

## Prayer Ministry Worksheet

On a scale of 1 - 10, how do you rate yourself \_\_\_\_\_?

1. Have you ever been involved with:

- |                          |                      |                          |                                            |
|--------------------------|----------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | Fortunetellers       | <input type="checkbox"/> | Life Reading Made                          |
| <input type="checkbox"/> | Séances              | <input type="checkbox"/> | Horoscopes                                 |
| <input type="checkbox"/> | Palm Readers         | <input type="checkbox"/> | Automatic Writing (Blanking out your mind) |
| <input type="checkbox"/> | Tarot Cards          | <input type="checkbox"/> | TM (False religious way of meditation)     |
| <input type="checkbox"/> | Ouija Boards         | <input type="checkbox"/> | Occult Games (Like Dungeons & Dragons)     |
| <input type="checkbox"/> | Handwriting Analysis |                          |                                            |

2. Have you ever participated in:

- |                          |                                                                     |                          |                        |
|--------------------------|---------------------------------------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Levitation                                                          | <input type="checkbox"/> | Voodoo, Spells         |
| <input type="checkbox"/> | Mind Control                                                        | <input type="checkbox"/> | Witchcraft             |
| <input type="checkbox"/> | Mental Telepathy or Clairvoyance                                    | <input type="checkbox"/> | Other Occult Practices |
| <input type="checkbox"/> | White Magic (Wart removed by rubbing; Blow in mouth to heal thrash) |                          |                        |

3. Have you submitted to, or been involved in:

- |                          |                                      |                          |                        |
|--------------------------|--------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Hypnosis (including Dental, Medical) | <input type="checkbox"/> | ESP                    |
| <input type="checkbox"/> | Psychic Healing                      | <input type="checkbox"/> | Non-Christian Exorcism |

4. Do you consider yourself superstitious:  Yes /  No

5. Have you ever had any type of supernatural experience:  Yes /  No

6. Have you ever taken any of these:

- |                          |                          |                          |                            |
|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Drugs                    | <input type="checkbox"/> | LSD                        |
| <input type="checkbox"/> | Marijuana                | <input type="checkbox"/> | Diet Pills (Addictive)     |
| <input type="checkbox"/> | Pain Killers (Addictive) | <input type="checkbox"/> | Pep Pills                  |
| <input type="checkbox"/> | Alcohol                  | <input type="checkbox"/> | Sleeping Pills (Addictive) |

7. Have you ever studied reincarnation or spiritualism:  Yes /  No

8. Have you ever read books on meta-physics (contacting God with mind rather than spirit):

- |                          |                   |                          |                   |
|--------------------------|-------------------|--------------------------|-------------------|
| <input type="checkbox"/> | New Age           | <input type="checkbox"/> | Religious Science |
| <input type="checkbox"/> | Christian Science | <input type="checkbox"/> | Hare Krishna      |
| <input type="checkbox"/> | Silva             | <input type="checkbox"/> | Others            |
| <input type="checkbox"/> | Scientology       |                          |                   |

9. Have you ever studied books on cults:  Yes /  No

10. Have you ever looked at pornography:

- |                          |                               |                          |                          |
|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Internet, Pictures, Magazines | <input type="checkbox"/> | TV Shows, X-Rated Movies |
|--------------------------|-------------------------------|--------------------------|--------------------------|

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11. Have you ever engaged in any of the following sexual deviations:

- |                                              |                                        |                                     |
|----------------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Sex Fantasy         | <input type="checkbox"/> Perverted Sex | <input type="checkbox"/> Lust       |
| <input type="checkbox"/> Masturbation        | <input type="checkbox"/> Incest        | <input type="checkbox"/> Bestiality |
| <input type="checkbox"/> Homosexuality (Men) | <input type="checkbox"/> Adultery      |                                     |
| <input type="checkbox"/> Lesbianism (Women)  | <input type="checkbox"/> Fornication   |                                     |

12. Was there any child abuse in your family, or were you ever abused as a child:  Yes /  No

13. Have you ever had an abortion, or have you ever been a part to an abortion:  Yes /  No

14. Was there ever a time in your life when you thought you were going to be raped, or have you been raped:

Yes /  No

15. Have you ever been beaten or abused by your husband, or by any other person:  Yes /  No

16. Have you ever taken a secret oath:  Yes /  No

17. Have you ever had a death wish, either for yourself or others:  Yes /  No

18. Have you ever denied the Divinity, Virgin Birth, or Resurrection of Christ:  Yes /  No

19. Do you consider yourself addicted to TV:  Yes /  No

20. Have you been subject to compulsive habits (things you do over and over again and wish you didn't):

- |                                       |                                                            |
|---------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Manipulation | <input type="checkbox"/> Cursing                           |
| <input type="checkbox"/> Daydreaming  | <input type="checkbox"/> Using Food to dull emotional pain |
| <input type="checkbox"/> Gossip       | <input type="checkbox"/> Gambling                          |
| <input type="checkbox"/> Lying        | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Stealing     |                                                            |

21. Have you been subject to frequently occurring negative emotions (so often that they become almost a habit, or a way of life):

- |                                       |                                          |                                         |
|---------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Hatred          | <input type="checkbox"/> Suspicion      |
| <input type="checkbox"/> Bitterness   | <input type="checkbox"/> Fear            | <input type="checkbox"/> Unbelief       |
| <input type="checkbox"/> Anger        | <input type="checkbox"/> Loneliness      | <input type="checkbox"/> Discouragement |
| <input type="checkbox"/> Rejection    | <input type="checkbox"/> Fear            | <input type="checkbox"/> Listlessness   |
| <input type="checkbox"/> Apathy       | <input type="checkbox"/> Depression      | <input type="checkbox"/> Possessiveness |
| <input type="checkbox"/> Temper       | <input type="checkbox"/> Religious Pride | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Jealousy     | <input type="checkbox"/> Anxiety         |                                         |

22. Have you ever made a blood pact:  Yes /  No