

**Little Sparrow Ministries
PO Box 307
Lindale, Texas 75771**

DELIVERANCE QUESTIONNAIRE

Name:

Age:

Marital Status: single, married, divorced, widow

Current profession:

What is your country of birth?

Have you lived in other countries? Which ones?

Where were your mother, father and grandparents born?

Religious Background:

1. What is your church background?
2. Briefly explain 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?
4. Were you baptized as a convert?
5. In one word, who is Jesus Christ to you?
6. Is repentance part of your Christian life?
7. What is your prayer life like?
8. Do you have assurance of salvation?
9. Do you have a problem with doubt and unbelief in everyday Christian living?
10. If not, how would you like to see it improve?

Family Background:

1. Was your relationship with your parents: good, bad, or indifferent?
Explain:
2. Any special problems with your mother or father? With your brother or sisters?
3. What are your siblings' names and ages?
4. Were you a planned child? yes, no, don't know
5. Were you the right sex? yes, no, don't know
6. Were you conceived out of wedlock? yes, no, don't know
7. Were you adopted? yes, no, don't know
8. Did you spend time in foster care or an orphanage?
9. Did you live in a happy home during childhood?

10. Do you know if your mother suffered any trauma during her pregnancy with you?
11. Did you have a difficult or complicated birth?
12. Were you bonded at birth? yes, no, don't know
13. Are your parents living? mother, father or step-parents. Are they Christians?

14. Are they living together, divorced, or remarried?
15. How is your relationship with your step-parents?

16. How would you describe your family's financial situation when you were a child?

Yourself:

1. Are you a critical person?
2. Do you feel emotionally immature?
3. Tell us about your self-image: low self-image, hate myself, feel insecure, condemn myself, feel worthless, feel inferior, punish myself

4. Has lying or stealing been a problem to you?
5. Were you lonely as a teenager?

6. Did you ever suffer an injustice?

7. Do you have trouble giving or receiving love?
8. Do you find it easy to communicate with persons close to you?
9. Are you a perfectionist?
10. Is pride an issue?
11. Do you swear or use foul language?
12. Unforgiveness?

13. Bitterness or hatred?
14. Are you frustrated, worrier, or depressed? Did either of your parents suffer from depression, acute nervousness or have a mental problem?

15. Have you ever had psychiatric counseling, hospitalization, shock treatment, or psychoanalysis?

16. Have you been involved in the occult?

17. Have you been involved in fornication, adultery, rape, or molestation?

18. Do you have addictions: alcohol, smoking, food, gambling, compulsive exercise, being a spendthrift, watching TV, coffee, or drugs?

19. Do you suffer from any chronic illness or allergies? Is it hereditary?

20. Have you had any severe accidents or traumas that stand out in your mind?
21. Describe yourself in as many one or two word phrases as you can.
22. Do you have any other problems you feel this questionnaire has not uncovered?

Explain any of the above questions below.

Name

Date