



MY STORY

RTF Ministry Questionnaire Cover Sheet

Thank you for your interest in receiving Restoring the Foundations ministry. You are about to embark on a life-changing journey that will draw you closer to the heart of Father God.

*Prior to your ministry, we highly suggest you read *Biblical Healing and Deliverance* by Chester and Betsy Kylstra in order to bring you a deeper understanding of this ministry.*

You can order this book and other related materials by contacting our Resource Department at: 828-693-9626, extension 522, by email at resources@RestoringTheFoundations.org or you can order online at www.RestoringTheFoundations.org and select online store.

Please fill out the following questionnaire as honestly and as completely as you can and return it as soon as possible.

Instructions For The My Story Ministry Questionnaire:

- 1.) **IMPORTANT** – Whether you are using an Apple computer or a PC, please open the file using Adobe Reader 8.0 or higher **only**. We will not be able to receive your paperwork from any other reader.
- 2.) Save the questionnaire to your computer desktop.
- 3.) Fill out the questionnaire, saving often while you are filling it out. Since it is saved to your desktop, you may work on it at your own pace.
- 4.) Once you have completed the questionnaire, please save for the final time.
- 5.) Open a new email and attach your saved questionnaire found on your desktop to your email and send it to your HHN ministers or to Susan Rhodes.

For Those Receiving Ministry From HHN RTF Ministers:

Do One of the Following;

- 1.) Save your finished questionnaire onto your computer and then send it as a PDF attachment to the email address given to you by your RTF ministers.
- 2.) Print a copy of your finished questionnaire and mail it to your RTF ministers.

For Those Receiving Ministry At The International Training Center In NC:

Do One of the Following:

- 1.) Open a new email and attach your saved questionnaire found on your desktop to your email and send it to **HHNoffice@RestoringTheFoundations.org**.
- 2.) Print a copy of your finished questionnaire and mail it to:

Susan Rhodes
RTF International Training Center
2849 Laurel Park Highway
Hendersonville, NC 28739



MY STORY

Restoring the Foundations Ministry

THE HEART

The heart of RTF Ministries is to help you fulfill the two greatest commandments, "You shall love the Lord your God with all your heart, soul and mind," and "love your neighbor as yourself." (*Matthew 22:37-40*). It is our fervent prayer and sincere hope that you will receive the healing, deliverance, and freedom God desires for you to have now and forever so that you will fulfill His commands to love Him and to love others.

THE PURPOSE

The purpose of this questionnaire is to help you and your Ministry Team identify the Sins of the Fathers and Resulting Curses and negative patterns that may be hindering you, as well as those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or openings for Demonic Oppression.

PLEASE USE BLACK INK ONLY – PRINT ALL INFORMATION – DO NOT WRITE IN MARGINS

Please fill out this form as honestly and as completely as you can and return it to your RTF ministers as soon as possible.

First Name: _____ Last Name: _____

Street and/or P.O. Box Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Sex Male: _____ Female: _____ Date of Birth: _____

HAVE YOU EVER RECEIVED RTF MINISTRY BEFORE? *If yes, when and with whom:*

YOUR GOALS FOR RESTORING THE FOUNDATIONS MINISTRY:

Please describe what change(s) you would like to see in your life as a result of coming for RTF ministry:

EXPECTATIONS OF YOUR COMMITMENT:

Your Restoring the Foundations Ministry Team will be making a major commitment to you; first as they schedule their time to be available to you and also as they pray, prepare, and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time to ministry sessions and by completing assignments given to you as part of your ministry. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you, and that you will cooperate fully with the Restoring the Foundations Ministers and with the Holy Spirit, in order to maximize your receiving God's help.

We ask you, by your signature, to commit to a minimum of one month of serious prayer and Bible time following the completion of your ministry. This would include one hour per day (at least five days per week) devoted to prayer, Bible reading, and meditation on your new Godly Beliefs and new True Identity Statements.

We also ask you to agree to call your ministry team two weeks and four weeks after your ministry, to report your progress, to obtain any needed prayer and support, and to be accountable as you meditate on your Godly Beliefs and True Identity Statements.

REFERRAL:

If your RTF team is not equipped or able to minister to your particular needs, or if you need longer term ministry, they in conjunction with your spiritual oversight and/or designated representatives(s) will help you find appropriate referral resources that may offer ongoing support and accountability where it could benefit you.

WAIVER OF LIABILITY:

I understand that I will be seeing Restoring the Foundations Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they are not licensed or professional pastors or counselors, that they minister by the Christian Bible and that they may/may not be ordained and/or full-time ministers, pastors or counselors. **I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or by any organization that I will or will not receive any particular healing. Thus I waive all rights to claims of liability.**

WAIVER OF CONFIDENTIALITY:

I am aware that all statements that I shall make to the Restoring the Foundations Ministers are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, **I waive my right to confidentiality** at the discretion of the Restoring the Foundations Ministers, particularly for the following situations:

- I accept that my ministry team may give a brief summary report of the results of the ministry to their oversight team and/or my appropriate spiritual oversight. **I also accept that my ministry team may consult with their oversight team and/or my appropriate spiritual oversight concerning their ministry to me.**
- I accept that my ministers oversight team and my spiritual oversight and will be informed of any ongoing willful sin in which I am involved.
- I accept and acknowledge that pastors, counselors, Restoring the Foundations Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
- I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
- I accept that the Restoring the Foundations Ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Confidentiality and that I accept the stated conditions and limits of confidentiality. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading, meditation for a minimum of 30 days on my Godly Beliefs and True Identity Statements, and the two and four week progress report.

Signature

Date

Printed Name

PERSONAL INFORMATION:

The following information will help your ministry team focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can. This will become a part of your confidential file.

Occupation: _____ Hours worked per week: _____

Employed by: _____

Marital Status: Single____ Married____ Separated____ Divorced____ Widowed____ Remarried____

If married, does your spouse desire ministry? Yes____ No____ If not, please explain: _____

Presently living with: Parents____ Spouse____ Alone____ Other (Please specify)_____

MARITAL BACKGROUND:

Name of spouse: _____ Occupation: _____

Have you ever been separated Yes____ No____ When? _____

Marriage(s): Please give the following information for your marriage(s).

Date Married	Your Age	Their Age	Spouse's Name	Duration	Reason that it Ended

Children: Please give the following information about each of your children.

Name	Age	Sex	Which Marriage?	Dependent?	Married?	Still Alive?	Age/Cause of Death

EDUCATIONAL BACKGROUND:

(Mark last year of school completed)

Grade school: 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____

High School: 9____ 10____ 11____ 12____

College 1____ 2____ 3____ 4____ 5____ 6+____

Degrees: _____

MEDICAL/MINISTRY/COUNSELING BACKGROUND:

Are you currently receiving medical treatment? Yes____ No____

For what purpose? _____

Have you used drugs for other than medical purposes? Yes____ No____

When? _____ What drugs? _____

Have you ever been in counseling/therapy/mental health care? Yes____ No____ When? _____

With whom? _____

For what reason? _____

Have you ever taken medication prescribed for emotional reasons? Yes____ No____ When? _____

For what reason? _____

Are you currently taking medication prescribed for emotional reasons? Yes____ No____

What medication? _____

Have you ever had any major operations? Yes____ No____ When? _____

Reason? _____

SPIRITUAL/RELIGIOUS BACKGROUND:

Have you made a commitment to Christ as Lord and Savior? Yes____ No____ When? _____

Please Tell What Happened:

Have you received the Baptism of the Holy Spirit? Yes____ No____ When? _____

Describe Your Present Relationship With The Lord:

Please List Your Current And All Previous Church Affiliations, Including Length Of Time:

WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?

REASON	Year/Age Started?	REASON	Year/Age Started?	REASON	Year/Age Started?
Abuse		Fear/Phobia		Self-esteem	
Addiction		Financial/Legal		Sexual Issues	
Anger/Aggression		Grief/Loss		Spiritual Concerns	
Church Split		Loneliness		Stress/Anxiety	
Compulsions		Parental/Family/Child		Suicide	
Depression		Premarital/Marital		Trauma	
Divorce/Separation		Relationships		Vocation	

Please Comment:

[illegible]

YOUR BIRTH CONDITIONS: *Indicate whether or not any of the following situations were present when you were conceived or during your mother's pregnancy.*

- | | | | |
|------------------------------|---|------------------------------|--|
| <input type="checkbox"/> 1. | My mother dieted during her pregnancy | <input type="checkbox"/> 14. | My mother did not want me |
| <input type="checkbox"/> 2. | My mother took drugs during her pregnancy | <input type="checkbox"/> 15. | My father did not want me |
| <input type="checkbox"/> 3. | My mother smoked during her pregnancy | <input type="checkbox"/> 16. | I was given up for adoption |
| <input type="checkbox"/> 4. | My mother drank alcohol during her pregnancy | <input type="checkbox"/> 17. | I was next child after miscarriage or abortion |
| <input type="checkbox"/> 5. | My mother drank caffeine during her pregnancy | <input type="checkbox"/> 18. | I was conceived out of wedlock |
| <input type="checkbox"/> 6. | My mother experienced trauma during pregnancy | <input type="checkbox"/> 19. | There were premature delivery complications |
| <input type="checkbox"/> 7. | My mother was raped and I was conceived | <input type="checkbox"/> 20. | Breech delivery |
| <input type="checkbox"/> 8. | My mother was in poor health during pregnancy | <input type="checkbox"/> 21. | Cord around my neck during delivery |
| <input type="checkbox"/> 9. | My mother lost a loved one during her pregnancy | <input type="checkbox"/> 22. | Forceps delivery |
| <input type="checkbox"/> 10. | My father died or left during the pregnancy | <input type="checkbox"/> 23. | Labor was induced |
| <input type="checkbox"/> 11. | There was a lot of fighting in the home | <input type="checkbox"/> 24. | I suffered loss of oxygen during delivery |
| <input type="checkbox"/> 12. | My parents were too young; not ready for children | <input type="checkbox"/> 25. | C-section delivery |
| <input type="checkbox"/> 13. | My parents wanted a child of the opposite sex | | |

Other:

FAMILY BACKGROUND:**FATHER****MOTHER**

From what country or countries did your ancestors originally come?		
What prominent cultural and/or ethnic backgrounds are in your ancestral lines?		
What are the church backgrounds of your ancestors?		
In what geographic areas within America have they primarily lived their lives?		
Is it possible they were connected with slavery ie. Slaves, slave owners or slave traders?		
Is it possible they were involved in unfair business practices?		
Is it possible they were involved in the occult?		

FAMILY PATTERNS:

(Note: This includes your immediate family and your great-grandparents, grandparents, uncles, aunts.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of intimacy (in marriage, other) | <input type="checkbox"/> Co-dependency |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Children favored, idolized |
| <input type="checkbox"/> Lack of communication between parents/child | <input type="checkbox"/> Children not valued, neglected |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Children taking care of parents |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Children dishonoring parents |
| <input type="checkbox"/> Broken marriages/divorce | <input type="checkbox"/> Sibling rivalry, fights, feuds |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Chronic illness/sickness |
| <input type="checkbox"/> Pride and arrogance | <input type="checkbox"/> Premature deaths |
| <input type="checkbox"/> Unfulfilled lives and/or destinies | <input type="checkbox"/> Most received salvation |
| <input type="checkbox"/> Broken promises (in relationships/finances) | <input type="checkbox"/> Most were not saved |
| <input type="checkbox"/> Men/women workaholics | <input type="checkbox"/> Idolatry of _____ |
| <input type="checkbox"/> Success/failure cycles | <input type="checkbox"/> Abuse: _____ |
| <input type="checkbox"/> Deceptive business practices | <input type="checkbox"/> Addiction: _____ |
| <input type="checkbox"/> Business, financial, or other losses | <input type="checkbox"/> _____ |

PARENTAL RELATIONSHIPS:

Natural Parents: Married _____ Separated _____ Divorced _____ Never married _____

Rate your parent's marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

If parents separated or divorced, how old were you at the time of the divorce? _____

Father remarried when you were age _____ Mother remarried when you were age _____

You lived with: Mother _____ Father _____ Foster _____ Other Family Member _____ Whom? _____

Step-Parents (if applicable): Married _____ Separated _____ Divorced _____

Father deceased? Yes _____ No _____ How old were you at the time? _____

Mother deceased? Yes _____ No _____ How old were you at the time? _____

PARENTAL RELATIONSHIPS CONTINUED:

What Kind Of Relationship Did/Do You Have With Your Father?

What Kind Of Relationship Did/Do You Have With Your Mother?

On a scale of 1 to 10, indicate how much each parent loved you. Give examples of how they showed their love:

FATHER:

MOTHER:

GENERAL QUESTIONS:

Who In Your Life Has Caused You The Most Pain Or Disappointment? Give An Example Of How It Happened:

List The Main Issues In Your Life You And God Are Working On At This Time:

UNGODLY BELIEFS ABOUT MYSELF:

Read the following statements, and check (✓) the ones that you relate to, or agree with.
Please make adjustments or alterations to any of the words to help make the belief fit you.

Theme: Rejection, Not Belonging

- _____ 1. I don't belong. I will always be on the outside (left out).
- _____ 2. My feelings don't count. No one cares what I feel.
- _____ 3. No one will love me or care about me just for myself.
- _____ 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- _____ 5. _____

Theme: Unworthiness, Guilt, Shame

- _____ 1. I am not worthy to receive anything from God.
- _____ 2. I am the problem. When something is wrong, it is my fault.
- _____ 3. I am a bad person. If you knew the real me, you would reject me.
- _____ 4. I must wear a mask so that people won't find out how horrible I am and reject me.
- _____ 5. I have messed up so badly that I have missed God's best for me.
- _____ 6. _____

Theme: Doing to Achieve Self-Worth, Value, Recognition

- _____ 1. I will never get credit for what I do.
- _____ 2. My value is in what I do. I am valuable because I do good to others.
- _____ 3. Even when I do/give my best, it is not good enough. I can never meet the standard.
- _____ 4. God doesn't care if I have a 'secret life', as long as I appear to be good.
- _____ 5. _____

Theme: Control (to avoid hurt)

- _____ 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- _____ 2. The perfect life is one in which no conflict is allowed, and so there is peace.
- _____ 3. I will isolate myself so that I won't be vulnerable to hurt, rejection, etc., any more.
- _____ 4. I will choose to be passive in order to avoid conflict that would risk others' disapproval.
- _____ 5. _____

Theme: Physical

- _____ 1. I am unattractive. God shortchanged me.
- _____ 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- _____ 3. It is impossible to lose weight (or gain weight). I am just stuck.
- _____ 4. _____

Theme: Personality Traits

- _____ 1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.)
- _____ 2. I will never be _____ (likable, lovable, happy, safe, content, etc.)
- _____ 3. _____

Theme: Identity

- _____ 1. I should have been a boy ____ girl _____. Then my parents would have valued/loved me more.
- _____ 2. Men ____ women ____ have it better.
- _____ 3. I am not complete as a man ____ woman_____.
- _____ 4. I will never be known or appreciated for my real self.
- _____ 5. I will never really change and be as God wants me to be.
- _____ 6. _____

Theme: Miscellaneous

- _____ 1. I have wasted a lot of time and energy, some of my best years.
- _____ 2. Turmoil is normal for me.
- _____ 3. I will always have financial problems.
- _____ 4. I just don't have the (time, energy, resources, _____) to fully follow God.
- _____ 5. _____

Theme: Sonship

- _____ 1. No one will ever love me enough to take care of me.
- _____ 2. Other people don't meet my standards so I must do it myself.
- _____ 3. It's not safe to submit myself to someone else.
- _____ 4. The best way to survive is to (___ avoid, ___ overpower) other people.
- _____ 5. I'm a victim of my circumstances and there is no hope of change.
- _____ 6. I'm all alone.
- _____ 7. I will always need to be strong in order to protect and defend myself.
- _____ 8. Something is wrong with me.
- _____ 9. The significant people in my life are not there for me and will not be there when I need them.
- _____ 10. I will never be a priority with those in authority over me.
- _____ 11. _____

UNGODLY BELIEFS ABOUT OTHERS:**Theme: Safety/Protection**

- _____ 1. I must be very guarded about what I say, since anything I say may be used against me.
- _____ 2. I have to guard and hide my emotions and feelings.
- _____ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I will not be vulnerable, humiliated, or shamed.
- _____ 4. _____

Theme: Retaliation

- _____ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- _____ 2. I will make sure that _____ hurts as much as I hurt!
- _____ 3. _____

Theme: Victim

- _____ 1. Authority figures will humiliate me and violate me.
- _____ 2. I will always be used and abused by other people.
- _____ 3. My value is based totally on others' judgment/perception about me.
- _____ 4. I am completely under their authority. I have no will or choice of my own.
- _____ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- _____ 6. _____

Theme: Hopelessness/Helplessness

- _____ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- _____ 2. I have made such a mess of my life, there is no use going on.
- _____ 3. _____

Theme: Defective in Relationships

- _____ 1. I will never be able to fully give or receive love. I don't know what it is.
- _____ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- _____ 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
- _____ 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
- _____ 5. _____

Theme: God

- _____ 1. God loves other people more than He loves me.
- _____ 2. God only values me for what I do. My life is just a means to an end.
- _____ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- _____ 4. God is judging me when I relax. I have to stay busy about His work or He will abandon me.
- _____ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
- _____ 6. _____

Other ungodly beliefs I relate to or agree with:

FATHER'S SIDE OF THE FAMILY

GGF

1.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

GGM

2.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

GGF

4.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

GGM

5.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

GF

3.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

GM

6.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

FAMILY TREE FACTS

To help your Ministry Team understand your ancestors, please fill in the requested information for each of your two parents (F/M), your four grandparents (GF/GM), and your eight great grandparents (GGF/GGM) to the best of your knowledge. Lack of this information will not affect the ministry process.

FATHER

7.

Name:

DOB:

DOD:

Cause of Death:

Age:

Occupation:

of Children:

Known Sin Issues:

ATTENTION:

Please make a note under every person that has/had any of these known sin issues in their life:

1. Masonic Involvement?
If so, what level?
2. Any Miscarriages/Abortions?
3. Illegitimacy?
4. Idolatry?

MOTHER'S SIDE OF THE FAMILY

GGF
8.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

GF
10.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

GGM
9.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

GGF
11.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

GM
13.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

GGM
12.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

NAMES / AGES OF YOUR SIBLINGS

MOTHER

14.

Name:

DOB: DOD:

Cause of Death: Age:

Occupation: # of Children:

Known Sin Issues:

ATTENTION:

Please make a note under every person that has/had any of these known sin issues in their life:

1. Masonic Involvement?
If so, what level?
2. Any Miscarriages/Abortions?
3. Illegitimacy?
4. Idolatry?

OPEN DOORS

Please put a check mark (✓) **only** under the A (Ancestors) column if you know about, or have observed any of these characteristics, events or involvement in your immediate, extended, and/or **ancestral** family line. However, if any of these apply to you personally, in the S (Self) column put **only** 'C' for current or 'P' for past.

SONSHIP INDICATORS

A	S	
<input type="checkbox"/>	<input type="checkbox"/>	ABANDONMENT
<input type="checkbox"/>	<input type="checkbox"/>	Abdication
<input type="checkbox"/>	<input type="checkbox"/>	Blocked Intimacy
<input type="checkbox"/>	<input type="checkbox"/>	Desertion
<input type="checkbox"/>	<input type="checkbox"/>	Divorce
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Isolation
<input type="checkbox"/>	<input type="checkbox"/>	Loneliness
<input type="checkbox"/>	<input type="checkbox"/>	Neglect
<input type="checkbox"/>	<input type="checkbox"/>	Not Wanted
<input type="checkbox"/>	<input type="checkbox"/>	Rejection
<input type="checkbox"/>	<input type="checkbox"/>	Self-Pity
<input type="checkbox"/>	<input type="checkbox"/>	Separation
<input type="checkbox"/>	<input type="checkbox"/>	Unprotected
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	ANGER
<input type="checkbox"/>	<input type="checkbox"/>	Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Disappointment
<input type="checkbox"/>	<input type="checkbox"/>	Intolerance
<input type="checkbox"/>	<input type="checkbox"/>	Irritability
<input type="checkbox"/>	<input type="checkbox"/>	Feuding
<input type="checkbox"/>	<input type="checkbox"/>	Frustration
<input type="checkbox"/>	<input type="checkbox"/>	Hatred
<input type="checkbox"/>	<input type="checkbox"/>	Hostility
<input type="checkbox"/>	<input type="checkbox"/>	Murder
<input type="checkbox"/>	<input type="checkbox"/>	Punishment
<input type="checkbox"/>	<input type="checkbox"/>	Rage
<input type="checkbox"/>	<input type="checkbox"/>	Resentment
<input type="checkbox"/>	<input type="checkbox"/>	Retaliation
<input type="checkbox"/>	<input type="checkbox"/>	Revenge
<input type="checkbox"/>	<input type="checkbox"/>	Spoiled Little Boy/Girl
<input type="checkbox"/>	<input type="checkbox"/>	Temper Tantrums
<input type="checkbox"/>	<input type="checkbox"/>	Violence
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	BOUND EMOTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Blocked Emotions
<input type="checkbox"/>	<input type="checkbox"/>	Hindered Emotions
<input type="checkbox"/>	<input type="checkbox"/>	Numbness
<input type="checkbox"/>	<input type="checkbox"/>	Suppressed Emotions
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	NEGLECT
<input type="checkbox"/>	<input type="checkbox"/>	Conditional Love
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Affirmation
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Communication
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Encouragement
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Guidance
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Intimacy
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Love
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Nurture
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Protection
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Security
<input type="checkbox"/>	<input type="checkbox"/>	_____

A	S	
<input type="checkbox"/>	<input type="checkbox"/>	ORPHAN LIFESTYLE
<input type="checkbox"/>	<input type="checkbox"/>	Disconnected
<input type="checkbox"/>	<input type="checkbox"/>	Discontent
<input type="checkbox"/>	<input type="checkbox"/>	Dissatisfaction
<input type="checkbox"/>	<input type="checkbox"/>	Fatherlessness
<input type="checkbox"/>	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	<input type="checkbox"/>	Illegitimacy
<input type="checkbox"/>	<input type="checkbox"/>	Impatience
<input type="checkbox"/>	<input type="checkbox"/>	Inconsistency
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Identity
<input type="checkbox"/>	<input type="checkbox"/>	Lack of Place
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Inheritance
<input type="checkbox"/>	<input type="checkbox"/>	Nomad
<input type="checkbox"/>	<input type="checkbox"/>	Restlessness
<input type="checkbox"/>	<input type="checkbox"/>	Searching
<input type="checkbox"/>	<input type="checkbox"/>	Unsettledness
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE
<input type="checkbox"/>	<input type="checkbox"/>	Comparison
<input type="checkbox"/>	<input type="checkbox"/>	Competition
<input type="checkbox"/>	<input type="checkbox"/>	Coveting
<input type="checkbox"/>	<input type="checkbox"/>	Driving
<input type="checkbox"/>	<input type="checkbox"/>	Envy
<input type="checkbox"/>	<input type="checkbox"/>	Jealousy
<input type="checkbox"/>	<input type="checkbox"/>	People Pleasing
<input type="checkbox"/>	<input type="checkbox"/>	Perfectionism
<input type="checkbox"/>	<input type="checkbox"/>	Possessiveness
<input type="checkbox"/>	<input type="checkbox"/>	Rivalry
<input type="checkbox"/>	<input type="checkbox"/>	Striving
<input type="checkbox"/>	<input type="checkbox"/>	Workaholism
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	REBELLION
<input type="checkbox"/>	<input type="checkbox"/>	Confusion
<input type="checkbox"/>	<input type="checkbox"/>	Contempt
<input type="checkbox"/>	<input type="checkbox"/>	Deception
<input type="checkbox"/>	<input type="checkbox"/>	Defiance
<input type="checkbox"/>	<input type="checkbox"/>	Dishonor
<input type="checkbox"/>	<input type="checkbox"/>	Disobedience
<input type="checkbox"/>	<input type="checkbox"/>	Independence
<input type="checkbox"/>	<input type="checkbox"/>	Insubordination
<input type="checkbox"/>	<input type="checkbox"/>	Mistrust
<input type="checkbox"/>	<input type="checkbox"/>	Resistance
<input type="checkbox"/>	<input type="checkbox"/>	Self-Reliant
<input type="checkbox"/>	<input type="checkbox"/>	Self-Sufficiency
<input type="checkbox"/>	<input type="checkbox"/>	Self-Will
<input type="checkbox"/>	<input type="checkbox"/>	Stubbornness
<input type="checkbox"/>	<input type="checkbox"/>	Undermining
<input type="checkbox"/>	<input type="checkbox"/>	Unsubmissiveness
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	REJECTION
<input type="checkbox"/>	<input type="checkbox"/>	Expected Rejection
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Rejection
<input type="checkbox"/>	<input type="checkbox"/>	Perceived Rejection
<input type="checkbox"/>	<input type="checkbox"/>	Self-Rejection
<input type="checkbox"/>	<input type="checkbox"/>	_____

A	S	
<input type="checkbox"/>	<input type="checkbox"/>	SHAME
<input type="checkbox"/>	<input type="checkbox"/>	Anger
<input type="checkbox"/>	<input type="checkbox"/>	Bad Boy/Girl
<input type="checkbox"/>	<input type="checkbox"/>	Being Different
<input type="checkbox"/>	<input type="checkbox"/>	Condemnation
<input type="checkbox"/>	<input type="checkbox"/>	Disgrace
<input type="checkbox"/>	<input type="checkbox"/>	Embarrassment
<input type="checkbox"/>	<input type="checkbox"/>	Guilt
<input type="checkbox"/>	<input type="checkbox"/>	Hatred
<input type="checkbox"/>	<input type="checkbox"/>	Humiliation
<input type="checkbox"/>	<input type="checkbox"/>	Illegitimacy
<input type="checkbox"/>	<input type="checkbox"/>	Inferiority
<input type="checkbox"/>	<input type="checkbox"/>	Regret
<input type="checkbox"/>	<input type="checkbox"/>	Self-Accusation
<input type="checkbox"/>	<input type="checkbox"/>	Self-Condemnation
<input type="checkbox"/>	<input type="checkbox"/>	Self-Hate
<input type="checkbox"/>	<input type="checkbox"/>	Self-Pity
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Sins
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	UNWORTHINESS
<input type="checkbox"/>	<input type="checkbox"/>	Inadequacy
<input type="checkbox"/>	<input type="checkbox"/>	Inferiority
<input type="checkbox"/>	<input type="checkbox"/>	Insecurity
<input type="checkbox"/>	<input type="checkbox"/>	Self-Accusation
<input type="checkbox"/>	<input type="checkbox"/>	Self-Condemnation
<input type="checkbox"/>	<input type="checkbox"/>	Self-Consciousness
<input type="checkbox"/>	<input type="checkbox"/>	Self-Hate
<input type="checkbox"/>	<input type="checkbox"/>	Self-Punishment
<input type="checkbox"/>	<input type="checkbox"/>	Self-Sabotage
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	VICTIMIZATION
<input type="checkbox"/>	<input type="checkbox"/>	Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Betrayal
<input type="checkbox"/>	<input type="checkbox"/>	Control
<input type="checkbox"/>	<input type="checkbox"/>	Deportation
<input type="checkbox"/>	<input type="checkbox"/>	Entrapped
<input type="checkbox"/>	<input type="checkbox"/>	Helplessness
<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	<input type="checkbox"/>	Mistrust
<input type="checkbox"/>	<input type="checkbox"/>	Passivity
<input type="checkbox"/>	<input type="checkbox"/>	Predator
<input type="checkbox"/>	<input type="checkbox"/>	Prejudice
<input type="checkbox"/>	<input type="checkbox"/>	Self-Pity
<input type="checkbox"/>	<input type="checkbox"/>	Slave Mentality
<input type="checkbox"/>	<input type="checkbox"/>	Suspicion
<input type="checkbox"/>	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	<input type="checkbox"/>	Unfaithfulness
<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL INDICATORS

<u>A</u>	<u>S</u>	
		ADDICTIONS/DEPENDENCIES
		Alcohol
		Excessive Caffeine
		Cocaine
		Computers/Internet
		Downers/Uppers
		Food
		Gambling
		Marijuana
		Masturbation
		Nicotine
		Non-prescription Drugs
		Obsessive-Compulsive
		Overspending
		Pornography
		Prescription Drugs
		Sex
		Sleep Medication
		Sports
		Street Drugs
		Television
		Video Games
		ANXIETY
		Burden
		False Responsibility
		Fatigue
		Impatience
		Nervousness
		Panic Attacks
		Restlessness
		Stress
		Weariness
		Worry
		BITTERNESS
		Accusation
		Blaming
		Complaining
		Condemnation
		Criticalness
		Gossip
		Judging
		Murmuring
		Offended
		Ridicule
		Slander
		Unforgiveness

<u>A</u>	<u>S</u>	
		DEATH
		Abaddon (Rev 9:11)
		Abortion
		Accidents
		Death Assignment
		Death Wish
		Death to Destiny
		Death to Dreams
		Miscarriage
		Murder
		Premature Death
		Suicide
		Suicide Attempt
		Suicide Fantasies
		DECEPTION
		Blindness
		Cheating
		Confusion
		Denial
		Delusion
		Fraudulence
		Gender Identity Confusion
		Infidelity
		Justifying
		Lying
		Minimizing
		Naïveté
		Secretiveness
		Self-Deception
		Treachery
		Trickery
		Untrustworthiness
		DEPRESSION
		Dejection
		Discouragement
		Despair
		Despondency
		Gloominess
		Hopelessness
		Misery
		Oversleeping
		Sadness
		Self-Pity
		Suicide Attempt
		Suicide Fantasies
		Withdrawal
		EMOTIONAL DEPENDENCY
		Co-Dependency
		Enabling
		False Responsibility
		Parental Inversion

<u>A</u>	<u>S</u>	
		ESCAPE
		Apathy
		Avoidance
		Busyness
		Daydreaming
		Fantasy
		Forgetfulness
		Hiding
		Hopelessness
		Indifference
		Isolation
		Laziness
		Oversleeping
		Passivity
		Procrastination
		Suicide Fantasies
		Trance
		FAILURE
		Success/Failure Cycle
		Defeat
		Loss
		Performance
		Pressure to Succeed
		Striving
		Unfulfilled Destiny
		FINANCIAL PROBLEMS
		Bankruptcy
		Cheating
		Covetousness
		Debt
		Deception
		Delinquency
		Dishonesty
		Failure
		Fraud
		Greed
		Hoarding
		Idolatry of Possessions
		Illegitimate Gain
		Irresponsible Spending
		Job Failures
		Job Losses
		Lack
		Lost Inheritance
		Love of Money
		Neglect
		Poverty
		Robbing God (not tithing)
		Selfish Ambition
		Stealing
		Stinginess

OCCULT INDICATORS

[illegible][illegible]

A	S	
		INFIRMITIES/DISEASE
		Allergies/Hay Fever
		Arthritis
		Asthma
		Barrenness/Miscarriage
		Bone Problems
		Cancer
		Circulatory Problems
		Dementia
		Diabetes
		Fatigue
		Female Problems
		Heart Problems
		Joint Problems
		Lung Problems
		MS
		Migraines
		Physical Abnormalities
		Sinus Problems
		Teeth/Gum Problems
		Viruses
		SEXUAL BONDAGE
		Adultery
		Bestiality
		Bisexuality
		Cybersex
		Defilement
		Demonic Sex
		Exposure
		Fantasy Lust
		Fornication
		Frigidity
		Homosexuality
		Illegitimacy
		Incest
		Incubus
		Lesbianism
		Masochism
		Masturbation
		Molestation
		Pedophile
		Perversion
		Pornography
		Premarital Sex
		Promiscuity
		Prostitution/Harlotry
		Rape
		Sadism
		Seduction/Alluring
		Sexual Abuse
		Sodomy
		Succubus
		Uncleanness
		Voyeurism

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SUPPLEMENTAL INFORMATION

Please provide any additional information that you believe would be helpful in the ministry process:

[illegible]