

STEPS TO FREEDOM IN CHRIST | CONFIDENTIAL PERSONAL INVENTORY
Thirteenth Tribe Ministries
811 Flat River Dr, Lowell, MI 49331

PRE-APPOINTMENT QUESTIONNAIRE

(PLEASE PRINT CLEARLY & USE INK)

Name: _____ Date: _____

Address: _____ City: _____ State: ___ Zip: _____

Male ___ Female ___ Single ___ Married ___ Divorced ___ Widowed ___ Birth Date: _____ Age: _____

Education ___ Years _____ Ethnicity _____ Phone: _____ Email: _____

Are you a Christian? Yes___ No___	How many years? ___ years	Do you attend church regularly? Yes___ No___
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On a scale of 1 to 10, how would you rate yourself in the following areas? (1 is no problem: 10 is severe problem)										
	1	2	3	4	5	6	7	8	9	10
1. Depression (Hopelessness)										
2. Anxiety										
3. Fear (Irrational)										
4. Anger (Unhealthy)										
5. Tormenting thoughts and voices										
6. Habits and/or behavior over which you have little control										
7. Self Esteem										
8. Ability to function in daily activities										
9. Satisfaction in relationships										
10. Physical Health										
11. Bible study and prayer										
12. Reality of God in your life										

I. PERSONAL INFORMATION

Date: _____

Name _____ Age _____

Telephone (____) _____ E-mail _____

Preferred method to contact you and best time of day _____

Address _____ City/State _____ ZIP _____

Present Church Affiliation _____ Pastor _____

Previous Church (if different in past year) _____

Current Vocation _____

Previous Vocation (if different in past year) _____

Specifically, what are the issues/problems you most want help with? _____

How strongly do you want help with your problem? (check one)

Very Strongly Strongly Moderately Not my choice to do this

How did you hear about Thirteenth Tribe Ministries? _____

Who (if anyone) referred you? _____

Check if you have read: ___ Victory Over the Darkness ___ The Bondage Breaker ___ The Invisible War

If under 18, please list name of parent or guardian _____

MARITAL STATUS

Marital Status- Single Married Divorced Separated Widow/Widower

Describe your present marriage (if married) _____

Describe any previous marriage(s) _____

Number and ages of children _____

II. FAMILY HISTORY

A) RELIGIOUS BACKGROUND

Have any of your (or your spouse's, if married) parents, grandparents, or other relatives, to your knowledge, ever been involved in any occult, cultic, or non-Christian practice? Yes No if yes, please explain.

Briefly describe your parents' Christian experience (i.e. if they were believers, did they profess and live their Christianity).

Would you describe the moral climate (rules) you grew up with as Liberal Normal Excessive

Please describe any extremes. _____

B) FAMILY DYNAMICS

What are your parents present marital status? Divorced Married Separated Deceased

Which parent seemed to be the obvious head of your home? _____

How did your parents relate to each other and to their children? _____

To your knowledge, did either of your parents or grandparents ever have an adulterous affair? Yes No

If yes, please explain _____

Are you aware of any incestuous relationships in the family Yes No If yes, please explain.

Are you adopted or part of a blended family? Yes No

Did foster parents or legal guardians raise you? Yes No

What was the emotional environment of your home like (i.e. hostility, tension, love, warmth...) _____

C) SIBLING DATA

Please identify the names, sex and ages of all siblings and place yourself in birth order. Begin with the oldest in the family.

How would you define the relationship: Good, OK, Poor (circle one)

Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor

Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor

Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor

Please describe the interpersonal relationships in your home while you were growing up. _____

Are there any unresolved issues that are causing bitterness or resentment between you and any of your siblings and/or parents?

If so, please describe. _____

D) FAMILY HEALTH

Are there any addictive problems in your family history (alcohol, drugs, food, gambling, pornography, etc.)? Please describe.

Is there any history of mental illness? Please describe. _____

Is there any history of disease or chronic illness? Please describe. _____

Have you or anyone in your family ever attempted (or committed) suicide? Please briefly describe the relationship and circumstances. _____

III. PERSONAL HEALTH

A) PHYSICAL

How would you describe your personal health? Excellent Good Poor If poor, please explain.

When was your last complete physical? _____

Do you have any addictions or cravings that cause you to find it difficult to control sweets, drugs, alcohol, food in general, etc.?

If so, please explain _____

List any prescription medications taken in the past two years for either physical or psychological reasons, and indicate which, if any, you are currently taking.

Do you struggle with any addictions or compulsive behavior patterns? If so, please explain.

Do you schedule regular periods of rest and relaxation for yourself? Yes No if no, please explain.

Please check any of the following health problems you may have:

Anemia Diabetes Low blood sugar Thyroid problems Other (please explain)

B) MENTAL

Please indicate any of the following thoughts which you have had or are presently struggling with:

Blasphemous Daydreaming/Fantasy Lustful Inferiority/Inadequacy
Obsessive Sexual fantasy Worry Compulsiveness

How many hours of TV do you watch per week, and what are your favorites? ___ hrs. _____

How many hours do you spend listening to music, and what kind of music? ___ hrs. _____

Have you ever thought that maybe you were “cracking up”, and/or do you presently fear that possibility?

Yes No If yes to either, please explain. _____

C) EMOTIONAL

Please indicate which of the following emotions you have had or are presently having difficulty controlling.

Frustration	Anger	Anxiety	Loneliness
Worthlessness	Depression	Hatred	Bitterness
Fear of losing your mind	Fear of committing suicide	Fear of hurting loved ones	
Fear of abandonment	Fear of _____	Fear of _____	

Have you ever experienced any type of trauma (i.e. physical, emotional, or sexual abuse, involvement in a severe accident, death of a family member, etc.)? Yes No If yes, please explain.

Is there someone in your life with whom you are able to be totally emotionally honest? If so, who and what is their relationship to you? _____

Do you feel you are totally emotionally honest before God? Yes No If not, please explain why you feel that way.

D) SEXUAL

Is there or has there been any physical, emotional or sexual abuse in your family? Yes No If yes give relationship of the abuse and abuser and explain what abuse took place. _____

Did you ever experience any anxieties, guilt feelings, or trauma arising out of a sexual experience with the opposite sex?

Yes No If yes, please explain.

Did you ever experience any anxieties, guilt feelings, or trauma arising out of a sexual experience with the same sex?

Yes No If yes, please explain. _____

Do you have questions or concerns regarding your sexual identity? Yes No If yes, please explain.

Are you or have you ever engaged in any extra-marital or pre-marital sexual relationship? Yes No

If yes, please explain. _____

V. NON-CHRISTIAN SPIRITUAL EXPERIENCE INVENTORY

A) ADIVINATION OR OCCULT

Adivination applies to any activity in which special knowledge or power was sought through psychic or supernatural means other than God. Occult involves the use of spells, charms or curses to obtain special powers or to control people, events or things. Some examples are below. Check any that you or a close family member may have ever had been involved in, even if it was seeming innocent or just observing (if only other family members, indicate with an "F") Write in any others that you may have been involved in but are not listed.

Astral projection (out-of-body experiences)	Magic (black or white)
Bloody Mary	Materialization (making things appear/disappear)
Blood pacts	Mental suggestion
Body or table lifting (i.e. "light as feather")	Ouija board
Charms	Palm or psychic readings
Crystal use	Séances
Fantasy games (like D&D)	Tarot cards (or other card readings)
Fortune telling	_____
Horoscopes	_____
Hypnotism	_____

B) FALSE TEACHING OR INFLUENCES

Programming of our minds comes from a variety of resources. Check any false religious teachings that you or a close family member have been exposed to or participated in. There are also a number of other negative influences that may not be religious in nature but can influence us at a spiritual level. Check any of the items that have been influences in your life. Where indicated, write in the name of the group or program. Write in any others that you may be aware of but are not listed.

Alternative medical treatments (involving Crystals, Psychic powers, etc.) _____ _____	Music that is blasphemous or anti-Christian New Age teachings _____ _____
Books or movies about the paranormal	Non-Christian religions(s) (i.e. Buddhism, Hinduism) _____
Cults or sects	_____
Eastern mysticism _____	_____
Horror or slasher films	Wicca _____
Lodges/secret organizations (i.e. Masonic Order)	_____

C) SATANIC/RITUALISTIC INFLUENCE

Involvement in satanic ritual, even at the "dabbling" level is serious. Even if you were forced into it against your will, check any type of involvement you may have had or write in any other involvement that is not listed.

Blood letting/offerings	ritualistic sacrifice
Calling forth demonic spirits	satanic ceremonies
Church of Satan	_____
Curses/spells	_____
Power circles	_____

V. NON-CHRISTIAN SPIRITUAL EXPERIENCE INVENTORY CONTINUED

Have you ever attended a New Age or parapsychology seminar, consulted a medium, Spiritist, or channeler?

Yes No If yes, please explain.

Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance or companionship?

Yes No If yes, please explain.

Have you ever heard voices in your mind, or had repeating and nagging thoughts, that were foreign to what you believe or feel, like there was a dialogue going on in your head? Yes No If yes, please explain

What other spiritual experience have you had that would be considered out of the ordinary (such as sensing an evil presence in your room at night, or in your dreams, as a child?)

Have you been a victim of satanic ritual abuse? Yes No If yes, please explain.

Please add anything you think might be helpful.

Please be sure that all pages are carefully completed and then return this form to:

**Thirteenth Tribe Ministries
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Lowell, MI 49331**

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Email: **daniel22boon@yahoo.com**