

## CHILD QUESTIONNAIRE

Name:	Age:	Sex:	
Name of parent completing this questionnaire:			
What is the best time to schedule your deliverance?	Weekday	Evening	Weekend

1. Who does this child live with?

2. Mother's Name          Father's Name

3. Is the mother a Christian?    Yes    No

4. Has the mother gone through deliverance at this church?      Yes    No  
If yes, when?

What were some of the generational spirits and/or special problems she dealt with in her deliverance that we may need to deal with while praying for your child?

5. Is the father a Christian?    Yes    No

6. Has the father gone through deliverance at this church?      Yes    No  
If yes, when?

What were some of the generational spirits and/or special problems he dealt with in his deliverance that we may need to deal with while praying for your child?

7. If either parent has not gone through deliverance, what special problems or generational spirits do you feel we may need to deal with while praying for your child?

8. Is this child born again? Yes    No  
If yes at what age?

9. Has this child been baptized? Yes    No

10. Has this child been filled with the Holy Spirit? Yes    No  
If yes, at what age?

11. Does this child attend children's church? Yes    No  
If yes, for how long?

12. Does this child pray? Yes    No  
If yes, how often?

13. At the time of this child's birth, were his/her parents (circle one)

Married to each other

Married to others

Not married

14. Are the parents currently (circle one)

Married to each other

Divorced

Never married to each other

15. If this child's parents are divorced, what age was this child when the divorce took place?

How did the child deal with the divorce?

16. Does this child have (circle all that apply)

Step-mother

Step-father

Step-siblings

17. Does this child currently have a step-parent living in the home? Yes No  
Who?

18. Are there now or have there been other adults living in the home with Yes No this child?  
Who and when?

19. Describe this child's relationship with his/her:

Mother:

Father:

Step-mother:

Step-father:

Maternal grandmother:

Maternal grandfather:

Paternal grandmother:

Paternal grandfather:

20. Does this child have siblings?

Name	Age
Name	Age
Name	Age
Name	Age

21. Where does this child fall in the sibling line?

22. What is this child's relationship with siblings?

**CATEGORY A**

- |  |     |    |
|--|-----|----|
| 1. Did the biological mother contemplate an abortion or have an abortion, or have a miscarriage before this child was conceived? | Yes | No |
| 2. Did the biological mother contemplate an abortion with this child?  | Yes | No |
| 3. Was this child planned?<br>If not, what was the parent's initial reaction to the pregnancy?                                   | Yes | No |
| After the initial reaction, were the parents happy about the baby?   | Yes | No |
| Was this child conceived out of wedlock?   | Yes | No |
| Was this child the result of a violent conception (i.e. rape)?   | Yes | No |
| Was this child adopted   | Yes | No |

If yes, do you know anything about the biological parents? (list all you can recall): Yes No

Was this child the right sex for the mother? Yes No

Was this child the right sex for the father? Yes No

4. What was the mother’s physical and emotional condition during the pregnancy? (circle all that apply)

Calm	Headaches	Depressed
Peaceful	Nervous	Worried
Happy	Fearful	Anxious
Physically ill	Angry	Fighting
Smoking	Alcohol use	Drug use
Listened to loud music	Loving environment	Strong emotional support
Little emotional support		

5. Did the mother or child suffer complications or difficulties during the birth? Yes No  
Explain:

a. Was the labor induced? Yes No

b. Was labor extremely fast? Yes No

c. Was pain medication used during labor? Yes No

- |  |     |    |
|--|-----|----|
| d. Was the labor protracted or extremely long?                           | Yes | No |
| e. Was the child delivered by cesarean section?                          | Yes | No |
| f. Were forceps used during delivery?                                    | Yes | No |
| g. Was the mother put to sleep during delivery?                          | Yes | No |
| h. Did the child suffer from birth defects or complications after birth? | Yes | No |
| i. Other:  |     |    |

**CATEGORY B**

1. How soon after this child’s birth was a parent allowed to hold him/her?

2. Where was the child placed after birth? (circle all that apply)

Incubator (how long)?

In room with mother

ICU (how long)?

Hospital nursery

3. Was the child breast fed or bottle fed?

a. Was the child unable to be breast fed?	Yes	No
If yes, explain:		

- a. Did the child have problems with allergies to formula or keeping formula down? Yes No
4. Did the child have good eye contact with the parent during feeding and when the parent spoke to the child? Yes No

### CATEGORY C

1. What habits does this child exhibit? (circle all that apply)

Sucking thumb or fingers	No	Used to be a problem	Currently a problem
Nail biting	No	Used to be a problem	Currently a problem
Attachment to object (blanket or toy; what was the object?)	No	Used to be a problem	Currently a problem
Hair twisting	No	Used to be a problem	Currently a problem
Clinging to caregiver (more than age appropriate)	No	Used to be a problem	Currently a problem
Increased amount of crying (for no apparent cause)	No	Used to be a problem	Currently a problem
Cursing or bad words	No	Used to be a problem	Currently a problem
Lying	No	Used to be a problem	Currently a problem
Stealing	No	Used to be a problem	Currently a problem
Cheating (games, school work, etc.)	No	Used to be a problem	Currently a problem
Cover-up/excessive excuses	No	Used to be a problem	Currently a problem
Exaggeration	No	Used to be a problem	Currently a problem
Evasiveness	No	Used to be a problem	Currently a problem
Withdrawing	No	Used to be a problem	Currently a problem



Pouting	No	Used to be a problem	Currently a problem
Unfairness	No	Used to be a problem	Currently a problem
Bed wetting	No	Used to be a problem	Currently a problem
Was there a trauma around that time?			Yes    No

If so, what was it?

List any other habits not mentioned:

### CATEGORY D

1. Has this child suffered from any of the following? (Mark all that apply and describe what happened and/or who was involved. (Example: mother, father playmate, etc.):

Excessive physical punishment (even one time)

Over reaction or harsh verbal reprimand

Accidents (falls, car accident, hit while playing etc.)

Surgeries or illness requiring hospitalization

Extended time away from parents

Anesthesia

High fever with delirium

**CATEGORY E**

1. How is this child most often disciplined in the home? (circle all that apply and number in the order of frequency)

Time Out	Spanking	Grounded	Raised voice
Shamed	Threats	Fear	Reasoned with
Called names	Other		

2. What type of discipline works best with this child? (circle all that apply and number in the order of frequency)

Time Out	Spanking	Grounded	Raised voice
Shamed	Threats	Fear	Reasoned with
Called names	Other		

3. Who is the main disciplinarian in the home?

Mother

Father

Other

4. How does this child respond to authority? (Teachers, Church leaders, parents, etc).

Gets along well	Is often in trouble	Is passive
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Gets angry easily	Is eager to please	Is the teacher's pet
Disobeys most of the time	Temper tantrums	Is afraid of authority figures

5. How does this child get along with his siblings? (circle all that apply)

Is a leader	Is a follower	Fights a lot
Instigates trouble	Is selfish	Is bossy
Is jealous	Demands attention	Gets along well with siblings
Gets picked on by others	Other	

6. How does this child get along with other children? (circle all that apply)

Has lots of friends	Has no friends	Has one or two close friends
Is a leader	Is a follower	Fights a lot
Is bossy	Instigates trouble	Gets picked on by others
Gets along well with other Children	Other	

7. Which of the following would best describe this child? (circle all that apply)

Happy	Easy going	Serious
Carefree	Sad	Quiet
Easily excited	Lots of interests	Active
Sedentary	Talkative	Questioning

Easily frustrated	Outgoing	Playful
Shy	Hyperactive	Over-eager to please
Selfish	Rebellious	Angry
Fearful	Bossy	Whines
Unforgiving	Forgiving	Other

8. How does this child spend most of his/her leisure time? (circle all that apply)

Playing outside	Reading	Watching TV
Playing with other children	Playing alone	In his/her room
Demanding parents attention	Listening to music	Playing a sport
Talking on the phone	Coloring	Computer/Internet
Studying school work	Other:	

9. How does this child take care of his/her belongings? (circle all that apply)

Keeps room tidy	Keeps room messy	Takes care of toys
Breaks or neglects care of Toys		

12. Has or does this child suffer from any of the following? (circle all that apply)

10. Does this child have a pet? Yes No  
 If yes, does he/she take care of the pet, feed & play with it? Yes No

11. Does this child enjoy school? Yes No  
 Are his/her grades acceptable to this child? Yes No  
 Are his/her grades acceptable to the mother? Yes No  
 Are his/her grades acceptable to the father? Yes No  
 Does he/she have any problems with schoolwork? Yes No

Fear of teacher	Used to be a problem	Currently a problem
Fear of tests	Used to be a problem	Currently a problem
Fear of failure	Used to be a problem	Currently a problem
Fear of punishment	Used to be a problem	Currently a problem
Learning difficulties	Used to be a problem	Currently a problem
Public embarrassment at school	Used to be a problem	Currently a problem
Insecurity / inferiority	Used to be a problem	Currently a problem
Competition / must be first	Used to be a problem	Currently a problem
Peer pressure	Used to be a problem	Currently a problem
Persecution from peers or teachers	Used to be a problem	Currently a problem
Hates to go to school	Used to be a problem	Currently a problem
Told he/she was stupid or wouldn't be successful academically	Used to be a problem	Currently a problem
Singled out and/or picked on by peers	Used to be a problem	Currently a problem

## CATEGORY F

1. Has this child's 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
Others:	Myself	Others				

2. To your knowledge, 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
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If so who?

Does this child 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?

- 3. Does this child seem mentally confused? Don't know Yes No  
 Have mental blocks? Don't know Yes No
- 4. Does this child day dream? Don't know Yes No
- 5. Does this child have bad dreams, or night terrors? Don't know Yes No  
 If yes, what is the nature of the dreams?
- 6. Does this child suffer from sleeplessness Yes No
- 7. Does this child sleep walk? Yes No
- 8. Has this child ever exhibited any suicidal tendencies? Yes No  
 Has he/she tried? Yes No
- 9. Has this child ever spoken a death wish, i.e. "I'd be better off dead", Yes No "I wish I were dead", etc?
- 10. Has this child exhibited any fear of any of the following? (circle all that apply)

Failure		Inadequacy
Authority Figures		The dark
Violence		Death
Being alone		Satan and evil spirits
Crowds		Women
Men		Heights
Enclosed places		Accident
Insects		Dogs
Spiders		Snakes
Water		Loud noises
Animals		Open places
Pain		Flying in an airplane
Storms		Lightening
Being left alone (abandoned)		Other (specify)

## CATEGORY G

1. To your knowledge has any curse been placed on your child or your family? Yes No By whom? Why?

Explain:

2. To your knowledge, have any relatives of this child as far back as you Yes No know, been involved in occultism or witchcraft?



Who and doing what?

To what extent?

Was this child ever dedicated to Satan or any demonic worship?

Yes No

Has that dedication been renounced?

Yes No

3. To your knowledge, has this child ever had any 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 you or any of this child's ancestors ever been involved in any of the above? Yes No

Which ones?

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

4. Has this child 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

Taken in part from *A Manual For Children's Deliverance* by Frank and Ida Mae Hammond, 1996, Impact Children's Books, Inc. 332 Leffingwell Ave., Kirkwood, MO 63122

5. Has this child 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
Digimon	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):		

What were the child's reaction?

6. Does this child play video games?      Yes      No  
 How much time does he/she spend playing these games?  
 Has he/she 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
Magic Scrolls	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

7. Has this child watched films with extremely violent themes or scenes, or with scenes portraying graphic violence or injury to human beings or animals? Yes    No  
What,  
when and how often?

If yes, what were the child's reactions?

8. Has he/she watched professional wrestling? Yes    No

9. What music does this child 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>

How much time does he/she spend listening to it?

10. Has this child ever celebrated Halloween? Yes    No
11. Are you or your parents superstitious? Yes    No
12. Is this child superstitious? Yes No

13. Has this child ever worn or kept any of the following? (circle all that apply):

Lucky charms	Fetishes	Amulets
Peace Symbols	Ankh	Pyramids
Tai Chi Symbols	Swastika	Caduceus
Power crystals	Yin / Yang	Buddha beads
Signs of the zodiac		

Does he/she have any in his/her possession? Yes    No

14. Does this child have in his/her possession any symbols of idols or spirit worship such as? (circle all that apply):

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?

115. Does this child have any pictures or posters of a demonic theme, such as music groups, etc? Yes    No

16. Has this child ever learned any of the martial arts? Yes No

If so, which?

Does he/she practice it now? Yes No

If so, of what?

18. Has this child ever had a loved one who died? Yes No

If so, who and when?

Did he/she mourn or grieve for them? Yes No

Does he/she now? Yes No

20. Does this child have an imaginary playmate? Yes No

Does this playmate speak to the child or give instructions? (explain)

At what age did this begin?

Was there any significant event prior to this? Yes No

What was it?

21. Has this child exhibited any significant changes in behavior such as (circle all that apply)

Drop in school grades	Loss of interest in school, church, friends or activities	Rebelliousness
Lack of interest in appearance or hygiene	Drastic change in friends	Increased interest in things of a sexual nature

Did anything significant happen to this child prior to these changes? Yes No What was it?

- |   |     |    |
|---|-----|----|
| 22. Does this child display any signs of drug or alcohol use? | Yes | No |
| Has this child ever experimented with drugs or alcohol?       | Yes | No |

**CATEGORY H**

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|--|-----|----|
| 1. To your knowledge has this child ever been sexually molested?   | Yes | No |
| 2. Has this child ever committed a sex act with an animal?   | Yes | No |
| 3. Has this child ever been involved with inappropriate touching with another child?                                       | Yes | No |
| Was it a mutual experimentation (like playing doctor)?   | Yes | No |
| Was the other child the opposite sex?  | Yes | No |
| Was this child a victim of this act?   | Yes | No |
| 4. Does this child masturbate?   | Yes | No |
| 5. To your knowledge has this child ever viewed any pornographic material?   | Yes | No |
| 6. To your knowledge has this child ever viewed any explicit sexual scenes, for instance , watching something on HBO, etc? | Yes | No |
| 7. Does this child exhibit an unusual level of interest in things of a sexual nature?                                      | Yes | No |

**CATEGORY I**

- |  |     |    |
|--|-----|----|
| 1. Are there any generational areas of bondage and addiction that have not been dealt with in this packet?<br>Any addictions in either parent or any grandparents? List all. | Yes | No |
|--|-----|----|

**CATEGORY J**

- |  |     |    |
|--|-----|----|
| 1. Does this child suffer from any chronic illness or allergies? | Yes | No |
|--|-----|----|



Which?

Is it hereditary?

Yes No

2. Has this child had any severe accidents or traumas that stand out in your mind (not already mentioned above)? Describe:

Yes No

3. Has this child ever received a blood transfusion?

Yes No

3. Does this child take any medication for ADD, ADHD, depression, psychosis, or anxiety?  
Explain:

Yes No

## CATEGORY K

1. What is this child's country of birth?

2. Has this child lived in other countries?

Yes No

Which ones?

3. Where was the biological mother born? (city, state, nation)

4. Where was the biological father born? (city, state, nation)

5. Where were the grandparents born? (city, state, nation)

Maternal grandmother?

Maternal grandfather?

Paternal grandmother?

Paternal grandfather?

Do you have any concerns about this child you feel this questionnaire hasn't uncovered? *Explain as fully as you can. Try to pinpoint when they began and if it was connected with a trauma, if the child was victimized, or the child invited the problem in.*

Much of this material is taken from the book *How to Cast out Demons, A Beginner's Guide* by Doris Wagner, published by Regal; *Deliver Our Children from the Evil One* by Noel and Phyl Gibson, published by Sovereign World Ltd. and *A manual for Children's Deliverance* by Frank and Ida Mae Hammond, published by Impact Christian Books.