPEN DOORS

Please put a check mark (✓) **only** under the A (Ancestors) column if you know about, or have observed any of these characteristics, events or involvement in your immediate, extended, and/or **ancestral** family line. However, if any of these apply to you personally, in the S (Self) column put **only** 'C' for current or 'P' for past.

SONSHIP INDICATORS

A	S	
_____	_____	ABANDONMENT
_____	_____	Abdication
_____	_____	Blocked Intimacy
_____	_____	Desertion
_____	_____	Divorce
_____	_____	Emotional Abandonment
_____	_____	Isolation
_____	_____	Loneliness
_____	_____	Neglect
_____	_____	Not Wanted
_____	_____	Rejection
_____	_____	Self-Pity
_____	_____	Separation
_____	_____	Unprotected

A	S	
_____	_____	ANGER
_____	_____	Abandonment
_____	_____	Disappointment
_____	_____	Intolerance
_____	_____	Irritability
_____	_____	Feuding
_____	_____	Frustration
_____	_____	Hatred
_____	_____	Hostility
_____	_____	Murder
_____	_____	Punishment
_____	_____	Rage
_____	_____	Resentment
_____	_____	Retaliation
_____	_____	Revenge
_____	_____	Spoiled Little Boy/Girl
_____	_____	Temper Tantrums
_____	_____	Violence

A	S	
_____	_____	BOUND EMOTIONS
_____	_____	Blocked Emotions
_____	_____	Hindered Emotions
_____	_____	Numbness
_____	_____	Suppressed Emotions

A	S	
_____	_____	NEGLECT
_____	_____	Conditional Love
_____	_____	Lack of Affirmation
_____	_____	Lack of Communication
_____	_____	Lack of Encouragement
_____	_____	Lack of Guidance
_____	_____	Lack of Intimacy
_____	_____	Lack of Love
_____	_____	Lack of Nurture
_____	_____	Lack of Protection
_____	_____	Lack of Security

A	S	
_____	_____	ORPHAN LIFESTYLE
_____	_____	Disconnected
_____	_____	Discontent
_____	_____	Dissatisfaction
_____	_____	Fatherlessness
_____	_____	Homelessness
_____	_____	Illegitimacy
_____	_____	Impatience
_____	_____	Inconsistency
_____	_____	Lack of Identity
_____	_____	Lack of Place
_____	_____	Loss of Inheritance
_____	_____	Nomad
_____	_____	Restlessness
_____	_____	Searching
_____	_____	Unsettledness

A	S	
_____	_____	PERFORMANCE
_____	_____	Comparison
_____	_____	Competition
_____	_____	Coveting
_____	_____	Driving
_____	_____	Envy
_____	_____	Jealousy
_____	_____	People Pleasing
_____	_____	Perfectionism
_____	_____	Possessiveness
_____	_____	Rivalry
_____	_____	Striving
_____	_____	Workaholism

A	S	
_____	_____	REBELLION
_____	_____	Confusion
_____	_____	Contempt
_____	_____	Deception
_____	_____	Defiance
_____	_____	Dishonor
_____	_____	Disobedience
_____	_____	Independence
_____	_____	Insubordination
_____	_____	Mistrust
_____	_____	Resistance
_____	_____	Self-Reliant
_____	_____	Self-Sufficiency
_____	_____	Self-Will
_____	_____	Stubbornness
_____	_____	Undermining
_____	_____	Unsubmissiveness

A	S	
_____	_____	REJECTION
_____	_____	Expected Rejection
_____	_____	Indirect Rejection
_____	_____	Perceived Rejection
_____	_____	Self-Rejection

A	S	
_____	_____	SHAME
_____	_____	Anger
_____	_____	Bad Boy/Girl
_____	_____	Being Different
_____	_____	Condemnation
_____	_____	Disgrace
_____	_____	Embarrassment
_____	_____	Guilt
_____	_____	Hatred
_____	_____	Humiliation
_____	_____	Illegitimacy
_____	_____	Inferiority
_____	_____	Regret
_____	_____	Self-Accusation
_____	_____	Self-Condemnation
_____	_____	Self-Hate
_____	_____	Self-Pity
_____	_____	Sexual Sins

A	S	
_____	_____	UNWORTHINESS
_____	_____	Inadequacy
_____	_____	Inferiority
_____	_____	Insecurity
_____	_____	Self-Accusation
_____	_____	Self-Condemnation
_____	_____	Self-Consciousness
_____	_____	Self-Hate
_____	_____	Self-Punishment
_____	_____	Self-Sabotage

A	S	
_____	_____	VICTIMIZATION
_____	_____	Abandonment
_____	_____	Betrayal
_____	_____	Control
_____	_____	Deportation
_____	_____	Entrapped
_____	_____	Helplessness
_____	_____	Hopelessness
_____	_____	Mistrust
_____	_____	Passivity
_____	_____	Predator
_____	_____	Prejudice
_____	_____	Self-Pity
_____	_____	Slave Mentality
_____	_____	Suspicion
_____	_____	Trauma
_____	_____	Unfaithfulness

GENERAL INDICATORS

<u>A</u>	<u>S</u>	
___	___	ADDICTIONS/ DEPENDENCIES
___	___	Alcohol
___	___	Excessive Caffeine
___	___	Cocaine
___	___	Computers/Internet
___	___	Downers/Uppers
___	___	Food
___	___	Gambling
___	___	Marijuana
___	___	Masturbation
___	___	Nicotine
___	___	Non-prescription Drugs
___	___	Obsessive-Compulsive
___	___	Overspending
___	___	Pornography
___	___	Prescription Drugs
___	___	Sex
___	___	Sleep Medication
___	___	Sports
___	___	Street Drugs
___	___	Television
___	___	Video Games

___	___	ANXIETY
___	___	Burden
___	___	False Responsibility
___	___	Fatigue
___	___	Impatience
___	___	Nervousness
___	___	Panic Attacks
___	___	Restlessness
___	___	Stress
___	___	Weariness
___	___	Worry

___	___	BITTERNESS
___	___	Accusation
___	___	Blaming
___	___	Complaining
___	___	Condemnation
___	___	Criticalness
___	___	Gossip
___	___	Judging
___	___	Murmuring
___	___	Offended
___	___	Ridicule
___	___	Slander
___	___	Unforgiveness

<u>A</u>	<u>S</u>	
___	___	DEATH
___	___	Abaddon (Rev 9:11)
___	___	Abortion
___	___	Accidents
___	___	Death Assignment
___	___	Death Wish
___	___	Death to Destiny
___	___	Death to Dreams
___	___	Miscarriage
___	___	Murder
___	___	Premature Death
___	___	Suicide
___	___	Suicide Attempt
___	___	Suicide Fantasies

___	___	DECEPTION
___	___	Blindness
___	___	Cheating
___	___	Confusion
___	___	Denial
___	___	Delusion
___	___	Fraudulence
___	___	Gender Identity Confusion
___	___	Infidelity
___	___	Justifying
___	___	Lying
___	___	Minimizing
___	___	Naïveté
___	___	Secretiveness
___	___	Self-Deception
___	___	Treachery
___	___	Trickery
___	___	Untrustworthiness

___	___	DEPRESSION
___	___	Dejection
___	___	Discouragement
___	___	Despair
___	___	Despondency
___	___	Gloominess
___	___	Hopelessness
___	___	Misery
___	___	Oversleeping
___	___	Sadness
___	___	Self-Pity
___	___	Suicide Attempt
___	___	Suicide Fantasies
___	___	Withdrawal

___	___	EMOTIONAL DEPENDENCY
___	___	Co-Dependency
___	___	Enabling
___	___	False Responsibility
___	___	Parental Inversion

<u>A</u>	<u>S</u>	
___	___	ESCAPE
___	___	Apathy
___	___	Avoidance
___	___	Busyness
___	___	Daydreaming
___	___	Fantasy
___	___	Forgetfulness
___	___	Hiding
___	___	Hopelessness
___	___	Indifference
___	___	Isolation
___	___	Laziness
___	___	Oversleeping
___	___	Passivity
___	___	Procrastination
___	___	Suicide Fantasies
___	___	Trance

___	___	FAILURE
___	___	Success/Failure Cycle
___	___	Defeat
___	___	Loss
___	___	Performance
___	___	Pressure to Succeed
___	___	Striving
___	___	Unfulfilled Destiny

___	___	FINANCIAL PROBLEMS
___	___	Bankruptcy
___	___	Cheating
___	___	Covetousness
___	___	Debt
___	___	Deception
___	___	Delinquency
___	___	Dishonesty
___	___	Failure
___	___	Fraud
___	___	Greed
___	___	Hoarding
___	___	Idolatry of Possessions
___	___	Illegitimate Gain
___	___	Irresponsible Spending
___	___	Job Failures
___	___	Job Losses
___	___	Lack
___	___	Lost Inheritance
___	___	Love of Money
___	___	Neglect
___	___	Poverty
___	___	Robbing God (not tithing)
___	___	Selfish Ambition
___	___	Stealing
___	___	Stinginess

<u>A</u>	<u>S</u>	
_____	_____	GRIEF
_____	_____	Anguish
_____	_____	Crying
_____	_____	Despair
_____	_____	Disappointment
_____	_____	Heartbreak
_____	_____	Hope Deferred
_____	_____	Isolation
_____	_____	Loss
_____	_____	Pain
_____	_____	Regret
_____	_____	Sorrow
_____	_____	Torment
_____	_____	Weeping

_____	_____	IDENTITY ISSUES
_____	_____	Bisexual
_____	_____	Confusion
_____	_____	Effeminate Males
_____	_____	Emos
_____	_____	Gender Confusion
_____	_____	Goth
_____	_____	Homosexuality
_____	_____	Lesbianism
_____	_____	Loss of Self
_____	_____	Masculine Females
_____	_____	Self-Deception
_____	_____	Self-Hate
_____	_____	Transgender
_____	_____	Transsexual
_____	_____	Transvestite

_____	_____	MENTAL PROBLEMS
_____	_____	ADD/ADHD
_____	_____	Alzheimer's Disease
_____	_____	Bi-Polar Disorder
_____	_____	Confusion
_____	_____	Distraction
_____	_____	Forgetfulness
_____	_____	Hallucinations
_____	_____	Hysteria
_____	_____	Insanity
_____	_____	Mind Binding
_____	_____	Mind Blocking
_____	_____	Mind Racing
_____	_____	Obsessive-Compulsive
_____	_____	Paranoia
_____	_____	Schizophrenia
_____	_____	Senility
_____	_____	Stress Disorder

_____	_____	MOCKING
_____	_____	Blaspheming
_____	_____	Cursing
_____	_____	Cynical
_____	_____	Laughing
_____	_____	Profanity
_____	_____	Ridicule
_____	_____	Sarcasm
_____	_____	Scorn
_____	_____	Scoffing

<u>A</u>	<u>S</u>	
_____	_____	NOT MOTIVATED
_____	_____	Irresponsibility
_____	_____	Lack of Discipline
_____	_____	Laziness
_____	_____	Procrastination

_____	_____	PRIDE
_____	_____	Above Contradiction
_____	_____	Arrogance
_____	_____	Conceit
_____	_____	Egotistical
_____	_____	Haughtiness
_____	_____	Leviathan
_____	_____	Prejudice
_____	_____	Self-Centeredness
_____	_____	Self-Importance
_____	_____	Self-Righteousness
_____	_____	Superiority
_____	_____	Suppression of Others
_____	_____	Unteachable
_____	_____	Vanity

_____	_____	RELIGION
_____	_____	Antichrist
_____	_____	Betrayal
_____	_____	Denominationalism
_____	_____	Division
_____	_____	Excessive Rules
_____	_____	False Faith
_____	_____	Hypocrisy
_____	_____	Injustice
_____	_____	Legalism
_____	_____	New Age Practices
_____	_____	Phariseeism
_____	_____	Religiosity
_____	_____	Religious Control
_____	_____	Religious Performance
_____	_____	Spiritual Pride
_____	_____	Traditionalism
_____	_____	Works Mentality

_____	_____	TRAUMA
_____	_____	Abuse, Emotional
_____	_____	Abuse, Mental
_____	_____	Abuse, Physical
_____	_____	Abuse, Sexual
_____	_____	Abuse, Spiritual
_____	_____	Abuse, Verbal
_____	_____	Accidents
_____	_____	Divorce
_____	_____	Imprisonment
_____	_____	Loss
_____	_____	Post Traumatic Stress Syn
_____	_____	Rape
_____	_____	Torture
_____	_____	Violence
_____	_____	War

<u>A</u>	<u>S</u>	
_____	_____	UNBELIEF
_____	_____	Apprehension
_____	_____	Cynicism
_____	_____	Double Mindedness
_____	_____	Doubt
_____	_____	Fear of Being Wrong
_____	_____	Intellectualism
_____	_____	Mind Blocking
_____	_____	Mistrust
_____	_____	Rationalism
_____	_____	Skepticism
_____	_____	Suspicion
_____	_____	Uncertainty

_____	_____	VIOLENCE
_____	_____	Abuse
_____	_____	Arguing
_____	_____	Bickering
_____	_____	Cruelty
_____	_____	Cursing
_____	_____	Death
_____	_____	Destruction
_____	_____	Feuding
_____	_____	Hate
_____	_____	Militancy
_____	_____	Murder/Abortion
_____	_____	Retaliation
_____	_____	Strife
_____	_____	Torture/Mutilation
_____	_____	War

OCCULT

- | <u>A</u> | <u>S</u> | |
|----------|----------|-------------------------------|
| _____ | _____ | OCCULT |
| _____ | _____ | Abortion (Molech) |
| _____ | _____ | Absalom Spirit |
| _____ | _____ | Accident Proneness |
| _____ | _____ | Ahab Spirit |
| _____ | _____ | Animal Spirits |
| _____ | _____ | Antichrist |
| _____ | _____ | Astral Projection |
| _____ | _____ | Astrology |
| _____ | _____ | Automatic Writing |
| _____ | _____ | Behemoth |
| _____ | _____ | Black Magic |
| _____ | _____ | Clairvoyance |
| _____ | _____ | Conjuration |
| _____ | _____ | Crystal Ball |
| _____ | _____ | Death, Suicide |
| _____ | _____ | Demon Worship |
| _____ | _____ | Dispatching Demons |
| _____ | _____ | Divination |
| _____ | _____ | Eastern Meditation |
| _____ | _____ | Eight Ball |
| _____ | _____ | ESP |
| _____ | _____ | Evil Eye |
| _____ | _____ | False Gifts (Occult) |
| _____ | _____ | Fortune Telling |
| _____ | _____ | Freemasonry |
| _____ | _____ | Hand Reading |
| _____ | _____ | Handwriting Analysis |
| _____ | _____ | Hexing |
| _____ | _____ | Horoscopes |
| _____ | _____ | Hypnosis |
| _____ | _____ | I Ching |
| _____ | _____ | Idolatry of _____ |
| _____ | _____ | Incantations |
| _____ | _____ | Jezebel |
| _____ | _____ | Leviathan |
| _____ | _____ | Levitation |
| _____ | _____ | Mediumship |
| _____ | _____ | Mental Telepathy |
| _____ | _____ | Necromancy |
| _____ | _____ | Non-Christian Exorcism |
| _____ | _____ | Occult Books |
| _____ | _____ | Occult Control |
| _____ | _____ | Occult Dedications |
| _____ | _____ | Occult Victim |
| _____ | _____ | Ouija Board |
| _____ | _____ | Palm Reading |
| _____ | _____ | Past Life Readings |
| _____ | _____ | Pendulum Readings |
| _____ | _____ | Psychic Healing |
| _____ | _____ | Psychic Readings |
| _____ | _____ | Python |
| _____ | _____ | Reading Tea Leaves |
| _____ | _____ | Reincarnation |
| _____ | _____ | Satanic Worship |
| _____ | _____ | Séances |
| _____ | _____ | Sorcery |
| _____ | _____ | Spells |
| _____ | _____ | Spirit of Baccus (Mardi Gras) |
| _____ | _____ | Spirit Guide(s) |

- | <u>A</u> | <u>S</u> | |
|----------|----------|----------------|
| _____ | _____ | Spiritism |
| _____ | _____ | Superstition |
| _____ | _____ | Table Tipping |
| _____ | _____ | Tarot Cards |
| _____ | _____ | Third Eye |
| _____ | _____ | TM |
| _____ | _____ | Trance |
| _____ | _____ | Vampire |
| _____ | _____ | Voodoo |
| _____ | _____ | Water Witching |
| _____ | _____ | Werewolf |
| _____ | _____ | White Magic |
| _____ | _____ | Wicca |
| _____ | _____ | Witchcraft |

HAVE YOU EVER:

- | | | |
|-------|-------|---------------------------------------|
| _____ | _____ | Been involved in a |
| _____ | _____ | 'Bloody Mary ritual' |
| _____ | _____ | Cast a Spell or Hex |
| _____ | _____ | Drank Blood or Urine |
| _____ | _____ | Heard Violent Rap Music |
| _____ | _____ | Heard Satanic Rock Music |
| _____ | _____ | Had Masonic Jewelry |
| _____ | _____ | Had Occult Jewelry |
| _____ | _____ | Had Occult Books |
| _____ | _____ | Had Witchcraft Books |
| _____ | _____ | Had Pagan Fetishes |
| _____ | _____ | Heard Voices (<i>Please define</i>) |
| _____ | _____ | Heard "Kill Yourself" |
| _____ | _____ | Joined a Coven |
| _____ | _____ | Played Dungeons & Dragons |
| _____ | _____ | Made a Blood Pact |
| _____ | _____ | Made a Blood Oath or Vow |
| _____ | _____ | Participated in Martial Arts |
| _____ | _____ | Seen a Sacrifice |
| _____ | _____ | Seen Demons |
| _____ | _____ | Seen Horror Movies |
| _____ | _____ | Selected a Guru |
| _____ | _____ | Used Mantras |
| _____ | _____ | Visited Pagan Temples |
| _____ | _____ | Visited Indian Burial Grounds |

FAMILY INVOLVEMENT IN:

- | | | |
|-------|-------|-----------------------------|
| _____ | _____ | Armstrong Radio Church |
| _____ | _____ | Bahai |
| _____ | _____ | Buddhism |
| _____ | _____ | Buffaloes |
| _____ | _____ | Christadelphians |
| _____ | _____ | Christian Education Society |
| _____ | _____ | Christian Science |
| _____ | _____ | College Fraternities |
| _____ | _____ | College Sororities |

- | <u>A</u> | <u>S</u> | |
|----------|----------|----------------------------|
| _____ | _____ | Daughters of Eastern Star |
| _____ | _____ | Daughters of the Nile |
| _____ | _____ | DeMolay Lodge |
| _____ | _____ | Druids |
| _____ | _____ | Eagles Lodge |
| _____ | _____ | Eastern Religions |
| _____ | _____ | Edgar Cayce |
| _____ | _____ | Elks Lodge |
| _____ | _____ | Foresters |
| _____ | _____ | (The) Grange |
| _____ | _____ | Hari Krishna |
| _____ | _____ | Hinduism |
| _____ | _____ | Indian Occult Rituals |
| _____ | _____ | Inner Peace Movement |
| _____ | _____ | Islam |
| _____ | _____ | Jehovahs Witnesses |
| _____ | _____ | Jobs Daughter's Lodge |
| _____ | _____ | Kabbalah |
| _____ | _____ | KKK |
| _____ | _____ | Knights of Columbus |
| _____ | _____ | Knights of Malta |
| _____ | _____ | Knights of Pythias |
| _____ | _____ | Knights Templar |
| _____ | _____ | Mardi Gras |
| _____ | _____ | Masons |
| _____ | _____ | Moonies |
| _____ | _____ | Moose Lodge |
| _____ | _____ | Mormonism |
| _____ | _____ | Mystic Order of the Veiled |
| _____ | _____ | Prophets of the Enchanted |
| _____ | _____ | Realm |
| _____ | _____ | New Age Movement |
| _____ | _____ | Odd Fellows Lodge |
| _____ | _____ | Orange Lodge |
| _____ | _____ | Order of the Red Cross |
| _____ | _____ | Rainbow Girls Lodge |
| _____ | _____ | Rebekahs Lodge |
| _____ | _____ | Reiki |
| _____ | _____ | Religious Science |
| _____ | _____ | Riders of the Red Robe |
| _____ | _____ | Rosacrucianism |
| _____ | _____ | Santeria |
| _____ | _____ | Satanism |
| _____ | _____ | Scientology |
| _____ | _____ | Shamanism |
| _____ | _____ | Shriners |
| _____ | _____ | Silva Mind Control |
| _____ | _____ | Spiritualism |
| _____ | _____ | Swedenborgianism |
| _____ | _____ | Theosophy |
| _____ | _____ | Unitarian Church |
| _____ | _____ | Voodoo |
| _____ | _____ | The Way International |
| _____ | _____ | White Shrine |
| _____ | _____ | Witchcraft |
| _____ | _____ | Woodmen of the World |

