

HeavenlyWarriors.com Deliverance Questionnaire

The following information is intended to help the ministry team pray for you. This information is strictly confidential and will not be shared with anyone outside of this ministry team. Please be as honest and candid as you possibly can.

Your Name: _____ **Age:** _____

Today's Date: _____

Telephone #: _____ **E-Mail Address:** _____

Address: _____ **City:** _____ **State:** _____

Zip Code: _____

Your Education:

Highest grade completed: _____ Degree: _____

Do You Currently Have Any Church Affiliation or Denomination?

(It is not a requirement that you have any church affiliation for deliverance):

Present Affiliation: _____ How long have you been there? _____

Past Affiliation: _____ What were the main reasons for leaving? _____

Marital Status:

- Married (How many times? _____) Currently Single
- Divorced (If divorced, how long have you been divorced? _____)
- Widowed (How long? _____) Marriage was Annulled
- Separated (How long? _____)

WHAT ARE YOUR SPIRITUAL GOALS AND OBJECTIVES?

Do you have any spiritual goals, and if so, explain?

What do you hope to accomplish from your deliverance prayer sessions?

YOUR SPIRITUAL INFORMATION

1. Have you had a born again experience? _____ When? _____

Where? _____

Describe your born again experience happened: _____

2. Have you been baptized in water? _____ When? _____

What church or denomination were you baptized in? _____

Was your baptism: Sprinkle or Immersion?

3. If you currently attend a church, how often do you go? _____

4. Do you currently participate or volunteer in any ministries? Yes No

If you participate in ministries, which ministries and what do you do?

5. Have you identified your spiritual gifts or calling? Yes No

If you answered *Yes*, what do you feel your gifts are and what do you believe your calling is? _____

6. How often do you read the Bible? _____

7. Do you believe demons and demonic powers are real? Yes No

8. Are you 100%, absolutely sure of your salvation? Yes No

9. Describe your feelings about your current relationship with God:

Excellent I struggle some I don't feel close to God right now

10. What do you believe spiritually hinders your life and growth as a Christian?

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11. If you could change something about your spiritual life, what would it be?

12. What would you say is your greatest spiritual strength?

13. What is your most serious spiritual weakness?

14. What area or areas of your life do you feel Satan has targeted for demonic attack?

15. In your own words, describe what you think you may be doing that could be helping Satan to attack you in these areas: _____

16. Have you been hurt or disillusioned by a bad experience with church or pastor(s)?

Yes I've been hurt (extremely common unfortunately)

No

If yes, please explain what happened: _____

SPIRITUAL EVALUATION

If you have had the experience described below circle “Y”, if you have never had the experience circle “N”, if you are not sure, circle “U.”

If you mark “Y” please use the comments section at the bottom to describe when it happened, how often, where, under what conditions, and how it has affected you.

INVOLVEMENT WITH THE OCCULT, WITCHCRAFT OR WICCA

Have you ever played with an Ouija board (planchette) Y / N / U

Have you ever done sorcery or divining? Y / N / U

Have you ever done channeling of spirits? Y / N / U

Have you ever faithfully read astrology or your horoscopes? Y / N / U

Have you ever dabbled in Magic, either white magic or black magic? Y / N / U

Have you ever had your fortune told by a fortune teller? Y / N / U

Have you ever done water witching or dowsing with dowsing rods? Y / N / U

Did you ever play the “Light as a feather” game of levitation? Y / N / U

Have you ever sought to have psychic dreams? Y / N / U

Have you had any contact with a witch or warlock that you know of? Y / N / U

Have you had your palm read? Y / N / U Have you used runes? Y / N / U

Have you used spell books? Y / N / U Have you used crystals? Y / N / U

Have you ever cast spells? Y / N / U Have you ever taken any secret oaths? Y / N / U

Have you ever done automatic writing or automatic painting? Y / N / U

Have you ever placed curses on anyone or anything? Y / N / U

Have you ever astral projected? Y / N / U Have you ever read tarot cards? Y / N / U

Have you ever intentionally observed pagan holidays? Y / N / U

Did you ever play the “Bloody Mary” game as a child? Y / N / U

Have you ever sought out Native/Indian spirits? Y / N / U

Have you ever participated in Séances? Y / N / U Incantations Y / N / U

Comments: _____

INVOLVEMENT IN SATANISM OR BLACK MAGIC

If you've ever been involved in Satanism, black magic, cults, or if you know or suspect you are a victim of Satanic Ritual Abuse, describe specifically what you believe you've been involved in: _____

When did this take place? _____

Were these activities voluntary on your part? _____

How long were you involved with this activity? _____

What effect, if any, did this involvement have on you? _____

INVOLVEMENT IN NEW AGE OR PSYCHIC ACTIVITIES

Have you ever been involved in:

Yoga Y / N / U Holistic health practices Y / N / U

Trances Y / N / U Transcendental Meditation Y / N / U

Mind control Y / N / U Levitation Y / N / U Martial arts meditation Y / N / U

Psychic healing Y / N / U Mantras & chants Y / N / U Psycho kinesis Y / N / U

Consulting psychics Y / N / U

Clairvoyance or precognition Y / N / U Materialization Y / N / U

Parapsychology Y / N / U Voodoo Y / N / U Eastern meditation Y / N / U

Past life therapy/regressions Y / N / U Visualization/guided imagery Y / N / U

Healing magnetism Y / N / U Clairaudience Y / N / U Pyramid power Y / N / U

Spirit guides Y / N / U Teleportation Y / N / U

Interpreting/reading aura colors Y / N / U Apports Y / N / U Tantric yoga Y / N / U

Telekinesis Y / N / U Numerology Y / N / U Vedic philosophy Y / N / U

Biorhythm charts Y / N / U Demonic glossalalia Y / N / U E.S.P. Y / N / U

Psychic transference of power Y / N / U Telepathy Y / N / U Hypnosis Y / N / U

Mind Control Y / N / U Ascended masters Y / N / U Remote viewing Y / N / U

Have You Read Any of this Occult/Non-Christian Religious Literature

Carlos Castaneda Y / N / U Necronomicon Y / N / U The Satanic Bible Y / N / U
Book of Mormon Y / N / U Teachings of Buddha Y / N / U The Koran Y / N / U
Science and Health (Eddy) Y / N / U Course in Miracles Y / N / U
Urantia Book Y / N / U Edgar Cayce books Y / N / U Bhagavad-Gita Y / N / U
Book of the Dead Y / N / U Gospel of Thomas Y / N / U
Doctrines & Covenants Y / N / U Pearl of Great Price Y / N / U Dianetics Y / N / U
Morals and Dogma (Pike) Y / N / U Upanishads Y / N / U

BELIEF SYSTEM EVALUATION

Religious Affiliations

Have you been involved in one or more of the following:

Mormonism Y / N / U Church of Satan Y / N / U Jehovah's Witnesses Y / N / U
Children of God Y / N / U Christian Science Y / N / U Santeria Y / N / U
Scientology Y / N / U Swedenborgianism Y / N / U Islam Y / N / U
Rosicrucianism Y / N / U Hare Krishna Y / N / U Unity Y / N / U
Theosophy Y / N / U The Way International Y / N / U Edgar Cayce Y / N / U
Buddhism/Zen Y / N / U Mythology Y / N / U Science of Mind Y / N / U
Eckankar Y / N / U Anthroposophy Y / N / U Spiritism Y / N / U
Atheism /Agnosticism Y / N / U Kabbalism Y / N / U Voodoo Y / N / U
"A Course in Miracles" Y / N / U Rastafarianism Y / N / U Satanism Y / N / U
Druids/Celtic religions Y / N / U Bahai'ism Y / N / U Palo Mayombe Y / N / U
Unification Church (Moonies) Y / N / U Reincarnation Y / N / U Hinduism Y / N / U
The Church Universal Y / N / U TM Y / N / U Est/The Forum Y / N / U
Umbanda/Macumba/Condomble Y / N / U Taoism Y / N / U UFOs Y / N / U
Nichiren Shoshu Y / N / U Devotion to swamis/gurus Y / N / U

Superstitions/Curses

Blood pacts Y / N / U Lines & Cracks Y / N / U Broken mirrors Y / N / U
Black cats Y / N / U Amulets Y / N / U Walking under a ladder Y / N / U
Spilled salt Y / N / U Potions Y / N / U Candle burning Y / N / U

Spiritual Objects

Kachina dolls Y / N / U Pagan artifacts Y / N / U Charms/medallions Y / N / U
Tiki Figures Y / N / U Voodoo dolls Y / N / U Mormon undergarments Y / N / U
Dream catchers Y / N / U Native African art Y / N / U Talisman Y / N / U
Native American crafts Y / N / U Spirit Masks Y / N / U

Fraternal Organizations & Secret Societies:

Have any family members been involved in any organizations such as the following:

Freemasonry Y / N / U DeMolay Y / N / U Eastern Star Y / N / U
Rainbow Girls Y / N / U Ku Klux Klan Y / N / U Job's Daughters Y / N / U
Aryan Nations Y / N / U Shriners Y / N / U Skinheads/Neo-Nazi Y / N / U
Daughters of the Nile Y / N / U Esoteric temples Y / N / U Gnostic groups Y / N / U

OCCULT PROFILE

Have you ever made a pact or covenant with the devil? Yes No

If so, was it a blood pact? Yes No

What was the pact or covenant you made with the devil?

If you've ever made any kind of pact with Satan or demons, when was it made?

Why did you make this pact? What were you promised in return?

Have you suffered any consequences form the pact you made?

Are you willing to renounce any and all pacts you made? Yes No

Has any curse been placed on you or your family? Yes No

If so, what is the curse? _____

To your knowledge, have your parents or ancestors ever been involved in: (check all applicable)

Witchcraft Satanism Divination Spiritualism Cults

Other: _____

Do you have the following in your ancestral/cultural background?

Shamanism Y / N / U Cultural dances & rituals Y / N / U

Contact with ancestral spirits Y / N / U Spiritualism Y / N / U

Psychic tendencies Y / N / U Contact with ghosts/apparitions Y / N / U

Deja Vu Y / N / U Precognition Y / N / U

FAMILY HISTORY PROFILE

How was your relationship with your parents or stepparents?

Good Bad Indifferent

How was your relationship with siblings? Good Bad Indifferent

Were you a wanted/planned child? Yes No Don't Know

Were you the correct gender that your parents wanted? Yes No Don't Know

Were you conceived out of wedlock? Yes No Don't Know

Were you adopted? Yes No Don't Know

If Yes, what do you know about your natural parents? _____

Did your mother suffer any trauma during her pregnancy with you?

Yes No Don't Know

Is your father living? Yes No Don't Know

Is your mother living? Yes No Don't Know

Are your parents: Married Divorced Deceased - Mother / Father

What do you know about your ancestry? Please describe what you know as far back as you have knowledge: _____

What was your father like? Passive Strong Critical Abusive Supportive

What was your mother like? Passive Strong Critical Abusive Supportive

Did you have a happy childhood? Yes No

As a child, teen, or adult, did you suffer an injustice or disillusionment? Yes No

If "yes" please explain: _____

Do you have trouble giving or receiving love? Yes No

If "yes" please explain why: _____

Rejection/Abandonment Issues

Were you ever in foster care? Y / N / U

Were you ever shunned or excommunicated from a family or religion? Y / N / U

Have you suffered discrimination (sex, race etc.) Y / N / U explain: _____

Were you given up for adoption? Y / N / U

Were you rejected by either parent: mother-father-both? Y / N / U

Have you ever been rejected by a spouse or lover? Y / N / U

Have you ever received word curses from parents/leaders? Y / N / U

Did you experience the death of parent as a child or teen? Y / N / U

Health Issues

Infertility Y / N / U Congenital defects Y / N / U Cancer Y / N / U

Epilepsy Y / N / U Diabetes Y / N / U Incurable disease Y / N / U

Comment on any health issues that seem to be inherited or have no medical explanation: _____

EMOTIONAL/MENTAL PROFILE:

Do you have any history of mental illness? Yes No

If “yes,” please explain: _____

Previous Psychiatric Diagnosis: _____

Medications: _____

Have you, or anyone in your family been diagnosed with:

OCD Y / N / U Autism Y / N / U MPD/DID Y / N / U

Schizophrenia Y / N / U Bipolar Y / N / U Borderline personality disorder Y / N / U

ADD/ADHD Y / N / U

Circle any of the following treatments you have you had:

Counseling Psychiatric care Hypnosis Shock treatment

Do you have feelings of guilt or worthlessness? Yes No

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Do you have any physical symptoms that may appear suddenly, or pass quickly, for which there is no medical explanation? Such as:

- Choking sensation Heaviness on the chest Dizziness Blackouts
 Fainting spells Tightness around your head Pain that seems to move

Other: _____

Do you have terrifying seizures of panic or other abnormal fears? Yes No

Have you ever acted like a child since becoming an adult? Yes No

Do you experience loss of time, sometimes going minutes or even hours and not remembering what happened during that time? Yes No

What is your earliest memory from childhood, good or bad? _____

Are portions of your life missing from memory? Yes No

If you go through deliverance, are you willing to do whatever it takes to maintain that deliverance and remain free? Yes No

Have you ever been through deliverance or exorcism? Yes No

Is your spouse, parent/guardian, or other close family member aware that you're seeking deliverance or inner healing? Yes No

What is your self-image? (check all that apply)

- Low self-esteem Feel insecure Condemn yourself
 Believe you're a failure Feel worthless Hate yourself
 Feel inferior Question your identity Punish yourself

Do you currently have any unhealthy or co-dependent friendships or relationships?
 Yes No

Do you feel you may have unbroken soul ties from previous relationships?
 Yes No

Negative Emotions

Do you experience a significant amount of: Fear Y / N / U Stress Y / N / U
Doubt Y / N / U Heaviness Y / N / U Anxiety Y / N / U Blackness Y / N / U
Nightmares Y / N / U Worry Y / N / U Suspicion Y / N / U Loneliness Y / N / U
Lack of trusts Y / N / U Worthlessness Y / N / U Fear of people Y / N / U
Depression paranoia Y / N / U Introversion/shyness Y / N / U
Other: _____

Anger Issues

Do you have trouble with: Rage Y / N / U Strife Y / N / U Hatred Y / N / U
Frustration Y / N / U Wanting revenge Y / N / U Bitterness Y / N / U
Envy Y / N / U Unforgiveness Y / N / U Jealousy Y / N / U
Competition Y / N / U Physically abusing others Y / N / U
Have you ever been guilty of emotionally abusing others Y / N / U
Are you an emotional abuse victim? Y / N / U Physical abuse victim? Y / N / U
Do you seek retribution? Y / N / U
Other: _____

Grief Issues

Excessive mourning Y / N / U Self-pity/self-hate Y / N / U Sorrow Y / N / U
Insomnia Y / N / U Bitterness Y / N / U Anger toward God Y / N / U
Other: _____

Pride Issues

Arrogance Y / N / U Defensiveness Y / N / U Idleness Y / N / U
Boastfulness/bragging Y / N / U Obstinacy Y / N / U Controlling Y / N / U
Contentiousness Y / N / U Overbearing Y / N / U Irritability Y / N / U
Other: _____

Death Issues

Do you have thoughts of murder? Y / N / U Self harm/cutting Y / N / U

Suicidal thoughts? Y / N / U Suicide attempt(s) Y / N / U

Have you ever been involved in an abortion (yours/spouses/other) Y / N / U

Do you ever have intent to harm others Y / N / U

Other: _____

Rebellion Issues

Would you describe yourself as: Unsubmissive Y / N / U Defensive Y / N / U

Unteachable Y / N / U Argumentative Y / N / U Need to be right Y / N / U

Other: _____

Mental Concentration Issues

Do you suffer from frequent: Daydreaming Y / N / U Fantasies Y / N / U

Distraction Y / N / U Memory gaps Y / N / U Confusion Y / N / U Amnesia Y / N / U

Other: _____

Behavioral Issues

Do you struggle with: Picking at people Y / N / U Compulsive spending Y / N / U

Anorexia Y / N / U Shoplifting Y / N / U Perfectionism Y / N / U Bulimia Y / N / U

Other: _____

Addictions

Food Y / N / U Workaholic Y / N / U Drugs Y / N / U Sleep aids Y / N / U

Alcoholism Y / N / U Gambling Y / N / U Sex Y / N / U

Spending Y / N / U Tobacco Y / N / U Media (TV, smart phone) Y / N / U

Caffeine Y/N/U Internet/video games Y / N / U Diet pills Y / N / U

Fetishes Y / N / U Pornography Y / N / U Risk taking/adrenaline Y / N / U

Other: _____

Criminal Behavior

Have you ever participated in any of the following (whether you were caught or not):

Embezzlement Y / N / U Vandalism Y / N / U Theft Y / N / U

Have you ever been arrested and jailed? Y / N / U Spent time in prison Y / N / U

Do you ever have a desire to commit violent acts? Y / N / U

Have you ever sold illegal drugs Y / N / U

Other: _____

Character Issues

Do you struggle with: Vanity Y / N / U Lying Y / N / U Stubbornness Y / N / U

Kleptomania Y / N / U Greed Y / N / U Cursing Y / N / U Gossip Y / N / U

Critical spirit Y / N / U Slander Y / N / U

Other: _____

Unwholesome Entertainment

Have you felt a strong attraction to offensive rock, rap, or death metal music? Y / N / U

Would you say you have struggled with a Television addiction? Y / N / U

Have you ever played violent video or computer games? Y / N / U

Have you found yourself drawn to horror or occult movies? Y / N / U

Do you read horror and occult books? Y / N / U

Have you ever had a fascination with violence? Y / N / U

Have you been involved in role playing games such as: Majik, Pokemon, Dungeons & Dragons etc. Y / N / U Have you attended Raves Y / N / U

Other: _____

Sexual History (all information is completely confidential)

Have you ever been involved in: Adultery Y / N / U Prostitution Y / N / U
Making pornographic movies Y / N / U Uncontrollable lustful thoughts Y / N / U
Fornication and immorality Y / N / U Desire for abnormal sex Y / N / U
Hiring prostitutes Y / N / U Bestiality Y / N / U Sodomasochism Y / N / U
Stripping or nude dancing Y / N / U Homosexuality Y / N / U Necrophelia Y / N / U
Compulsive masturbation Y / N / U Cyber (online) sex or phone sex Y / N / U
Have you been raped? Y / N / U Have you been molested? Y / N / U
Have you raped someone? Y / N / U Have you molested someone? Y / N / U
Are you drawn to pedophilia and feel sexual urges for children sometimes? Y / N / U
Are you drawn to sodomy (un-natural intercourse) Y / N / U
Do you feel you could be a victim of unbroken sexual soul ties Y / N / U

TRAUMA OCCURRENCES

Please list in 5-year segments any episodes of abuse, trauma, major accidents, or any other events that you know of that deeply affected you.

a) Events that have happened in your life in the last 5 years: _____

b) Events that happened between 5 and 20 years ago: _____

c) Events that happened more than 20 years ago: _____

Abuse Issues

Have you suffered: Satanic ritual abuse Y / N / U Emotional abuse Y / N / U
Domestic physical abuse Y / N / U Domestic emotional abuse Y / N / U
Were you ever a POW? Y / N / U Sexual abuse Y / N / U Mental abuse Y / N / U
Spiritual abuse Y / N / U Have you ever suffered from post-traumatic stress Y / N / U
Comments: _____

DEMONIC ACTIVITY PROFILE

Anti-Christ Obsessions or Thought Patterns

Have you ever had: A desire to renounce God or Christ Y / N / U
Blasphemous thoughts Y / N / U Denying the existence of Satan or demons Y / N / U
Denying the Bible is God's Word Y / N / U
Denying Jesus is God and was resurrected Y / N / U
Denying the atonement of Christ Y / N / U
Hostility to/rejection of God Y / N / U Hostility to/rejection of the Bible Y / N / U
Have you ever had a desire to curse God or Christ Y / N / U
Other: _____

POSSIBLE DEMONIC MANIFESTATIONS

Have you ever had any of the following: Sudden onsets of confusion Y / N / U
Abduction by something you believed to be an alien creature Y / N / U
Foaming at the mouth Y / N / U
Smelling strong, foul odors that shouldn't be there Y / N / U
Unexplainable changes in your voice Y / N / U Convulsions or seizures Y / N / U
Unexplained falls and accidents Y / N / U Poltergeist activity Y / N / U
Seeing ghosts or apparitions Y / N / U Sudden weakness or dizziness Y / N / U
Inability to move or speak Y / N / U Seeing monsters Y / N / U
Episodes of unusual strength Y / N / U Feeling a presence near you Y / N / U
Seeing fairies Y / N / U Seeing dark shapes or shadow figures Y / N / U
Urge to destroy a Bible Y / N / U Seeing nature spirits Y / N / U
Sudden onsets of sleepiness Y / N / U Spirit possession Y / N / U
Fear of anointing oil Y / N / U Hearing voices inside your head Y / N / U
Hearing audible voices outside of yourself when no one else is speaking Y / N / U
Unable to pray to God or Jesus Y / N / U Seeing demons Y / N / U
UFO Sightings Y / N / U Seeing visions of someone Y / N / U
Thoughts taken from you Y / N / U Hatred for Christians Y / N / U
Outbursts of obscenities Y / N / U

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Marked changes in your moods or mood swings Y / N / U

Near-death experience Y / N / U Hearing the voice of someone dead Y / N / U

Out-of-body experience Y / N / U Possessed by entity Y / N / U

Eyes turning red when angry Y / N / U Feeling like there is clawing inside Y / N / U

Speaking an unknown language (other than a Holy prayer language) Y / N / U

Hearing hissing sounds Y / N / U Seeing unusual lights Y / N / U

Burning when anointed with oil Y / N / U Unable to read the Bible Y / N / U

Succubus (demonic sexual intercourse with a female spirit) Y / N / U

Incubus (demonic sexual intercourse with a male spirit) Y / N / U

Feeling very cold or having the room become very cold Y / N / U

Altered states of consciousness without alcohol or other drugs Y / N / U

Feeling like external forces have control or power over you Y / N / U

Feeling like you're seeing, or are actually in a heavy mist or fog Y / N / U

Unexplained electronic or mechanical equipment malfunctioning around you Y / N / U

Feelings of pressure or suffocation on your chest Y / N / U

Bites, scratches, or other physical attacks on your body Y / N / U

Coughing, spitting up phlegm, or vomiting in response to prayer Y / N / U

Feeling like you were possessed by the spirit of a dead person Y / N / U

Feelings of being choked or unable to breath when attempting prayer Y / N / U

Hearing growling sounds inside your head or body Y / N / U

Having feelings controlled by someone or something outside of you Y / N / U

Fear of, mocking, or revulsion toward Christian symbols, objects, music etc. Y / N / U

Having thoughts or hearing voices that:

(a) condemn you severely Y / N / U

(b) blaspheme God, Jesus of Nazareth, the Holy Spirit, or Christians Y / N / U

(c) urging you to get involved in illegal, immoral, or destructive activities Y / N / U

(d) drive you to commit suicide, homicide, or abortion Y / N / U

(e) compel you to commit sexual assaults or perverse sexual acts on others Y / N / U

(f) cause you to speak against good Christian pastors, counselors, or leaders Y / N / U

If you hear voices, what exactly are these voices saying? _____

PERSONAL SUMMARY OF PROFILES, ISSUES, AND EVALUATION

Is there anything else that filling out this profile has brought to your mind, or anything related to an issue above that you feel is significant to your spiritual goals and welfare?

After reviewing all the above, what have you learned about yourself that you did not realize before filling out this form? _____

Were there any surprises or unexpected aspects of your life that you had not previously recognized, and that you now see as critical to your spiritual progress? _____

If you were evaluating the profile of yourself that you've just given, what would you say is the most serious area of your life that needs spiritual improvement right away?

Based on the answers above, what areas of concern would you first like to address?

Is there anything you are uncomfortable discussing or would like to avoid during our ministry time, please note that below. One thing to remember is that the very thing you don't want to discuss is more than likely one of the main doorways that Satan uses to access your life and maintain his stronghold on you?
