

## **FBC Mena Counseling**

### **CONSENT TO COUNSELING**

**Our Goal** — Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life. We offer counseling free of charge as a ministry of First Baptist Church of Mena (FBC Mena). You have no express or implied obligation to pay fees for the counseling you receive through FBC Mena.

**Biblical Basis** — We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles (II Timothy 3:16-17; II Peter 1:3-4) rather than those of secular psychology or psychiatry. We reject the teachings and methods of modern psychology or psychiatry, whether expressly secular or an attempted integration with biblical principles. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists. Initials \_\_\_\_\_

**Not Professional Advice** — If you have significant medical, legal, financial, or technical questions, you should seek advice from a competent independent professional. Our counselor will cooperate with such advisors and help you to consider their counsel in the light of scriptural principles. More specifically, we urge our counselees to properly care for their physical bodies and to seek proper medical treatment for all physiological problems. Our counselor will assist you in responding to such problems in a godly manner, but our counsel is not intended to replace the services of a qualified physician where organic problems are present or where medication has been prescribed.

**Confidentiality** — Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another counselor; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; when law may require a counselor to reveal spousal or child abuse, or some other crime, to the appropriate authorities or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Initials \_\_\_\_\_

Please be assured that the counselor strongly prefers not to disclose personal information to others, and will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflict** — On rare occasions a conflict may develop between a counselor and a counselee. I Corinthians 6:1-8 forbid Christians from bringing lawsuits against one another in secular courts of law. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation. It is expressly understood that, by consenting in advance to such arbitration, the counselee is waiving his right to a trial in the civil courts. Initials \_\_\_\_\_

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with your counselor. Your signature below indicates your informed consent to these guidelines.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Release of Liability Form

This RELEASE and Waiver of LIABILITY is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the \_\_\_\_\_ (hereinafter designated Counselor) and \_\_\_\_\_ (hereinafter designated Client); and, if the Client is a minor, the Client's parent or guardian \_\_\_\_\_.

As a precondition to any and all counseling services to be provided by the counselor, the undersigned, in consideration of the services provided by **the counselor**, both parties acknowledging the adequacy of said consideration, does hereby remise and release from any and all injuries, losses, damages, liabilities, defenses, claims, actions, causes of action, suits, debts, promises, demands, or agreements, of whatever nature or kind, known or unknown, whether based in law or in equity, that either party hereto ever had or now has or that any one claiming through or under either party may have or claim to have, which was raised or asserted or could have been raised or asserted against the other party at any time prior to the execution of this agreement, including, but not limited to, any and all claims arising out of, by reason of, or in any way related to the subject matter of the counseling relationship/services as a direct or indirect result of any involvement Client may have with the counselor or the counselor's church or any other partnering/ hosting church.

Client further understands that it is the specific intent and purpose of this legal document to release and discharge any and all claims and causes of action of any kind or nature which are directed toward a Counselor, Pastor or Church. This includes causes which are known or unknown, specifically mentioned or implied, or not mentioned nor implied, which might exist or be claimed to exist at or prior to the date of this document. The undersigned further specifically waives any claims or right to assert that any cause of action or claim or demand has been, through oversight or error, intentionally or unintentionally omitted from this release. The undersigned also understands that the Counselor is a certified Biblical counselor and/or has been trained in Biblical counseling but is not state licensed and not under the regulatory authority of any governmental agency. Also, when the term counseling or counselor is mentioned above it does not refer to psychiatric or psychological state licensed professional, psychiatric, legal or clinical medical advice provider. The advice given is based on how to think rationally and clearly from a Christian Biblical perspective only. The nature and source of all information given comes from the Bible and therefore is Biblical counseling or sometimes referred to as Biblical Counseling, Discipleship Counseling or Counseling.

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.**

Client/Counselee Signature \_\_\_\_\_

Date \_\_\_\_\_



## Counseling Confidentiality Acknowledgment/Authorization/Release

On the date herein below the parties, \_\_\_\_\_ (hereinafter designated Counselor) has agreed to provide counseling services to \_\_\_\_\_, (hereinafter designated Counselee) on the following terms and conditions:

**Whereas** the parties acknowledge that the counseling services provided are Biblically based and are not part of a licensed discipline governed/regulated by any governmental agency, and;

**Whereas** the parties acknowledge that the counseling services and confidentiality of the same is conditional for which the Counselee gives authorization and full release of Counselor upon the disclosure of information should contingencies arise that require the same as outlined herein below;

**Now therefore**, the parties further agree as follows:

**Confidentiality** – The counselor is very sensitive to the issue of confidentiality. Confidentiality is crucial to an effective and trusting counseling relationship and the counselor will carefully guard the information Counselee entrusts to him/her. There are situations, however, in which the discipleship Counselor may believe that it is wise or mandated (Biblically and/or legally) for them to share certain information with others.

There are five (5) situations where it may become necessary for Counselor to share certain information with others.

By signing this agreement Counselee acknowledges that they are pursuing a form and course of counseling that is in conformity with their faith and Biblical orientation and desire the same to be provided and is being provided in relation to the church community they have voluntarily engaged and further authorizes the Counselor to share information with others in the following limited circumstances:

- When a discipleship Counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. The specific name and particular information will be generalized so that the other consultant doesn't know who the Counselor is counseling (Proverbs 11:14; 24:6). \_\_\_\_\_ (initial)

- When there is concern that someone may be harmed and abused unless government officials intervene (Romans 13:1-7). \_\_\_\_\_ (initial)

- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services. If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat. We must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent and/or appropriate criminal agencies. \_\_\_\_\_ (initial)

- Child Abuse: If we have reasonable cause to suspect abuse of children with whom counselor comes into contact we will report this to the appropriate governmental agencies. \_\_\_\_\_ (initial)

- When counseling someone who is under familial authority (e.g. wife to husband, child to parent) the counselor may encourage the Counselee to inform their familial authority and/or the Counselor may inform them (Ephesians 5:22- 6:4). \_\_\_\_\_ (initial)

- When a person refuses to renounce a particular sin, and seeks to continue in counseling with the counselor, it will become necessary to seek the assistance of others in the Counselee's church to encourage repentance and reconciliation and/or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20). \_\_\_\_\_ (initial)

- When discussing the information with the observers sitting in on the counseling sessions to assist the Counselor or for training purposes. \_\_\_\_\_ (initial)

*Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.*

The parties being in full agreement with the terms and conditions hereinabove, the acceptance of the same being a precondition to Counselor accepting and providing counseling to Counselee, each have subscribed their signatures herein below on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name\*:** \_\_\_\_\_

**Parent/Guardian Signature\*:** \_\_\_\_\_

**Date\*:** \_\_\_\_\_

*\* only required if counselee is under 18 years of age*

# PERSONAL DATA INVENTORY

Please complete this inventory carefully

Date \_\_\_\_\_

## PERSONAL IDENTIFICATION

(1) Name \_\_\_\_\_ Birth Date \_\_\_\_\_

(2) Address \_\_\_\_\_

(3) Age \_\_\_\_\_ Sex \_\_\_\_\_ Referred by \_\_\_\_\_

(4) Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

(5) Education: (last yr. completed) \_\_\_\_\_

(6) Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(7) Employer \_\_\_\_\_ Position \_\_\_\_\_ Yrs. \_\_\_\_\_

## MARRIAGE AND FAMILY

(8) Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

(9) Age \_\_\_\_\_ Occupation \_\_\_\_\_ How Long Employed \_\_\_\_\_

(10) Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(11) Date of marriage \_\_\_\_\_ Length of dating \_\_\_\_\_

(12) Give a brief statement of circumstances of meeting and dating.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(13) Have either of you been previously married \_\_\_\_\_ Who \_\_\_\_\_

(14) Information about children:

Name \_\_\_\_\_ Age Sex Living Yr. Ed. Step-child

Name \_\_\_\_\_ Age Sex Living Yr. Ed. Step-child

Name \_\_\_\_\_ Age Sex Living Yr. Ed. Step-child

Name \_\_\_\_\_ Age Sex Living Yr. Ed. Step-child

(15) Describe relationship to your father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(16) Describe relationship to your mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(17) Number of siblings \_\_\_\_\_ Your sibling order \_\_\_\_\_

(18) Did you live with anyone other than parents \_\_\_\_\_

(19) Are your parents living \_\_\_\_\_ Do you live locally \_\_\_\_\_

**HEALTH**

(20) Describe your health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(21) Do you have any chronic conditions \_\_\_\_\_ What \_\_\_\_\_  
\_\_\_\_\_

(22) List important illnesses and injuries or handicaps \_\_\_\_\_  
\_\_\_\_\_

(23) Date last medical exam \_\_\_\_\_ Report \_\_\_\_\_  
\_\_\_\_\_

(24) Physician's name and address \_\_\_\_\_

(25) Current Medication(s) and dosage. Please include all medicines; prescription and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(26) Have you ever used drugs for other than medical purposes \_\_\_\_\_

(27) If yes, please explain \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

(28) Do you drink alcoholic beverages \_\_\_\_\_ If so, how frequently and how much

\_\_\_\_\_

(29) Do you drink coffee \_\_\_\_\_ How much \_\_\_\_\_

(30) Other caffeine drinks \_\_\_\_\_ How much \_\_\_\_\_

(31) Do you smoke \_\_\_\_\_ What \_\_\_\_\_ Frequency \_\_\_\_\_

(32) Have you ever had interpersonal problems on the job \_\_\_\_\_ If yes, explain

\_\_\_\_\_

\_\_\_\_\_

(33) Have you ever had a severe emotional upset \_\_\_\_\_ If yes, explain

\_\_\_\_\_

\_\_\_\_\_

(34) Have you ever seen a psychiatrist or counselor \_\_\_\_\_ If yes, explain

\_\_\_\_\_

\_\_\_\_\_

(35) Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records \_\_\_\_\_ .

**SPIRITUAL**

(36) Denominational preference \_\_\_\_\_

(37) Church attending \_\_\_\_\_ Member? \_\_\_\_\_

(38) Church attendance per month (circle) 0 1 2 3 4 5 6 7 8+

(39) Do you believe in God \_\_\_\_\_ Do you pray \_\_\_\_\_

Would you say you are a Christian, or still in the process of becoming a Christian?

\_\_\_\_\_

(40) How often do you read the Bible: Never Occasionally Often Daily

Explain any recent changes in your religious life \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WOMEN ONLY (41-43)**

(41) Have you had any menstrual difficulties? \_\_\_\_\_ Do you experience tension, tendency to cry, or other symptoms prior to your cycle? \_\_\_\_\_ please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(42) Is your husband willing to come for counseling? \_\_\_\_\_

(43) Is he in favor of your coming? \_\_\_\_\_ If no, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(44) CIRCLE any of the following words which best describe you now:

- |           |           |                |              |             |             |
|-----------|-----------|----------------|--------------|-------------|-------------|
| active    | ambitious | self-confident | persistent   | nervous     | hardworking |
| impatient | moody     | kindly         | often-blue   | excitable   | imaginative |
| calm      | serious   | easy-going     | good-natured | shy         | introvert   |
| extrovert | likeable  | leader         | quiet        | hard-boiled | submissive  |
| spiritual | lonely    | self-conscious | sensitive    | other:      | _____       |
| _____     | _____     | _____          | _____        | _____       | _____       |

(45) Have you ever felt people were watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_

Do you ever have difficulty distinguishing faces? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? Yes \_\_\_ No \_\_\_

Are you sometimes unable to judge distance? Yes \_\_\_ No \_\_\_  
 Have you ever had hallucinations? Yes \_\_\_ No \_\_\_  
 Are you afraid of being in a car? Yes \_\_\_ No \_\_\_  
 Is your hearing exceptionally good? Yes \_\_\_ No \_\_\_  
 Do you have problems sleeping? Yes \_\_\_ No \_\_\_

**PROBLEM CHECK CHART (Please check all that apply)**

- |                         |                           |                                    |
|-------------------------|---------------------------|------------------------------------|
| (46) ___ Anger          | (63) ___ Apathy           | (80) ___ Change in lifestyle       |
| (47) ___ Anxiety        | (64) ___ Bitterness       | (81) ___ Children                  |
| (48) ___ Depression     | (65) ___ Sex              | (82) ___ Boredom                   |
| (49) ___ Deception      | (66) ___ Sleep            | (83) ___ Pride                     |
| (50) ___ Envy, Jealousy | (67) ___ Wife Abuse       | (84) ___ Money                     |
| (51) ___ Fear           | (68) ___ A Vice           | (85) ___ Relationships             |
| (52) ___ Gluttony       | (69) ___ Inferiority      | (86) ___ Impatience                |
| (53) ___ Guilt          | (70) ___ Parent-Child     | (87) ___ Irritableness             |
| (54) ___ Health         | (71) ___ Decision Making  | (88) ___ Bizarre thinking/behavior |
| (55) ___ Homosexuality  | (72) ___ Suffering (Pain) | (89) ___ Discerning a proper mate  |
| (56) ___ Impotence      | (73) ___ Laziness         | (90) ___ Divorce/Remarriage        |
| (57) ___ In-laws        | (74) ___ Drunkenness      | (91) ___ Suicidal Tendencies       |
| (58) ___ Appetite       | (75) ___ Loneliness       | (92) ___ Doubt/Confusion           |
| (59) ___ Memory         | (76) ___ Unfair Treatment | (93) ___ Insomnia/Sleep Loss       |
| (60) ___ Moodiness      | (77) ___ Self-Pity        | (94) ___ Handicaps (M.S. etc.)     |
| (61) ___ Rebellion      | (78) ___ Grief            | (95) ___ Terminal Illness          |
| (62) ___ Marital        | (79) ___ A hidden past    |                                    |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS: (use reverse side, if necessary)**

(95) 1. What is your problem (what brings you here)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(96) 2. What have you done about this problem? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(97) 3. What are your expectations from counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(98) 4. Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(99) What is it you really want, desire or hope for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(100) What are your goals, and expectations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(101) What brings out the worst in you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(102) What bothers you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(103) What do you worry about most? \_\_\_\_\_

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(104) What makes you angry? \_\_\_\_\_

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(105) What would sum up your life as being worth while? \_\_\_\_\_

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(106) What do you think about most often? \_\_\_\_\_

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# Health History Questionnaire

(Appendix to the PDI)

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ EDUCATION \_\_\_\_\_

List all current medications and daily dosage. Please include all medicines: prescriptions and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.).

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How much of the following do you consume on an average day?

Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Soft drinks \_\_\_\_\_

1. Have you ever had surgery that required anesthesia? **Yes / No**

Please list them and include dates:

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2. Are you currently being treated by a physician? **Yes / No**

For what medical problem(s)?

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3. Have you had any of the following?

Nausea or vomiting (recently) **Yes / No**

High Temperature/Fever (recently) **Yes / No**

High Blood Pressure **Yes / No**

Diabetes **Yes / No**

Cancer (what type?) \_\_\_\_\_ **Yes / No**

Epilepsy or seizures **Yes / No**  
Concussion or other head injury **Yes / No**  
Stroke **Yes / No**

Multiple Sclerosis **Yes / No**  
Parkinson's disease **Yes / No**

4. Have you had any recent weight or appetite changes? **Yes / No**

5. Do you have any problems with your heart?  
Mitral valve prolapse **Yes / No**      Open heart surgery **Yes / No**  
Congestive heart failure **Yes / No**      Palpitations **Yes / No**  
Angina **Yes / No**

6. Have you ever been treated for liver or kidney problems?  
Hepatitis **Yes / No**      Cirrhosis **Yes / No**      Dialysis **Yes / No**

7. Do you have respiratory or breathing difficulties?  
Asthma **Yes / No**      Emphysema **Yes / No**      Pneumonia **Yes / No**

8. Have you ever lost control of your bowels or bladder? **Yes / No**

9. Have you had any recent sexual problems? **Yes / No**  
[Men] problems having or maintaining an erection? **Yes / No**  
[Men] problems with ejaculation? **Yes / No**  
[Men and Women] recent difficulties achieving orgasm? **Yes / No**

10. [Women] Have you had any recent menstrual changes? **Yes / No**  
Do you menstruate regularly? **Yes / No**

11. Have you had any problems with speech? **Yes / No**  
Slurring words? **Yes / No**  
Difficulty remembering the names of common things? **Yes / No**

12. Have you had any changes in your vision? **Yes / No**  
Double vision? **Yes / No**      Blurry vision? **Yes / No**  
Temporary blindness? **Yes / No**      Tunnel vision? **Yes / No**  
Visual hallucinations or distortions? **Yes / No**

13. Have you ever blacked out or had no recollection of recent events? **Yes / No**

14. Do you experience headaches? **Yes / No**      Please describe them.

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Are they new or different from previous headaches? **Yes / No**

15. Have you hit your head recently? **Yes / No**

16. Is there a spot on your head that is sensitive to touch? **Yes / No**

17. Do you have pain or stiffness in your neck? **Yes / No**

18. Have you noticed any changes in your walking? **Yes / No**

19. Do you get dizzy or lose your balance easy? **Yes / No**

20. Have you had difficulties with your coordination? **Yes / No**

21. Do your hands tremble sometimes? **Yes / No**

22. Has your handwriting changed? **Yes / No**

23. Are you unusually sensitive to heat and cold? **Yes / No**

24. Do you have any allergies? **Yes / No**

To what are you allergic? \_\_\_\_\_

25. Do you have strong cravings for particular food? **Yes / No**

26. Do you often feel fatigued, lethargic, or ill between meals? **Yes / No**

27. Have you had any persistent rashes? **Yes / No**

28. have you recently had any unusual hair loss? **Yes / No**

29. have there been any changes in your sleep pattern? **Yes / No**

Early morning awakenings? **Yes / No** Excessive tiredness? **Yes / No**

Difficulty falling asleep? (insomnia) **Yes / No**

30. Have you or others noticed any change in any of the following?

Personality or emotions? **Yes / No**

Memory? (amnesia) **Yes / No**

Work performance? **Yes / No**

31. Do you sometimes find yourself laughing or crying for no apparent reason?

**Yes / No**

32. Have your sensory responses (sight, touch, taste, hearing, smelling) ever been distorted, exaggerated, or diminished? **Yes / No**

33. Have you ever sensed (seen, heard, tasted, smelled) something that you think only you sensed and not others who were around you? **Yes / No**

34. Have you recently had a feeling that you had experienced a situation or had been someplace, although you actually experiencing it for the first time? (deja vu) **Yes / No**

35. Have you had any thoughts that just seem to go on and on and you couldn't stop?  
**Yes / No**

36. Has drinking alcohol ever interfered with your job or personal relationships?  
**Yes / No**

What is your alcohol consumption per week? \_\_\_\_\_

37. In the past six months have you used street drugs or other drugs for non-medical reasons? (e.g., narcotics, cocaine, barbiturates, marijuana) **Yes / No**

# Data Gathering

NAME: \_\_\_\_\_

Finish the following sentences with two or three answers each.

1. I am

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2. I like

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3. I am happy

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4. I am unhappy

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5. God is

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6. A happy home

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7. I want

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8. I dislike

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9. When I sin

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10. Jesus Christ is

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11. I have

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12. When someone criticizes me

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13. When I don't get my own way

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14. I resent

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15. I feel guilty

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16. I would like to change

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17. The Bible

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18. I pray

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19. I become angry

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20. My greatest failures are

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21. My chief sins are

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22. I can

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23. I can't

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