

ADULT QUESTIONNAIRE

Name:	Age:		Sex:		
Marital Status:	Single	Married	Divorced	Remarried	Widowed
How Many Times Have You Been Married?					
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 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. Was your relationship with your parents: (circle one) Good Bad
Indifferent

Explain in more detail:

- a. Was your father (circle) Passive Strong Manipulative
Neither

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: (circle) Passive Strong Manipulative
Neither

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
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
 If yes, in what way?

j. Did your mom describe you as "bonded and close at birth?" Yes No
 A breast-fed baby? Yes No

k. Do you have brothers and sisters? Yes No

Name:	Age:

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	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?

Yes

No

If so, who?

How is your relationship with stepparents?

Are they Christians?

How is your relationship with

Stepbrothers?

Stepsisters?

Are they Christians?

Yes No

Yes No

How was your relationship growing up?

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

6. Do you feel emotionally immature? Yes No Maybe
 What do you 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
Punish myself (if so, how?)	
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

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?

Current spouse's name?

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?

**Please use the back of this page to list other spouses and to describe your relationship(s).*

15. Have you had any serious romantic relationships not involving marriage, i.e. 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?

**Please use the back of this page to list other partners and to describe your relationship(s).*

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

Name:	Age		Relationship:
Name:	Age		Relationship:
Name:	Age		Relationship:
Name:	Age		Relationship:

Any special problems, past or present?

17. 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

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

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:
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 Get 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

Who?

Problem?

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
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 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? It's Difficulty 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		Spiritisms' Church	Myself	Others
Others:					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	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	

Is there any Masonic regalia or memorabilia in your possession?
If yes, what?

Yes No

- | | | |
|---|-----|----|
| 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? | | |
| 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	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 |
|---------------------------------|-----|----|

- | | | |
|--|-----|----|
| 3. To your knowledge, has any curse been placed on you or your family?
By whom?
Explain: | Yes | No |
|--|-----|----|

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

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
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?

Yes No

5. Have you ever read books on occultism or witchcraft? Why?

6. Have you played demonic games such as Dungeon & Dragons, Fable Role Playing Game - X-Box, Starcraft Role Playing Computer Game, Everquest Role Playing Computer Game or other demonic-themed video games? Yes No

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

<p>If yes to any of the above, do you now? What when and how often?</p>	Yes	No
<p>7. Have you been involved in Transcendental Meditation? Do you have a mantra? What is it? Have you ever had acupuncture?</p>	Yes	No
	Yes	No
	Yes	No
<p>8. Have you been involved in Eastern religions? Which ones?</p>	Yes	No
	Yes	No
<p>10. Have you ever visited heathen temples or a mosque? If so, when and why?</p>	Yes	No
<p>Did you make offerings? What were they?</p>	Yes	No
<p>Did you take part in any ceremony? Explain:</p>	Yes	No
<p>Have you ever celebrated Halloween or Mardi Gras? If so, when and in what way?</p>	Yes	No
<p>10. Have you ever done any form of yoga? Meditation? Exercises?</p>	Yes	No
	Yes	No
	Yes	No
<p>11. Have you ever learned or used any form of mind communication, mind control or ESP?</p>	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) Yes No
Rock & Roll Punk Rock New Age Rap Heavy Metal

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)
Firewalking Voodoo
Any other form of religious pagan ceremony? Yes No
If so, what and when?

21. Do you have any tattoos? Yes No
If so, what?

22. Have you ever been in the military? Yes No
If yes, where you trained for combat? Yes No

Have you been in combat? Where and when?	Yes	No
Have you ever seen anyone die? Have you ever killed anyone?	Yes	No
22. Have you ever had a near-death experience? If so, when and what happened?	Yes	No
24. Have you had a loved one who died? If so, who and when?	Yes	No
Did you mourn or grieve for them? Explain:	Yes	No
Do you now?	Yes	No
<i>Women only:</i> Have you ever had a miscarriage? Have you ever had a stillbirth?	Yes	No
Did you mourn or grieve for them? Do you now?	Yes	No
Have you ever been with someone when they died? Describe your feelings about it:	Yes	No
25. Do you have or have you ever had tendencies toward violent behavior? Have you ever acted violently? If so, when and towards whom?	Yes	No
	Yes	No

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
Frequency?		
Do you know why?		

Do you feel it is a compulsive problem?		Yes No
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- | | | |
|---|-----|----|
| 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: | | |
|
 | | |
| 5. Have you ever participated in incest (sex with a family member)? | Yes | No |
| 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. Men: Have you ever molested or raped anyone? | Yes | No |
| First names: | | |

Women: 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 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?

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? No

Have you participated in sexually oriented "chat rooms" or discussion groups on the Internet? Yes No

Have you had a sexual fetish? Yes No

What is it?

Do you still view pornographic material? Yes No

What, when and how often?

Do you currently purchase or rent pornographic movies, videos or DVDs Yes No
or have such a channel on your home TV? How frequently?

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

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

- | | |
|---|-------------------------------------|
| <p>17. Women: Have you ever had an abortion?
 How many?
 Give dates and father's name(s)</p> | <p>Yes No</p> |
| | |
| <p>18. Men: Have you ever fathered a child that was forcefully aborted?
 How many?
 Give dates and mother's name(s):</p> | <p>Yes No</p> |
| | |
| <p>Were you in favor of the abortion?</p> | <p>Yes No</p> |
| | |
| <p>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?</p> | <p>Yes No
 Yes No</p> |
| | |
| <p>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).
 If yes, when and how frequently?</p> | <p>Yes No</p> |
| | |
| <p>21. Have you ever gone to a massage parlor and been sexually stimulated?</p> | <p>Yes No</p> |
| | |
| <p>22. Have you had sexual fantasies?
 Do you now?
 How frequently?
 What are they about?</p> | <p>Yes No
 Yes No</p> |

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?

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?

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

Surfers	Hippies	Bikers	Gangs	Drug drop-outs	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 Yes No
 not already mentioned? (These can be emotional or physical traumas). 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