

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:

- What is your church background?
- Explain briefly your conversion experience. If you came to Christ as a teenager or older, was your life really changed?
- | | | |
|---|-----|----|
| Were you baptized or dedicated as a child? | Yes | No |
| Were you baptized since you've been born again? | Yes | No |
- In one word who is Jesus Christ to you?
- What does the blood of Jesus mean to you?
- | | | |
|--|-----|----|
| Is repentance part of your Christian life? | Yes | No |
|--|-----|----|
- 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?
If not. How would you like to see it improve? | Yes | No |

CATEGORY A (circle all answers that apply)

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

- 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. Were you "bonded 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 others)? Yes No Maybe
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 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
 Were (are) your parents perfectionists? Yes No

21. Do you come from a proud family? Yes No

22. Do you personally have a problem with pride? Yes No
23. Have you had advanced education? Yes No
24. Do you have a history of conflict with those in authority over you, i.e. teachers, bosses, pastors, etc. Yes No
If so, please describe:

25. 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			

26. Have you been given to: Swearing Blasphemies Obscenities
Do you now? Swear Blaspheme Use Obscenities

27. 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:

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?
Do you show it or bury it? | Yes
Show | No
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? Have 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		Spiritists 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?
Do you have mental blocks?

Yes No
Yes No

12. Do you day-dream?
If yes, what is the nature of your day-dreams?

Yes No

13. Do you have mental fantasies
If yes, what is the nature of the fantasies?

Yes No

14. Do you suffer from bad dreams?
If yes, what is the nature of the dreams?

Yes No

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

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?

5. Have you ever read books on occultism or witchcraft? Yes No
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
	If yes to any of the above, do you now? What when and how often?	Yes	No
7.	Have you been involved in Transcendental Meditation? Do you have a mantra? What is it? Have you ever had acupuncture?	Yes Yes Yes	No No No
8.	Have you been involved in Eastern religions? Which ones? Have you followed a guru?	Yes Yes	No No
9.	Have you ever visited heathen temples or a mosk? If so, when and why? Did you make offerings? What were they? Did you take part in any ceremony? Explain: Have you ever celebrated Halloween or Mardi Gras? If so, when and in what way?	Yes Yes Yes Yes	No No No No
10.	Have you ever done any form of yoga? Meditation? Exercises?	Yes Yes Yes	No No No
11.	Have you ever learned or used any form of mind communication, mind control or ESP?	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? | Yes | No |
| Where and when? | | |
| Have you ever seen anyone die? | Yes | No |

Have you ever killed anyone?	Yes	No
23. 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?	Yes	No
Have you ever had a stillbirth?	Yes	No
Did you mourn or grieve for them?	Yes	No
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 Yes	No No
26. Are you or have you been extremely competitive?	I am now	I Used to be
Is it out of control? Explain:	Yes	No
27. As a child, did you have an imaginary playmate? Explain:	Yes	No

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
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Explain:

5. Have you ever participated in incest (sex with a family member)? With whom?	Yes	No
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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? First names:	Yes	No
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Women: Have you ever been raped? By whom?	Yes	No
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Explain:

7. Have you ever committed fornication (sex while not married?) How many partners? First names and when:	Yes	No
--	-----	----

Have you ever been involved in oral sex outside of marriage? With whom? (first names)	Yes	No
8. Have you ever had sex with prostitutes? How many? When?	Yes	No
9. Have you ever committed adultery (at least one partner married)? While you were married? While you single and your partner was married? First names and when?	Yes Yes Yes	No No No
10. Are you currently involved in an illicit sexual relationship First name: Are you willing to break it off?	Yes Yes	No No
11. Have you ever had homosexual or lesbian desires? Do you now? Have you ever acted on the desire and had a homosexual or lesbian experience? With whom and when?	Yes Yes Yes	No No No
Do you currently participate in homosexual or lesbian activity? If so, how frequently and with whom? Are you willing to stop?	Yes Yes	No 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?	Yes	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 or have such a channel on your home TV?	Yes	No
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?		
17. Women: Have you ever had an abortion?	Yes	No
How many?		
Give dates and father's name(s)		
18. Men: Have you ever fathered a child that was forcefully aborted?	Yes	No
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?	Yes	No
Have you actually done so?	Yes	No
If yes, how many times and when?		

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? Yes No
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
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

- What is your country of birth?
- Have you lived in other countries? Yes No
Which ones?

- Where was your mother born? (city, state, nation)

Where was your father born? (city, state, nation)

- Where were your grandparents born? (city, state, nation)

Maternal grandmother?

Maternal grandfather?

Paternal grandmother?

Paternal grandfather?

- 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?
Which? | Yes | No |
|---|-----|----|

Is it hereditary?	Yes	No
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- | | | |
|--|-----|----|
| 2. Have you had any severe accidents or traumas that stand out in your mind not already mentioned? (These can be emotional or physical traumas).
Explain: | Yes | No |
|--|-----|----|

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

