

Spirit Wind Healing Ministries

Confidential Healing/Deliverance Questionnaire

CONFIDENTIAL

ADULT QUESTIONNAIRE

Name:			Age:	Sex:
Address:				
Single	Married	Divorced	Remarried	Widowed
How many times have you been married?				
Current Profession:				
Best time to schedule your prayer sessions?		Weekday	Evening	Weekend
Phone Number:			Emergency Contact:	
Church attending:			Regular attendee or Leadership: YES or NO	

Please answer the following briefly:

1. What is your church background?

2. Explain briefly your conversion experience. If you came to Christ as a teenager or older, was your life really changed?

3. Were you baptized or dedicated as a child? Yes No
 Were you baptized since you've been born again? Yes No

4. In one word who is Jesus Christ to you? _____

5. What does the blood of Jesus mean to you? _____

6. Is repentance part of your Christian life? Yes No

7. What is your prayer life like? _____

8. Do you have assurance of salvation? Yes No

9. Do you have a problem with doubt and unbelief in everyday Christian living? Yes No

10. Are you satisfied with your Christian walk? Yes No
 If not how would you like to see it improve?

CATEGORY A (circle all answers that apply)

1. What was your relationship with your parents: (circle one) Good Bad Indifferent
 Explain: _____

a. Was your father	Passive		Strong		Manipulative		Neither	
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Were you friends? Yes No Sort of

Describe briefly your relationship with your father: _____

b. Any special problems with your father? _____

c. Was your mother:	Passive		Strong		Manipulative		Neither	
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Were you friends? Yes No Sort of

Describe briefly your relationship with your mother: _____

d. Any special problems with your mother? _____

2. a. Were you a planned child? Yes No Don't Know

b. The "right sex" for your mother? Yes No Don't Know

 The "right sex" for your father? Yes No Don't Know

c. Did your parents favor one of your siblings over you? Yes No Don't Know

 Who and in what way? _____

d. Were you conceived out of wedlock? Yes No Don't Know

e. Were you adopted? Yes No Don't Know

 If adopted, do you know what the circumstances that led to the adoption?

f. The result of a violent conception (i.e. rape)? Yes No Don't Know

g. If adopted, do you know anything about your biological parents? _____

h. Do you know if your mother suffered any trauma during her pregnancy with you?

Physical trauma? Yes No
 Explain: _____

Emotional trauma? Yes No
 Explain: _____

i. Was your birth difficult or complicated? Yes No Don't know
 If yes, in what way? _____

j. Were you "bonded at birth? Yes No Unsure
 Were you a breast-fed baby? Yes No Don't know

k. Do you have brothers and sisters? Yes No

Name	Age	Alive/Deceased

Where do you fall in the sibling line? _____

How was your relationship with them growing up? _____

What is it like now? _____

Any special problems? _____

3.

Are your parents living?	Mother	YES or NO
	Father	YES or NO
Are they Christians?	Mother	YES or NO
	Father	YES or NO
Living together?		YES or NO
Divorced?		YES or NO

If yes, how old were you and what were the circumstances surrounding the divorce?

Did you blame yourself?	Yes	No
Remarried?	Yes	No

If parent(s) are deceased, at what age did they die?

Mother	Age ____
Father	Age ____

If grandparents are deceased, at what age did they die?

Maternal grandmother	Age ____
Maternal grandfather	Age ____
Paternal grandmother	Age ____
Paternal grandfather	Age ____

Have any members of your family died before the age of 60?	Yes	No
If so, who? _____		

How is your relationship with step-parents?		
Are they Christians?	Yes	No

How is your relationship with half or step siblings?
--

How was your relationship with your step/half siblings while growing up?		
Are they Christians?	Yes	No

4. Are you a people pleaser (do you jeopardize yourself to please others)? Yes No Maybe
In what way? _____

5. Are you a critical person? Yes No Maybe
If yes, of whom are you critical? _____

Of what activities or characteristics are you most critical? _____

Do you feel superior to people of whom you are critical?	Yes	No	Maybe
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6. Do you feel emotionally immature?	Yes	No	Maybe
What is your emotional age?			

7. Tell us about yourself-image (circle all that apply):

Low self-image	Feel insecure
Condemn myself	Hate myself
Feel worthless	Believe I am a failure
Feel inferior	Question my identity
I punish myself in the following ways: (be specific)	
Mentally	
Emotionally	
Physically	
Sexually	

8. Was yours a happy home during childhood? Yes No
 Describe briefly: _____

9. How would you describe your family's financial situation when you were a child?
 Poor
 Slight financial struggles
 Moderate income
 Affluent

10. Did your parents tithe? Yes No Don't Know
 Do you tithe? Yes No

11. Were you lonely as a teenager? Sometimes Yes No
 Explain: _____

12. Do you experience a mixture of anger, resentment, bitterness, revenge, rage, feelings or actions of violence? (Circle all that apply)
 Explain: _____

13. How many times have you been married? _____
 Name of spouse? _____
 How long have you been married to your current spouse? _____
 How would you describe your relationship? _____

14. Previous spouse's name? _____
 How long were you married? _____
 How would you describe your relationship? _____
 Why and how did it end? _____

Previous spouse's name? _____
 How long were you married? _____
 How would you describe your relationship? _____

Why and how did it end? _____

*Please use a separate sheet of papers to list other spouses and to describe your relationship(s).

15. Have you had any serious romantic relationships not involving marriage, such as lived with someone but never got married? Yes No

Name of person? _____
 How long were you together? _____
 How would you describe your relationship? _____

Why and how did it end? _____

16. How many children do you have? How is your relationship with them?

NAME	AGE	RELATIONSHIP	

Any special problems, past or present? _____

17.

Has lying been a problem to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has stealing been a problem to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you exaggerate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

18. Do you have trouble giving or receiving love? At times Yes No

19. Do you find it easy to communicate with persons close to you?
I have real difficulty
I have problems at times
It's easy
I am unwilling

20. Are you a perfectionist? Yes No
 Were (are) your parents perfectionists? Yes No
21. Do you come from a proud family? Yes No
22. Do you personally have a problem with pride? Yes No
23. Have you had advanced education? Yes No
24. Do you have a history of conflict with those in authority over you, i.e. teachers, bosses, pastors, etc. Yes No

If so, please describe: _____

25. Do you have or have you had problems with (circle all that apply):

Impatience	Used to	Now		Irritability	Used to	Now
Racial prejudice	Used to	Now		Moodiness	Used to	Now
Violence	Used to	Now		Anger	Used to	Now
Defensiveness	Used to	Now		Temptation to murder	Used to	Now
Temper	Used to	Now		Rebellion	Used to	Now
Stubbornness	Used to	Now			Used to	Now

26. Have you been given to?

Swearing	Blasphemies	Obscenities
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Do you now?

Swear	Blaspheme	Obscenities
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27. Think over your life and list any times you've been hurt or suffered an injustice. Ask God to remind you of specific incidents, large or small. These incidents can involve parents, family members, siblings, spouses, children, friends, pastors, bosses, teachers, neighbors, or even total strangers. Don't be concerned with why they did what they did; if it hurt you, please include it. For example, has anyone ever treated you unfairly? Has anyone ever done anything that hurt your feelings? Can you remember anytime when you cried or felt like crying because of something someone did to you? Did anyone ever embarrass you, leave you out, abandon you, or frighten you? (Note: Please take your time with this. If it comes to your mind during this time, it is probably the Holy Spirit reminding you, so include it in the list).

Pre-school years: _____

Grade school years: _____

Middle school and high school years: _____

College or young adult years: _____

Incidents in marriage: _____

Incidents at work: _____

Incidents at church: _____

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Incidents involving friends: _____

Incidents involving people you dated or wanted to date: _____

Recent incidents: _____

Others: _____

CATEGORY B

- | | | | |
|---|-------------------|-------------|-------------|
| 1. Are you easily frustrated? | | Yes | No |
| Do you show it or bury it? | | Show | Bury |
| 2. Are you: | An anxious person | A worrier | Depressed |
| 3. Did either of your parents or grandparents suffer from depression? | | Yes | No |
| Father | Mother | Grandmother | Grandfather |
| 4. Have you or has any parent, brother, sister, or grandparent suffered from acute nervousness or a mental problem, such as schizophrenia, bipolar disorder or obsessive compulsive disorder? | | Yes | No |
| Explain: _____ | | | |
| 5. Have you personally ever had psychiatric counseling? | | Yes | No |
| Hospitalization for psychiatric treatment? | | Yes | No |
| Other hospitalization? | | Yes | No |
| Shock treatment? | | Yes | No |
| Psychoanalysis? | | Yes | No |
| Been under anesthesia? | | Yes | No |
| Been intoxicated (alcohol)? | | Yes | No |

Used drugs inducing a passive-mind state? (Prescription or non-prescription) Yes No
 What kinds? _____

Had a fever with delirium? Yes No

Been unconscious? Yes No

Other? Yes No

6. Have you ever been hypnotized? Yes No

If so, when, why and how many sessions? _____

7. Are you currently taking any medication for depression, anxiety or pain, or an anti-psychotic drug? If so, what are you taking and how often are you taking it? Yes No

Do you want to get off of these medications? If yes then what is your motive?

8. Since you have been taking it, do you have difficulty concentrating and focusing or is it easier?
 I Have Difficulty It's Easier

9. Have you, your parents, or grandparents been in any cults or religions listed? (Circle all that apply)

Christian Science	Myself	Others	Rosicrucian	Myself	Others
Armstrong Worldwide COG	Myself	Others	Gurus	Myself	Others
Christadelphians	Myself	Others	Unity	Myself	Others
Jehovah's Witnesses	Myself	Others	Mormons	Myself	Others
Children of Love	Myself	Others	Scientology	Myself	Others
Religious Communes	Myself	Others	Baha'i	Myself	Others
Unification Church (Moonies)	Myself	Others	Theosophy	Myself	Others
Eastern Religions (specify)	Myself	Others	Anthroposophy	Myself	Others
Native Religions	Myself	Others	Spiritists Church	Myself	Others
Indian Religions:	Myself	Others	East Asian Buddhism	Myself	Myself
Hinduism	Myself	Others	Rodnoveri (Slavic Neopaganism)	Myself	Myself
Buddhism	Myself	Others	Celtic Pagan	Myself	Myself
Jainism	Myself	Others	Heathenism	Myself	Myself
Sikhism	Myself	Others	Semitic Pagan	Myself	Myself
East Asian Religions:	Myself	Others	Wicca	Myself	Myself
Taoism	Myself	Others	Kemetism (Egypt Religion)	Myself	Myself
Shinto	Myself	Others	Helenismos (Greek gods)	Self	Myself
Confucianism	Myself	Others	Roman Pagan	Self	Myself

10. Have you or has any close family member been a member of:

Freemason	Odd Fellow	Rainbow Girl	Mormon
Eastern Star	Shriner	Daughter of the Nile	Amaranth
Job's Daughter	Elk	DeMolay	Fraternity
Sorority		Secret organizations or societies	
If so who?			

Do you suffer from (circle all that apply)

Apathy	Hardness of Emotion	Confusion	Financial Disaster
Skepticism	Comprehension difficulties	Unbelief	Doubt
Infirmities	Frequent Sickness	Allergies	

Are there any Masonic regalia or memorabilia in your possession? Yes No

If yes, what?

11. Do you feel mentally confused? Yes No

Do you have mental blocks? Yes No

12. Do you day-dream? Yes No

If yes, what is the nature of your day-dreams?

13. Do you have mental fantasies? Yes No

If yes, what is the nature of the fantasies? _____

14. Do you suffer from bad dreams? Yes No

If yes, what is the nature of the dreams? Re-occurring theme? _____

15. Do you suffer from sleeplessness? Yes No

16. Have you ever been tempted to commit suicide? Yes No

Have you tried? Yes No

If yes, what did you do? _____

17. Have you ever wished to die? Yes No

Have you spoken it aloud? Yes No

18. Have you had a strong and prolonged fear of any of the following? Please list the first time you remember experiencing fear in each area marked:

Failure	Past	C	Inadequacy	Past	C
Inability to cope	Past	C	Death	Past	C
Authority figures	Past	C	The dark	Past	C
Being alone	Past	C	Rape	Past	C
Satan and evil spirits	Past	C	The future	Past	C
Violence	Past	C	Women	Past	C
Crowds	Past	C	Heights	Past	C
Men	Past	C	Insanity	Past	C
Public speaking	Past	C	Accidents	Past	C
The opinion of people	Past	C	Old age	Past	C
Enclosed places	Past	C	Insects	Past	C
Open spaces	Past	C	Spiders	Past	C
Terminal illness	Past	C	Pain	Past	C
Dogs	Past	C	Water	Past	C
Fear of terrorism or war	Past	C	Death or injury to a loved one	Past	C
Animals	Past	C	Divorce	Past	C
Flying in an airplane	Past	C	Rodents	Past	C
Grocery stores	Past	C	Fear of rejection	Past	C
Loud noises	Past	C	Fear of abandonment	Past	C
Fear of embarrassment	Past	C	Fear of intimacy/sex	Past	C
Fear of committing adultery	Past	C	Fear of God (unhealthy)	Past	C
Fear of never being loved	Past	C	Fear of not being able to love	Past	C
Fear of becoming a homosexual	Past	C	Fear of financial problems	Past	C
Fear of losing salvation	Past	C	Fear of not being in control	Past	C
Fear of driving	Past	C	Fear of being overweight	Past	C

List any other fears not included above: _____

Physical signs/symptoms of a spirit of fear may include the following:

Tense, tight muscles, neck, shoulders	Past	C	Cynical, pessimistic, negative, sarcastic	Past	C
Headaches	Past	C	Back Pain	Past	C
Feel panicky	Past	C	Feel overwhelmed, overtaxed	Past	C
Having difficulty adjusting to change	Past	C	Feel overloaded, over committed	Past	C
Numbness, tingling in limbs	Past	C	Elevated Blood Pressure	Past	C
Heartburn, indigestion	Past	C	Allergies, frequent colds	Past	C
Fearful or scared	Past	C	Addicted to work	Past	C
Shortness of breath, difficulty breathing	Past	C	Colitis, peptic ulcer	Past	C
Chest pain, angina	Past	C	Feel out of control	Past	C
Nervous, fidgeting	Past	C	Difficulty bouncing back from setbacks	Past	C
Skin rash	Past	C	Inattentive to details	Past	C
Dry mouth, lump in throat	Past	C	Chronic fatigue, low energy	Past	C
Can't think clearly, reduced creativity	Past	C	Job performance deteriorating	Past	C
Difficult to get up in the a.m.	Past	C	Overly competitive or hard-driving	Past	C
Overweight, out of shape	Past	C	Weakened immune system	Past	C
Cold hands or feet	Past	C	Depend on drugs, drinking	Past	C
Anxious, nervous	Past	C	Avoid people, withdraw	Past	C
Can't concentrate, forgetful Indecisive	Past	C	Moody	Past	C
Emotionally drained, mentally strained	Past	C	Cry easily, emotions on surface	Past	C
Personally devalued, broken spirit	Past	C	Can't recognize and address the problem	Past	C
Impatient, over demanding	Past	C	Take tranquilizers to relax	Past	C
Nervous behavior (nail biting, fidget, etc)	Past	C	Diabetic reactions	Past	C
Overeat, loss of appetite, don't take time to eat or eat right	Past	C	Unable to channel energy into productive actions	Past	C
Do self-defeating, not confronting things to forget stress (e.g. shopping, eating)	Past	C	Try to be "superhuman" scramble like crazy to have it all, do it all, be it all	Past	C
No sense of humor, don't laugh much anymore	Past	C	Have trouble letting go of a major disappointment	Past	C
Can't turn off certain stressful thoughts or feelings	Past	C	Must fill every moment with achievement-oriented behavior	Past	C
Overreact or under react to stressful situations	Past	C	Set unrealistic and often unnecessary deadlines	Past	C
Depressed, don't enjoy life, no enthusiasm, disillusioned	Past	C	Feel driven by "musts," "should's," and other perfectionist or approval-seeking self-talk	Past	C

CATEGORY C

1. Have you ever made a pact with the devil? Yes No

Was it a blood pact? Yes No

What was it? _____

When did you make it? _____

Why did you make it? _____

Are you willing to renounce it? Yes No

2. To your knowledge, has any curse been placed on you or your family? Yes No

By whom? _____ Explain: _____

3. To your knowledge, have your parents or any relative as far back as you know been involved in occultism or witchcraft? Yes No

Whom and doing what? _____

To what extent? _____

As a child, did any family member dedicate you to Satan or any demonic worship? Yes No

If yes, who, when and why? _____

4. Have you ever had involvement with any of the following? (Circle all that apply)

Fortunetellers	Tarot cards	Ouija boards
Astrology	Séances	Mediums
Palmistry	Color therapy	Levitation
Astral travel	Horoscopes	Good luck charms
Black magic	Demon worship	Asked for a spirit guide
Clairvoyance	Crystals	Done automatic handwriting
New Age Movement	Reincarnation	Past lives regression
Psychics	Iridology	Been to a curandero or native healer
Ever been involved in any other witchcraft, demonic or Satanic things? If so explain here:		Yes No

To your knowledge have your parents, grandparents or other ancestors ever been involved in any of the above? Yes No

What were they? _____

5. Have you ever read books on occultism or witchcraft? Yes No
 Why? _____

6. Have you played games that are occult or demonic-themed or sexually explicit video games? Yes No

Dungeon & Dragons	Fable role playing games	Pokeman	
StarCraft	Zombies		
EverQuest	Grand Theft Auto		
World of Warcraft	Dark Souls		

Have you read "dark" novels, or novels with themes about the occult, the supernatural, ghosts or science fiction? Yes No

Have you watched demonic films or films with themes about the Occult the supernatural, ghosts or science fiction? Yes No

Have you watched films with extremely violent themes or scenes, or with scenes portraying graphic violence or injury to human beings or animals? Yes No

If yes to any of the above, do you now? Yes No

What when and how often? _____

7. Have you been involved in Transcendental Meditation? Yes No

Do you have a mantra? Yes No

What is it? _____

Have you ever had acupuncture? Yes No

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

Which ones? Yes No

Have you followed a guru? Yes No

Who? _____

9. Have you ever visited heathen temples or a mosque? Yes No

If so, when and why? _____

Did you make offerings? Yes No

What were the offerings?

Did you take part in any ceremony? Yes No

Explain:

Have you ever celebrated Halloween or Mardi Gras? Yes No

If so, when and in what way?

10. Have you ever done any form of yoga? Yes No

Meditation? Yes No

Exercises? Yes No

11. Have you ever learned or used any form of mind communication, mind control or ESP? Yes No

12. Were your parents or grandparents superstitious? Yes No

If so, who? _____

Were you? Yes No

If so, are you now? Yes No

Were their lives or your life governed by superstition? Yes No

Explain:

13. Have you ever worn or kept any of the following? (Circle all that apply):

Signs of the Zodiac	Fetishes	Amulets
Peace Symbols	Ankh	Pyramids
Tai Chi Symbols	Swastika	Caduceus

Do you have any in your possession? Yes No

14. Do you have in your possession any symbols of idols or spirit worship such as? (Circle):

Buddha	Totem Poles	Masks
Carvings	Pagan Symbols	Fetish Objects or Feathers
Gargoyles	Obelisks	Statues or Pictures of Dragons or Snakes
Rosary	Zodiac Symbols	Statues or Pictures of Saints
Native American art or jewelry depicting spiritual subjects or symbols?		

If so, what? _____

Where are they from, and how did you get them? _____

15. Do you have any witches, such as "good luck witches" in your home? Yes No

16. Are you drawn by any of the following music? (Circle all that apply)

Rock & Roll	Rap	New Age
Heavy Metal	Alternative	Punk Rock
How much time do you spend listening to it?		

17. Are you drawn by demonic art, abstract art, or surrealistic art? Yes No

If so, which? _____

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

If so, which? _____

Do you practice it now? Yes No

19. Have you ever had premonitions? Yes No

Deja vou? Yes No

Psychic sight? Yes No

If so, how frequently? _____

20. Have you ever been involved in: (circle all that apply)

Fire walking Voodoo

Any other form of religious pagan ceremony? Yes No

If so, what and when?

21. Do you have any tattoos? If so, what and where? _____	Yes	No
Are you willing to renounce tattoos and confess it as sin?	Yes	No
22. Have you ever been in the military?	Yes	No
If yes, were you trained for combat?	Yes	No
Have you been in combat?	Yes	No
Where and when? _____		
Have you ever seen anyone die?	Yes	No
Have you ever killed anyone?	Yes	No
23. Have you ever had a near-death experience?	Yes	No
If so, when and what happened?		
24. Have you had a loved one who died?	Yes	No
If so, who and when? _____		
Did you mourn or grieve for them?	Yes	No
Do you still mourn?	Yes	No
Explain: _____		
Women only: Have you ever had a miscarriage?	Yes	No
Have you ever had a stillbirth?	Yes	No
Did you mourn or grieve for them?	Yes	No
Do you still mourn?	Yes	No
Have you ever been with someone when they died?	Yes	No
Describe your feelings about it: _____		

25. Do you have or have you ever had tendencies toward violent behavior? Yes No
 Have you ever acted violently? Yes No

If so, when and towards whom? _____
 26. Are you or have you been extremely competitive? I am now I Used to be
 Is it out of control? Yes No
 Explain: _____

27. As a child, did you have an imaginary playmate? Yes No
 Explain: _____

28. Have you ever studied or used "visualization" or "inner healing"? Yes No
 Explain: _____

CATEGORY D

1. Do you have lustful thoughts? Fantasy Lust? Yes No
 Heterosexual Homosexual Pedophilia Bi-sexual
 Of what? _____
 Frequency? _____

2. To your knowledge, was there evidence of lust in your parents, grandparents or further back? Yes No
 If so, explain: _____

3. Do you masturbate? Yes No
 How often and do you know why? _____

Do you feel it is a compulsive problem? Yes No

4. Were you ever sexually molested by someone outside your family as a child or teenager? Yes No

Please explain: _____
 Were you raped? _____ By whom? _____

5. Have you ever voluntarily participated in incest (sex with a family member)? Yes No

With whom? _____

If yes then how often and how long did this happen? _____

How did it finally end? _____

6. Have you ever molested or raped anyone? Yes No

First names: _____

Have you ever been raped? Yes No

By whom? _____

Explain: _____

7. Have you ever committed fornication (sex while not married?) Yes No

How many partners? _____

First names and when: _____

Have you ever been involved in oral sex outside of marriage? Yes No

With whom? (First names) _____

8. Have you ever had sex with prostitutes? Yes No

How many?

When?

9. Have you ever committed adultery (at least one partner married)? Yes No

While you were married? Yes No

While you were single and your partner was married? Yes No

First names and when? _____

10. Are you currently involved in an illicit sexual relationship? Yes No

First name: _____ Are you willing to break it off? Yes No

11. Have you ever had homosexual or lesbian desires?	Yes	No
Do you now?	Yes	No
Have you ever acted on the desire and had a homosexual or lesbian experience?	Yes	No
With whom and when? _____		
Do you currently participate in homosexual or lesbian activity?	Yes	No
If so, how frequently and with whom? _____		
Are you willing to stop?	Yes	No
12. Have you ever had tendencies toward transvestite behavior?	Yes	No
Have you ever acted on transvestite tendencies?	Yes	No
If so, when and how often? _____		
Do you now?	Yes	No
Are you willing to stop?	Yes	No
13. Are you sexually frigid?	Yes	No
Explain: _____		
14. Have you ever sexually fantasized about an animal?	Yes	No
Have you committed a sex act with an animal?	Yes	No
Name all animals involved: _____		
How often and when? _____		
15. Has pornography ever attracted you?	Yes	No
How did you become involved? _____		
Name of persons involved: _____		
To what extent have you viewed pornography? _____		

Circle ALL that apply

Movies/videos DVD's/Internet	Past or Current	Magazines/Photos	Past or Current
Chat Rooms	Past or Current	Live Sex Shows	Past or Current

Do you still view pornographic material? Yes No

How frequently? _____

When was the last time? _____

When, where, type? _____

Are you willing to discontinue any use of pornography? Yes No

Have you had a sexual fetish? Yes No

What is it? _____

16. Have you ever been involved in anal sex? Yes No

With whom? _____

17. Women: Have you ever had an abortion? Yes No

How many? _____

Give dates and father's name(s) _____

18. Men: Have you ever fathered a child that was forcefully aborted? Yes No

How many? _____

Give dates and mother's name(s): _____

Were you in favor of the abortion? Yes No

Have you ever been involved with helping a woman have an abortion? (Transportation or finance?)

Yes No

Names: _____

19. Have you been plagued with desires of having sex with a child? Yes No

Have you actually done so? Yes No

If yes, how many times and when? _____

Was it reported? _____ Were you arrested? _____

20. Have you ever had inner sexual stimulation and climax out of your control, especially at night? (By this I mean, do you have dreams of a personage approaching and asking to have sex with you, or just doing it, and you "feel" a presence in bed with you, and then wake up with a sexual climax? This is something other than a normal nocturnal emission). Yes No

If yes, when and how frequently? _____

21. Have you ever gone to a massage parlor and been sexually stimulated? Yes No

22. Have you had sexual fantasies? Yes No

Do you now? Yes No

How frequently? _____

What are they about/theme? _____

23. Do members of the opposite sex make uninvited comments to you of a sexual nature, tell you "dirty jokes" or behave in a sexually inappropriate manner toward you, or "come on" to you in any other way? Yes No

24. How would you describe your sexual relationship with your spouse?

Please note here any specific concerns that have not been covered so far, include anything you feel the Holy Spirit may be revealing to you. Also list here names of people you have encountered sexually or porn actors or actresses that come to you mind, these are soul ties that need to be broken.

CATEGORY E
Bondages & Addictions

1. Did any of your family as far back as you know have addictions of any kind? Yes No

Who and to what? _____

2. Have you ever been or are you currently addicted to any of the following?

Alcohol	No	Currently addicted	Used to be addicted
Smoking	No	Currently addicted	Used to be addicted
Food	No	Currently addicted	Used to be addicted
Gambling	No	Currently addicted	Used to be addicted
Compulsive exercise	No	Currently addicted	Used to be addicted
Being a spendthrift/shopping	No	Currently addicted	Used to be addicted
Watching TV	No	Currently addicted	Used to be addicted
Coffee	No	Currently addicted	Used to be addicted
Marijuana	No	Currently addicted	Used to be addicted
Prescription Drugs Which Ones?	No	Currently addicted	Used to be addicted
Street Drugs Which Ones?	No	Currently addicted	Used to be addicted
Internet/Facebook/Social Media	No	Currently addicted	Used to be addicted
Computer Games	No	Currently addicted	Used to be addicted
Sex	No	Currently addicted	Used to be addicted

CATEGORY F

1. What is your country of birth? _____

2. Have you lived in other countries? Yes No

Which ones? _____

3. Where was your mother born? (city, state, nation) _____

Where was your father born? (city, state, nation) _____

4. Where were your grandparents born? (city, state, nation)

Maternal grandmother? _____

Maternal grandfather? _____

Paternal grandmother? _____

Paternal grandfather? _____

5. Have you ever been in a counter-culture? (Circle all that apply)

Surfers	Hippies	Bikers
Gangs	Drug drop outs	Stoners
Skin Heads	New Age	Hip Hop
Others?		

CATEGORY G

1. Do you suffer from any chronic illness or allergies? Yes No

Which? _____

Is it hereditary? Yes No

2. Have you had any severe accidents or traumas that stand out in your mind not already mentioned? (These can be emotional or physical traumas).

Yes No

Explain: _____

Who was involved in the trauma with you? (I.e. car wreck, I was with my daughter)

3. Have you ever received a blood transfusion? Yes No

4. Have you ever donated blood? Yes No

5. Describe yourself in as many one or two word phrases as you can:

- | | |
|----|----|
| A. | H. |
| B. | I. |
| C. | J. |
| D. | K. |
| E. | L. |
| F. | M. |
| G. | N. |

6. Do you have any other problems you feel this questionnaire hasn't uncovered?
Explain as fully as you can. Try to pinpoint when they began and if they were connected with a trauma of some kind or if you were victimized or if you invited the problem in.

Much of this material is taken from the book *Evicting Demonic Intruders and Freedom in Christ* both by Noel and Phyl Gibson, published by New Wine Press distributed in the USA by Gospel Light; and from *How to Cast Out Demons* by Doris Wagner, published by Regal

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Fruit of Rejection

AGGRESSIVE REACTION SYMPTOMS					
Rebellion	YES	NO	Harshness	YES	NO
Refusing comfort	YES	NO	Hardness	YES	NO
Rejection of others	YES	NO	Skepticism	YES	NO
Aggressive attitude	YES	NO	Unbelief	YES	NO
Defiance	YES	NO	Fighting	YES	NO

SELF-REJECTION SYMPTOMS					
Low self-image	YES	NO	Refusal to communicate	YES	NO
Feeling inferior	YES	NO	Sadness	YES	NO
Insecurity	YES	NO	Fear of all sorts	YES	NO
Inadequacy	YES	NO	Anxiety	YES	NO
Grief and sorrow	YES	NO	Worry	YES	NO
Self-accusation	YES	NO	Depression	YES	NO
Inability communicate	YES	NO	Negativity	YES	NO

SELF-CENTERED SYMPTOMS					
Striving	YES	NO	Self-protectiveness	YES	NO
Achievement	YES	NO	Self-centeredness	YES	NO
Performance	YES	NO	Selfishness	YES	NO
Competition	YES	NO	Self-justification	YES	NO
Withdrawal	YES	NO	Self-righteousness	YES	NO
Aloneness	YES	NO	Self-idolatry	YES	NO
Isolation	YES	NO	Criticism	YES	NO
Self-pity	YES	NO	Judgmental	YES	NO
Manipulation	YES	NO	Control	YES	NO
Emotional immaturity	YES	NO	Perfectionism	YES	NO

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