

The following test is designed help you recognize what are the entry points of demonic curses in your life or in other words the influence the Kingdom of this world's impact on you over the Kingdom of God.

As you go through each question, take your time to answer them truthfully and avoid generalized answers. Answer the question at hand in a specific way.

Note: If you are under a doctor's care for any reason, YOU SHOULD CONTINUE FOLLOWING ALL THE GUIDELINES THAT ARE SUGGESTED FOR TREATMENT. However, nothing should prevent you from also receiving prayer and healing from a Christian ministry while under a doctor's care. If you have any concerns before receiving support from Healing Christian Ministry, contact your doctor or primary care specialist. Only your primary care doctor can give you advice whether to discontinue any treatment. This ministry does not advise or instruct any person to violate their responsibility as a patient to their doctor.

ANCESTRAL ORGIN BY CONTENANT

To the best of your ability, from what region of the earth by continent did your ancestry originate from?

Check the appropriate box.

<input type="checkbox"/>	NORTH AMERICA (AMERICA NORTH OF THE PANAMA CANAL)
<input type="checkbox"/>	SOUTH AMERICA (AMERICA SOUTH OF THE PANAMA CANAL)
<input type="checkbox"/>	ANTARTICA
<input type="checkbox"/>	EUROPE
<input type="checkbox"/>	ASIA
<input type="checkbox"/>	AFRICA
<input type="checkbox"/>	AUSTRALIA

CHILDHOOD FAMILY HISTORY

Answer the question below by placing in check in the appropriate column.

	YES	NO	NA
1. Were your biological parents married at your birth?			
2. Did your parents separate or divorce?			
3. Did you observe or experience physical or emotional abuse between your parents?			
4. Did one of your parents or both become deceased prematurely?			
5. Did you grow up in extreme and prolonged financial hardship with your parents?			
6. Did your parents or guardians have addictions to cigarettes, drugs of any kind, pornography, or alcohol?			
7. Was there ever infidelity between your mother and father?			
8. Were your parents' members of a mainstream denominational church?			
9. Were your parent's Christians who practiced their faith?			
10. Were your parent's involved in any occult practices? (séances, played with Ouija board game, members of any occult groups, members of Free Masonry other secret societies, Wickens, Mormonism, Jehovah's Witness, Santeria, or other occult religion)			
11. Were your parents ever arrested and imprisoned?			
12. Did your parents suffer from chronic illness, high blood pressure, diabetes, cancer, hereditary diseases, or the like?			
13. Did your parents have any psychological disorders (depression, bi-polar, schizophrenia, OCD, anxiety, hallucinations, or the like)			
14. Did any of your grandparents have related as stated above?			

PERSONAL HISTORY CHILDHOOD LIFE FROM BIRTH TO 18 YEARS OLD

Answer the question below by placing in check in the appropriate column.

	YES	NO	NA
1. Did you grow up experiencing family violence in your home?			
2. Were you ever rejected by your mother or father through family separation?			
3. Were you ever treated significantly more unfairly than your other siblings?			
4. Were you ever exposed to a traumatic event natural or manmade?			
5. Were you ever sexually violated? (fondling, molested, or rape)			
6. Were you subjected to cruel and or unusual punishment?			
7. Were you ever caught in an embarrassing moment where you felt deeply ridiculed and humiliated?			
8. Were you exposed to a highly fearful event that was traumatizing?			
9. Did you experience personal failures that left you lacking in confidence?			
10. Was your heart broken by a breakup of a past relationship?			
11. Did you make a decision you have felt guilty about but never resolved?			
12. Were you ever the subject of dating violence?			
13. Did you deliberately ever hurt someone for the sake of seeing them suffer?			
14. Did you lose a brother or sister due to accident or illness?			
15. Did you abuse or kill an animal for the sake of seeing hurt or die?			
16. Did you abuse yourself through self-inflicted mutilation? (Cutting or burning)			
17. Did you attempt suicide or strongly consider it?			
18. Did you like starting fires for the sake of seeing things burn?			
19. Did you use or abuse drugs either illegal or prescription?			
20. Did you get involved in occult practices? (séances, played with Ouija board game, tarot cards, summoning the dead, make blood pacts, members of any occult groups, members of Free Masonry other secret societies, ghost hunting, Wickens, Mormonism, Jehovah's Witness, Santeria, or other occult religion)			
21. Did you hear voices in your mind telling you to hurt yourself or others?			
22. Did you hear voices in your mind that you were destined for failure and that you would not amount to anything?			
23. Were you ever involved in any street gangs?			
24. Did you commit criminal offenses beside traffic violations?			
25. Were you rebellious to your parent's authority in an unusual manner?			
26. Did you ever experience rejection from someone you trusted and loved?			
27. Were you addicted to occult videos or video games that also exhibited violence?			
28. Did you make a pact with the devil for the hope of personal gain?			
29. Did you have eating disorders of any kind? (bulimia, gluttony, or anorexia)			
30. Were you ever wounded by a church because of some event?			
31. Did you have an abortion, or did you encourage an abortion on your partner?			

PERSONAL ADULT HISTORY

Answer the question below by placing in check in the appropriate column.

YES NO NA

1. Have you been divorced?			
2. Have you experienced family violence in your home?			
3. Has there been infidelity or adultery in your marriage or home?			
4. Have you been forced by your partner to participate in animal or ritualistic sex?			
5. Did you lose a spouse in death by either natural or unnatural causes?			
6. Has your household repeatedly had financial problems throughout your marriage?			
7. Have your children died from either natural or unnatural causes?			
8. Were you ever caught in an embarrassing moment where you felt deeply ridiculed and humiliated by your spouse?			
9. Were you abused physically, emotionally, or mentally by your spouse?			
10. Did you experience personal failures that left you lacking confidence as a provider?			
11. Has there been an unusual amount of strife in your household over a lengthy period of time?			
12. Did you make a decision you have felt guilty about but never resolved?			
13. Have you kept secrets from your spouse that you are afraid to admit?			
14. Are your children suffering from depression, anxiety, bi-polar behavior, or eating disorders?			
15. Have your children been in rebellion, struggling with success in school, or getting in trouble with the law or submitting to authority?			
16. Have your children been dependent on drugs or alcohol?			
17. Did you quit loving your spouse even though you stayed with them?			
18. Did you abuse alcohol, become addicted to smoking or drug legal or illegal to escape?			
19. Did you attempt suicide or strongly consider it?			
20. Did you like starting fires for the sake of seeing things burn?			
21. Were you addicted to pornography?			
22. Did you get involved in occult practices? (séances, played with Ouija board game, tarot cards, summoning the dead, make blood pacts, members of any occult groups, members of Free Masonry other secret societies, ghost hunting, Wickens, Mormonism, Jehovah's Witness, Santeria, or other occult religion)			
23. Did you hear voices in your mind telling you to hurt yourself or others?			
24. Did your spouse disrespect you and embarrass you in public or alone in person?			
25. Has your spouse emotionally or physically neglected you?			
26. Has your spouse been unfair in the sharing of finances?			
27. Has your spouse broken promises to you?			
28. Do you find that no matter what, you cannot trust your spouse?			

29. Did you have an abortion, or did you encourage an abortion on your partner?			
30. Were you ever a veteran who experienced war casualties leading to PTSD?			

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PERSONAL CURRENT STATE

Answer the question below by placing in check in the appropriate column

YES NO NA

	YES	NO	NA
1. Do you struggle with depression most of the time?			
2. Do you struggle with anxiety most of the time?			
3. Are you afraid of being alone?			
4. Are you suffering from Post-Traumatic Syndrome (PTSD)?			
5. Have you been diagnosed with Bi-polar disorder?			
6. Are you currently taking psychotropic prescriptions?			
7. Are you currently struggling with addictions to pain medicine, drugs of any kind, alcohol, marijuana, or any other stimulants?			
8. Are you currently addicted or driven to pornography?			
9. Are you having difficulty forgiving someone who has harmed you?			
10. Are you easily upset or offended over certain issues that act as triggers?			
11. Are you experiencing extended bouts of sadness?			
12. Are you currently experiencing nightmares?			
13. Do you feel like you have out of body experiences?			
14. Do you have hatred toward someone or certain people?			
15. Do you physically, mentally, or emotionally abuse your children?			
16. Do you have casual sex with others besides your spouse? Or as a single?			
17. Do you hear voices in your mind asking or commanding you to do bad things?			
18. Do you like starting fires for the sake of seeing things burn?			
19. Are you currently involved in occult practices? (séances, playing with Ouija board game, tarot cards, summoning the dead, making blood pacts, members of any occult groups, members of Free Masonry or other secret societies, ghost hunting, Wiccanism, Mormonism, Jehovah's Witness, Santería, or other occult religion)			
20. Do you involve yourself in astrology and the zodiac signs?			
21. Do you visit fortune tellers?			
22. Are you currently experiencing health issues? (High blood pressure, cancer, arthritis, diabetes, and other health diseases or injuries)			
23. Do you believe you are subject to hereditary sickness?			
24. Are you experiencing a lot of continuous financial misfortune?			
25. Do you suffer from codependency?			
26. Do you believe your home is haunted or that bad spirits follow you?			
27. Are you currently suffering from eating disorders of any kind? (bulimia, gluttony, or anorexia)			
28. Are you currently wounded by a church because of some event?			

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