

CONFIDENTIAL

John G. Lake Apostolic Healing Center PRAYER MINISTRY QUESTIONNAIRE

NAME _____ DATE _____

ADDRESS _____

CITY _____ TELEPHONE _____

AGE _____

HOW MANY CHILDREN IN CHILDHOOD FAMILY _____

WHERE ARE YOU IN FAMILY LINE OF SIBLINGS? 1ST 2ND 3RD 4TH 5TH

RELATIONSHIP TO FATHER IN CHILDHOOD: GOOD ____ BAD ____ INDIFFERENT ____

RELATIONSHIP TO MOTHER IN CHILDHOOD: GOOD ____ BAD ____ INDIFFERENT ____

RELATIONSHIP TO SIBLINGS: GOOD ____ BAD ____ INDIFFERENT ____

HAS THERE BEEN A SIGNIFICANT CHANGE IN ANY OF THESE AT PRESENT? _____

WHAT OF THE FOLLOWING APPLIED TO YOU DURING YOUR CHILDHOOD?

NIGHT TERRORS

BED WETTING

SLEEP WALKING

INCEST

NAIL BITING

UNHAPPY CHILDHOOD

STAMMERING

EXCESSIVE FEAR

PROBLEMS LEARNING

LONELINESS

SEXUAL ENCOUNTERS

MOLESTATION

BROKEN HOME

REMOVED FROM HOME

INAPPROPRIATE TOUCH

STATUS OF PARENTS:

ALCOHOLIC _____

DRUGS _____

DIVORCED _____

SEPARATED _____

DECEASED _____

PARENTS RELIGIOUS BACKGROUND _____

PERSONAL HISTORY:

1. CHURCH AFFILIATION - PRESENT _____ PAST _____

2. BORN AGAIN _____ DATE _____

3. WATER BAPTISM _____ DATE _____ CHURCH _____

4. MARITAL STATUS: MARRIED ____ SEPARATED ____ DIVORCED ____ SINGLE ____ WIDOWED ____

5. HOW MANY CHILDREN? _____

6. IF MARRIED BEFORE, HOW MANY TIMES? _____

7. WITH WHOM ARE YOU NOW LIVING? _____

8. DO YOU HAVE REGULAR DEVOTIONS IN THE BIBLE? _____

9. DO YOU FIND PRAYER DIFFICULT? _____

10. DO YOU LISTEN TO A LOT OF MUSIC? _____

11. WHAT TYPE OF MUSIC DO YOU ENJOY MOST? _____

12. HOW MANY HOURS OF TV DO YOU WATCH PER WEEK? _____
13. ARE YOU ADOPTED? _____
14. HAVE YOU EVER ATTENDED A NEW AGE SEMINAR, OR PARTICIPATED IN A SÉANCE? _____
15. WHAT SPIRITUAL EXPERIENCES HAVE YOU HAD THAT WOULD BE CONSIDERED OUT OF THE ORDINARY? _____
16. TO YOUR KNOWLEDGE, HAVE ANY OF YOUR PARENTS, GRANDPARENTS, OR GREATGRANDPARENTS EVER BEEN INVOLVED IN ANY OCCULTIC, CULTIC OR NONCHRISTIAN RELIGIOUS PRACTICES? _____

17. WHICH OF THE FOLLOWING HAVE YOU STRUGGLED WITH IN THE PAST OR ARE YOU STRUGGLING WITH PRESENTLY?

- | | |
|--|---|
| <input type="checkbox"/> DAYDREAMING | <input type="checkbox"/> LUSTFUL THOUGHTS |
| <input type="checkbox"/> THOUGHTS OF INFERIORITY | <input type="checkbox"/> THOUGHTS OF INADEQUACY |
| <input type="checkbox"/> WORRY | <input type="checkbox"/> DOUBTS |
| <input type="checkbox"/> FANTASY | <input type="checkbox"/> OBSESSIVE THOUGHTS |
| <input type="checkbox"/> INSECURITY | <input type="checkbox"/> BLASPHEMOUS THOUGHTS |
| <input type="checkbox"/> COMPULSIVE THOUGHTS | <input type="checkbox"/> DIZZINESS |
| <input type="checkbox"/> HEADACHES | |

18. WHICH OF THE FOLLOWING EMOTIONS HAVE YOU HAD DIFFICULTY CONTROLLING OR ARE YOU PRESENTLY HAVING DIFFICULTY CONTROLLING?

- | | |
|--|---|
| <input type="checkbox"/> FRUSTRATION | <input type="checkbox"/> FEAR OF DEATH |
| <input type="checkbox"/> ANGER | <input type="checkbox"/> FEAR OF LOSING YOUR MIND |
| <input type="checkbox"/> LONELINESS | <input type="checkbox"/> FEAR OF COMMITTING SUICIDE |
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> FEAR OF HURTING LOVED ONES |
| <input type="checkbox"/> WORTHLESSNESS | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> HATRED | <input type="checkbox"/> BITTERNESS |

MORAL CLIMATE

DURING THE FIRST 18 YEARS OF YOUR LIFE, HOW WOULD YOU RATE THE MORAL ATMOSPHERE IN WHICH YOU WERE RAISED?

	OVERLY PERMISSIVE	PERMISSIVE	AVERAGE	STRICT	OVERLY STRICT
CLOTHING	5	4	3	2	1
SEX	5	4	3	2	1
DATING	5	4	3	2	1
MOVIES	5	4	3	2	1
MUSIC	5	4	3	2	1
LITERATURE	5	4	3	2	1
FREE WILL	5	4	3	2	1
DRINKING	5	4	3	2	1
SMOKING	5	4	3	2	1
CHURCH ATTENDANCE	5	4	3	2	1

MEDICAL HISTORY

1. EVER HAD OPERATIONS? IF SO, FOR WHAT REASON AND YOUR AGE AT THAT TIME? _____

2. HOSPITALIZATION FOR EMOTIONAL ILLNESS YES _____ NO _____ WHY? _____
3. DIAGNOSIS, DATE, DISCHARGE STATUS? _____
4. FORM OF TREATMENT? _____
5. CURRENTLY UNDER CARE OF DOCTOR _____ OR PSYCHIATRIST _____
6. ON DRUG THERAPY _____ DATE _____ DISCHARGED _____
7. SUBJECT TO DEPRESSION _____ FREQUENCY _____ DURATION _____
8. DIAGNOSED AS PMS _____
9. DO YOU HAVE ANY ADDICTIONS OR CRAVINGS THAT YOU FIND DIFFICULT TO CONTROL?
(SWEETS, DRUGS, ALCOHOL, ETC.) _____
10. WERE YOU EVER ON STREET DRUGS? _____ HOW LONG? _____
11. ARE YOU STILL ON THEM? _____
12. HAVE YOU BEEN AN ALCOHOLIC? _____ CURRENTLY? _____

YES NO

- _____ Have you ever visited a fortuneteller who told your fortune by the use of cards, tealeaves, palm readings, and so on?
_____ Do you read or followed a horoscope?
_____ Has anyone ever hypnotized you? Who? _____
_____ Have you ever practiced yoga or done exercises related to yoga?
_____ Have you ever had a life or reincarnative reading?
_____ Have you consulted a ouija board, planchette, cards, tea leaves, crystal ball, and such like?
_____ Have you played with the so-called 'games' of an occult nature? (ESP, Telepathy, Kabala, Dungeons and Dragons, etc.)
_____ Have you ever consulted a medium?
_____ Have you ever sought healing through magic or through a Spiritualist, Christian Scientist, or anyone who practices 'spirit healing' psychic healing, hypnosis, metaphysical healing, use of the pendulum or trance for diagnosis, or any other occult means?
_____ Have you been to a chiropractor who treats through the use of ying and yang, the universal life forces in the spine?
_____ Have you ever sought to locate missing objects or persons by consulting someone who has psychic, clairvoyant, second sight, or psychometric powers?
_____ Have you ever practiced table-lifting, levitation, or automatic writing?
_____ Have you ever been given or worn an amulet, talisman or charm for luck or protection?
_____ Have you, or has anyone for you, practiced water witching using a

twig or pendulum?

YES NO

- _____ _____ Do you read or possess occult or spiritualist literature, e.g., books on astrology, interpretation of dreams, metaphysics, religious cults, self-realization, fortune telling, magic ESP, clairvoyance, psychic phenomena?
- _____ _____ Do you often have nightmares or frightening dreams? Have you ever been "guided" by a dream?
- _____ _____ Have you experimented with or practiced ESP or telepathy? Have you ever "thought" at a person or tried to make them call or write you by your thoughts?
- _____ _____ Have you ever practiced any form of magic charming or ritual?
- _____ _____ Do you possess any occult or pagan religious objects, relics, or artifacts which may have been used in pagan temples and religious rites, or in the practice of sorcery, magic, divination, or spiritualism?
- _____ _____ Have you ever had your handwriting analyzed, practiced mental suggestion, cast a magic spell, or sought psychic experience?
- _____ _____ Have you ever belonged to the Masons, Demolay, Job's Daughters?
- _____ _____ Have you been involved in a lodge or organization requiring rituals for membership?
- _____ _____ Do you see auras?
- _____ _____ Do you ever 'feel' an evil presence?
- _____ _____ Have you ever been visited by a demon or an evil spirit?
- _____ _____ Have you ever gone in any temple or building that was not Christian (Buddhist temple, Mormon temple, etc.)?
- _____ _____ Have you ever been involved in any group involved in rebellion or terrorism?
- _____ _____ Have you had negative things or curses spoken over you?
- _____ _____ Does your name have any particular significance as to family tradition or cultural/national heritage?
- _____ _____ Did your parents wish you were of the opposite sex?
- _____ _____ Have you read literature by Jean Dixon?
- _____ _____ Have you read literature by Edgar Cayce?
- _____ _____ Have you been involved in satan worship?
- _____ _____ Have you ever practiced Astral projection?
- _____ _____ Have you been involved in white magic: doing good things through the control of psychic and supernatural power?
- _____ _____ Have you been involved in black magic: psychic control through curses, use of the black arts, or any demon power for the purpose of harm?

YES NO

- _____ Have you ever been involved or attended any of the Eastern religions?
- | | |
|--------------------|-----------------------------------|
| _____ Buddhism | _____ Transcendental Meditation |
| _____ Hinduism | _____ Meher Baba |
| _____ Shintoism | _____ Hare Krishna |
| _____ Moslem | _____ Any Guru |
| _____ Rosicrucian | _____ The Riddle of Reincarnation |
| _____ Baha'I | _____ Dhagwan Shree Rajneesh |
| _____ Zen Buddhism | |

_____ Have you ever been involved in or attended meetings conducted by modern cults, such as:

- | | |
|--------------------------|---------------------------|
| _____ Mormons | _____ Christian Science |
| _____ Theosophy | _____ Unity |
| _____ Unitarian | _____ Jehovah's Witnesses |
| _____ The Way | _____ FORUM(E.S.T.) |
| _____ Eckankar | _____ Silva Mind Control |
| _____ Children of God | _____ Scientology |
| _____ Unification Church | |

- _____ You end up places, but do not know how you got there?
- _____ Does your handwriting change?
- _____ Do you have frequent headaches?
- _____ Have people accused you of often lying (especially as a child)?
- _____ Have you found things you do not remember purchasing?
- _____ Do you have or have you ever had pains in your chest?
- _____ Do you have difficulty trusting people?
- _____ Have you ever been told "I can't tell"?
- _____ Have you been told you were special or chosen?
- _____ Did you have a keen interest in sex before puberty?
- _____ Do you have a fear of bathrooms or bathtubs?
- _____ Have you had dreams with candles, hooded figures, or snakes ?
- _____ Was your favorite color of clothing in high school black, orange, green or red?
- _____ Do you have a tendency to tuck yourself in carefully at night?
- _____ Do you feel people are watching you all the time?
- _____ As a child did you believe there were monsters in the closet or under the bed?
- _____ My birthday is a good day?
- _____ Do you have difficulty taking communion?
- _____ Are you afraid of men, doctors, or authority figures?
- _____ Are you generally afraid of the dark or of the night?
- _____ Are you afraid of being alone?
- _____ Have you ever heard voices? What do they say to you? _____
- _____ Have you had any unusual eating habits?

- ____ ____ Do you regularly wake up at 12:00 or 3:00?
- YES NO**
- ____ ____ Have you ever done table lifting?
- ____ ____ Do you have difficulty with using curse words or is there a curse word that regularly comes to your mind?
- ____ ____ Do you have the ability to know before the phone rings that it is going to ring and who will be on the phone or that the door bell will ring and who will be at the door?
- ____ ____ Can you read other peoples minds?
- ____ ____ Can you project your thoughts to others?
- ____ ____ Have you had an abortion?
- ____ ____ Are you adopted?
- ____ ____ Have you made any blood pacts?
- ____ ____ Have you ever felt you have had sex with a demon (incubi or succubae)?
- ____ ____ Have you suddenly had a feeling that you wanted to commit suicide?
- ____ ____ Have you ever had choking sensations or pains which seem to move and for which there is no medical cause?
- ____ ____ Have you viewed X-rated movies?
- ____ ____ Have you ever had iris diagnosis, color therapy, or pedotherapy?
- ____ ____ Have you looked at pornography?
- ____ ____ Do you have a tendency to be a perfectionist?
- ____ ____ Do you have a tendency to want items to be in a neat state?
- ____ ____ Do you print precisely at times or write and then go to printing and then write again?
- ____ ____ Have you ever wanted to cut yourself or have you ever cut yourself?
- ____ ____ Have you ever lost any time?
- ____ ____ Have you found yourself explaining why you are somewhere because you did not know how you got there?
- ____ ____ Have you or any of your family members been involved in the Masons.
- ____ ____ Have you been out of the country as a soldier of the military.
- ____ ____ Have you been out of the country on a mission's trip.
- ____ ____ Are you or have you been a member of any fraternity or sorority?
- ____ ____ Have you read any Harry Potter Books?
- ____ ____ Have you been involved with Pokemon material?
- ____ ____ Do you play video games?

I understand this document will be seen only by the John G Lake Apostolic Healing Center Prayer Ministry Team and Lead Pastor Tina Jones.

Signature

Date