

# ADOLESCENT QUESTIONNAIRE

Name:	Age:		Sex:	
Current Profession:				
What is the best time to schedule your deliverance?	Weekday	Evening	Weekend	

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 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. Is your relationship with your parents: (circle one)    Good    Bad    Indifferent  
Explain:

a. Is your father (circle)      Passive    Strong    Manipulative    Neither  
Are you friends?      Yes      No      Sort of

Describe briefly your relationship with your father:

b. Any special problems with your father?

c. Is your mother: (circle)      Passive      Strong      Manipulative      Neither  
Are 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
f. The result of a violent conception (i.e. rape)?	Yes	No	Don't Know
g. If adopted, do you know anything about your natural parents?			

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

Physical trauma? Explain: Yes    No

Emotional trauma? Explain: Yes    No

i. Was your birth difficult or complicated? Yes    No  
If yes, in what way?

j. Were you held by your mother shortly after your birth? Yes    No

A breast-fed baby? Yes    No

k. Do you have brothers and sisters? Yes    No

Name:

Age:


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Where do you fall in the sibling line?

How is your relationship with them?

Any special problems?

3. Are your parents living?

Mother	Yes	No
Father	Yes	No

Are they Christians?

Mother	Yes	No
Father	Yes	No

Living together?

Yes	No
-----	----

Divorced?

Yes	No
-----	----

Remarried? Yes No

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

Mother

Father

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

Maternal grandmother

Maternal grandfather

Paternal grandmother

Paternal grandfather

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

4. Who do you live with?

5. Do you have (circle all that apply)

Step-mother

Step-father

Step-siblings

6. Do you currently have a step-parent living in the home? Yes No

7. Are there now or have there been other adults living in the home other than your parents? Yes No

8. How is your relationship with step-parents?

Are they Christians? Yes No

9. How is your relationship with Stepbrothers? Stepsisters?

Are they Christians? Yes No Yes No

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

11. 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

12.

Do you feel emotionally immature? Yes   No   Maybe  
 What is your emotional age?

13. 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
Punish myself (if so, how?)	
Mentally	
Emotionally	
Physically	
Sexually	

14. Is yours a happy home? Yes   No  
 Describe briefly:

15. How would you describe your family's financial situation?

- Poor
- Slight financial struggles
- Moderate income
- Affluent

16. Do your parents tithe?            Yes    No  
Do you tithe?                        yes    No

17. Are you lonely as a teenager?            Sometimes    Yes    No  
Explain:

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

19. Has lying been a problem to you?	Yes	No
Is it now?	Yes	No
Has stealing been a problem to you?	Yes	No
Is it now?	Yes	No
Do you exaggerate?	Yes	No

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

21. 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



22. Are you a perfectionist? Yes No  
 Are your parents perfectionists? Yes No
23. Do you come from a proud family? Yes No
24. Do you personally have a problem with pride? Yes No
25. Do you have a history of conflict with those in authority over you, i.e. Yes No  
 teachers, bosses, pastors, police, etc.  
 If so, please describe:

26. 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				

27. Have you been given to: Swearing Blasphemies Obscenities  
 Do you now? Swear BlaspHEME Use Obscenities

28. 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:

Incidents at work:

Incidents at church:

Incidents involving friends:

Incidents involving people you dated or wanted to date:

Recent incidents:



6. Have you ever been hypnotized? Yes No  
 If so, when and why?

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

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

9. Have you, your parents, or grandparents been in any cults (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		Bahai	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
Other:					Myself	Others

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	Fraternities
Sororities	Secret organizations or societies		
If so who?			

11. Do you suffer from (circle all that apply)

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

Is there any Masonic regalia or memorabilia in your possession? Yes    No  
 If yes, what?

12. Do you feel mentally confused? Yes    No  
 Do you have mental blocks? Yes    No

13. Do you day-dream? Yes    No  
 If yes, what is the nature of your day-dreams?

14. Do you have mental fantasies? Yes    No  
 If yes, what is the nature of your fantasies?

15. Do you suffer from bad dreams? Yes    No  
 If yes, what is the content and nature of the dreams?

16. Do you suffer from sleeplessness? Yes    No

17. Have you ever been tempted to commit suicide? Yes    No  
 Have you tried? Yes    No  
 If yes, what did you do?

18. Have you ever wished to die? Yes    No  
 Have you spoken it aloud? Yes    No

19. 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	Used to	Now		Inadequacy	Used to	Now
Inability to cope	Used to	Now		Death	Used to	Now
Authority figures	Used to	Now		The dark	Used to	Now
Being alone	Used to	Now		Rape	Used to	Now
Satan and evil spirits	Used to	Now		The future	Used to	Now
Violence	Used to	Now		Women	Used to	Now
Crowds	Used to	Now		Heights	Used to	Now
Men	Used to	Now		Insanity	Used to	Now
Public speaking	Used to	Now		Accident	Used to	Now
The opinion of people	Used to	Now		Old age	Used to	Now
Enclosed places	Used to	Now		Insects	Used to	Now
Terminal illness	Used to	Now		Spiders	Used to	Now
Dogs	Used to	Now		Snakes	Used to	Now
Animals	Used to	Now		Pain	Used to	Now
Flying in an airplane	Used to	Now		Water	Used to	Now
Grocery stores	Used to	Now		Open spaces	Used to	Now
Death or injury of a loved one	Used to	Now		Rodents	Used to	Now

Divorce or marriage breakup	Used to	Now		Loud noises	Used to	Now
List any other fears not included above:						

### 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 Yes    No  
 you know been involved in occultism or witchcraft? Whom and doing  
 what?

To what extent?

As a child, did any family member dedicate you to Satan or any demonic Yes    No  
 worship?  
 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
Been involved in any other witchcraft or demonic or Satanic things?		Yes    No
If so, what?		

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

Which ones?

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

Why?

*Note: The following games, movies, television programs and list of music is not an exhaustive list but is as current as our research was able to determine. These lists should be updated frequently to address the current market.*

6. Have you ever played games or played with toys such as: (circle all that apply)

Fable Role Playing Game - X-Box	Used to play	Currently plays
Starcraft Role Playing computer game	Used to play	Currently plays
Everquest Role Playing computer game	Used to play	Currently plays
World of Warcraft Role Playing computer game	Used to play	Currently plays
Dungeons & Dragons	Used to play	Currently plays
Pokemon	Used to play	Currently plays
Magic 8 Ball	Used to play	Currently plays
Magic - the - Gathering	Used to play	Currently plays
Visionaires	Used to play	Currently plays

Moon Dreamers	Used to play	Currently plays
Vampire Role Play Games	Used to play	Currently plays
Sword and Sorcery Battle Gear	Used to play	Currently plays
Starriors	Used to play	Currently plays
Secret Wars	Used to play	Currently plays
Other World	Used to play	Currently plays
Masters of the Universe	Used to play	Currently plays
Snake Mountain	Used to play	Currently plays
Robo Force	Used to play	Currently plays
Super Natural	Used to play	Currently plays
Alien Blood & Monster Flesh	Used to play	Currently plays
Troll Dolls	Used to play	Currently plays
Pegasus	Used to play	Currently plays
Unicorns	Used to play	Currently plays
Gremlins	Used to play	Currently plays
ET	Used to play	Currently plays

7. Have you read books or seen cartoons, movies or TV shows with themes about the occult, supernatural, ghosts, science fiction, Wicca, vampires or werewolves? (circle all that apply)

That's so Raven	Used to watch	Currently watches
Jack Ass	Used to watch	Currently watches
Tales from the Crypt	Used to watch	Currently watches
Digemon	Used to watch	Currently watches
Pokemon	Used to watch	Currently watches
Gremlins	Used to watch	Currently watches
Power Rangers	Used to watch	Currently watches
Masters of the Universe	Used to watch	Currently watches
Ninja Turtles	Used to watch	Currently watches
Ghost Busters	Used to watch	Currently watches
ET	Used to watch	Currently watches
So Weird	Used to watch	Currently watches
Buffy the Vampire Slayer	Used to watch	Currently watches
Sabrina the Teenage Witch	Used to watch	Currently watches
Alex Mac	Used to watch	Currently watches
Angel	Used to watch	Currently watches
Charmed	Used to watch	Currently watches
Harry Potter	Used to watch	Currently watches
Medium	Used to watch	Currently watches

Ghost Whisperer	Used to watch	Currently watches
Others (list by name):		

8. Do you play video games? Yes No

How much time do you spend playing these games?

Have you played any of the following Nintendo Games? (circle all that apply)

Devils	Used to play	Currently plays
Dragons	Used to play	Currently plays
Babylon	Used to play	Currently plays
Mysterious Forces	Used to play	Currently plays
Mythical Beasts	Used to play	Currently plays
Mythical gods	Used to play	Currently plays
Wizards	Used to play	Currently plays
Warriors	Used to play	Currently plays
Magic Power	Used to play	Currently plays
Black Princes	Used to play	Currently plays
Minions of Hell	Used to play	Currently plays
Evil Monsters	Used to play	Currently plays
Magic Items	Used to play	Currently plays
Beelzebub	Used to play	Currently plays
Ectoplasm	Used to play	Currently plays
Curse of Death	Used to play	Currently plays
Evil Spirits	Used to play	Currently plays
Black Magic	Used to play	Currently plays
Magical Scrolls	Used to play	Currently plays
Druids	Used to play	Currently plays
Witchcraft	Used to play	Currently plays
Evil Wizards	Used to play	Currently plays
Sorcery	Used to play	Currently plays
Potions	Used to play	Currently plays
Demons	Used to play	Currently plays
Curses	Used to play	Currently plays
Necromancy	Used to play	Currently plays
Holy Water	Used to play	Currently plays
Buddha	Used to play	Currently plays
Monsters	Used to play	Currently plays
Magical Spells	Used to play	Currently plays

Magical Swords	Used to play	Currently plays
Magical Books	Used to play	Currently plays
Beasts	Used to play	Currently plays
Wands and Witches	Used to play	Currently plays

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

If yes to any of the above, do you now? Yes No  
What when and how often?

10. Have you watched professional wrestling? Yes No If yes, do you now? Yes No  
How often?

11. What music do you listen to? Secular Christian  
What groups?

If Secular, do you listen to: (circle all that apply)

<b>Grunge</b>	<b>Nirvana</b>	<b>Pearl Jam</b>	<b>Alice in Chains</b>	<b>Other</b>	
<b>R &amp; B</b>	<b>Ludacris</b>	<b>Lil Jon</b>	<b>50 Cent</b>	<b>Snoop Dawg</b>	<b>Other</b>
<b>Pop</b>	<b>Britany Spears</b>	<b>Christina Aguilera</b>	<b>Ryan Cabrera</b>	<b>Other</b>	
<b>Classic Rock</b>	<b>Led Zeppelin</b>	<b>Leonard Skinnard</b>	<b>Rush</b>	<b>Door</b>	<b>Jimi Hendricks</b>
<b>Heavy Metal</b>	<b>Mega Death</b>	<b>Slayer</b>	<b>Iron Maiden</b>	<b>Korn</b>	<b>Other</b>
<b>Emo</b>	<b>The Used</b>	<b>The Black Maria</b>	<b>Straylight Run</b>	<b>Senses Fall</b>	<b>Other</b>
<b>Alternative/Punk</b>	<b>Weezer</b>	<b>The Donnas</b>	<b>Incubus</b>	<b>Ramones</b>	<b>Goo Goo Dolls</b>

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How much time do you spend listening to it?

12. What do you like to do in your spare time?

- |  |     |    |
|--|-----|----|
| 13. 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 |
| 14. Have you been involved in Eastern religions?         | Yes | No |
| Which ones?  |     |    |
| Have you followed a guru?                                | Yes | No |
| 15. Have you ever visited heathen temples or Mosks?      | Yes | No |
| If so, when and why?                                     |     |    |
| Did you make offerings?                                  | Yes | No |
| What were they?  |     |    |
| Did you take part in any ceremony?                       | Yes | No |
| Explain:   |     |    |
| 16. Have you ever celebrated Halloween or Mardi Gras?    | Yes | No |
| If so, when and in what way?                             |     |    |
| 17. Have you ever done any form of yoga?                 | Yes | No |
| Meditation?  | Yes | No |
| Exercises?   | Yes | No |

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

19. 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:

20. 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

Yes      No

Do you have any in your possession?

21. 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?

22. Do you have any witches, such as “good luck witches” in your home? Yes      No

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

If so, which?

24. Have you ever learned any of the martial arts: If so, which?	Yes	No
Do you practice it now?	Yes	No
25. Have you ever had premonitions?	Yes	No
Deja vou?	Yes	No
Psychic sight?	Yes	No
If so, how frequently?		
26. Have you ever been involved in: (circle all that apply)		
Firewalking		
Voodoo		
Any other form of religious pagan ceremony?	Yes	No
If so, what and when?		
27. Do you have any tattoos?	Yes	No
If so, what?		
28. Have you ever had a near-death experience?	Yes	No
If so, when and what happened?		
29. Have you had a loved one who died?	Yes	No
If so, who and when?		
Did you mourn or grieve for them?	Yes	No
Explain:		
Do you now?	Yes	No

Have you ever been with someone when they died? Yes No  
 Describe your feelings about it:

30. 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?

31. Are you or have you been extremely competitive? I am now I Used to be  
 Is it out of control? Yes No  
 Explain:

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

33. Have you ever studied or used “visualization” or “inner healing”? Yes No  
 Explain:

34. Have you ever been in a counter-culture? Yes No

Surfers	Bikers	Hip Hop	Hippies
Drug drop-outs	New Age	Gangs	

**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  
Frequency?  
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  
More than once? Yes    No  
Explain:

Were you actually raped? Yes    No  
By whom?

More than once? Yes    No  
Explain:

- |   |     |    |
|---|-----|----|
|   | Yes | No |
| 5. Have you ever participated in incest (sex with a family member)?<br>With whom? |     |    |
| Was it voluntary on your part?  | Yes | No |
| If not voluntary, were you actually raped?  | Yes | No |
| How often?  |     |    |
| For how long?   |     |    |
| 6. Boys: Have you ever molested or raped anyone?<br>First names:                  | Yes | No |
| Girls: Have you ever been raped?<br>By whom?<br>Explain:                          | Yes | No |

- |   |  |
|---|--|
| <p>7. Have you ever committed fornication (sex while not married?)<br/>         How many partners?<br/>         First names and when:</p>   | <p>Yes    No</p>   |
| <p>8. Have you ever been involved in oral sex?<br/>         With whom? (first names)</p>  | <p>Yes    No</p>   |
| <p>9. Have you ever had sex with prostitutes?<br/>         How many?<br/><br/>         When?</p>  | <p>Yes    No</p>   |
| <p>10. Have you ever committed adultery (at least one partner married)?<br/>         First names and when?</p>  | <p>Yes    No</p>   |
| <p>11. Are you currently involved in an illicit sexual relationship<br/>         First name:<br/>         Are you willing to break it off?</p>  | <p>Yes    No<br/><br/>         Yes    No</p>                   |
| <p>12. Have you ever had homosexual or lesbian desires?<br/>         Do you now?<br/>         Have you ever acted on the desire and had a homosexual or lesbian<br/>         experience?<br/>         With whom and when?</p> | <p>Yes    No<br/>         Yes    No<br/>         Yes    No</p> |
| <p>Do you currently participate in homosexual or lesbian activity?<br/>         If so, how frequently and with whom?</p>  | <p>Yes    No</p>   |

Are you willing to stop?	Yes	No
13. 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
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?		
How frequently?		
When?		
Have you seen pornographic movies, videos or DVDs?	Yes	No
When and where?		
Have you viewed pornographic magazines or photos?	Yes	No
Have you viewed live sex shows?	Yes	No
When and where?		
Have you viewed pornographic material on the Internet?	Yes	No

Have you participated in sexually oriented “chat rooms” or discussion groups on the Internet?	Yes	No
Have you had a sexual fetish? What is it?	Yes	No
Do you still view pornographic material? What, when and how often?	Yes	No
Do you currently purchase or rent pornographic movies, videos or DVDs or have such a channel on your home TV? How frequently?	Yes	No
Are you willing to discontinue any use of pornography?	Yes	No
16. Have you ever been involved in anal sex? With whom?	Yes	No
17. Girls: Have you ever had an abortion? How many? Give dates and father’s name(s)	Yes	No
18. Boys: Have you ever fathered a child that was forcefully aborted? How many? Give dates and mother’s name(s):  Were you in favor of the abortion?	Yes	No
19. Have you been plagued with desires of having sex with a child? Have you actually done so? If yes, how many times and when?	Yes Yes	No No

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, 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?

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

## CATEGORY E

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	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	No	Currently addicted	Used to be addicted

Which ones?			
Street Drugs	No	Currently addicted	Used to be addicted
Which ones?			
Any other addictions?			

**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?

**CATEGORY G**

1. Do you suffer from any chronic illness or allergies? Yes No  
Which?
2. Have you had any severe accidents or traumas that stand out in your mind already mentioned? (These can be emotional or physical traumas). not

Explain:

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

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.

