



Preparing for Personal Prayer Ministry

Brief Description of Personal Prayer Ministry

Personal Prayer Ministry is for people with mild to significant problems needing short-term help, generally three to six ministry sessions, which are normally scheduled once per week or every other week with duration of 2 to 3 hours. The PPM ministry will be conducted by a ministry leader who will sometimes be accompanied by a witness who may also be an intern. As part of our discipleship process, interns will also conduct ministry assisted by a trainer.

PPM ministry teams are an extension of the pastoral ministry and submitted to the pastoral authority of the church. In order to better serve you, it is possible that the ministry team may consult with Liberty Church's Pastor(s) and/or their designated representative(s), (i.e. the oversight minister and/or supervisory ministers) concerning their ministry to you.

Please read the following statements, and sign indicating that you acknowledge and understand your commitment and your ministry team's commitment. Please complete these forms and give them to your ministry team leader before or at the start of your first session.

Personal Information

Name: _____ Address: _____

Home Phone: _____ Cell # _____ City/State/Zip: _____

Date of Birth: _____ Age: _____ Male _____ Female _____ Presently living with: Parents _____ Spouse _____ Alone _____ Other: _____

Occupation: _____ Hours worked/week: _____ E-mail Address: _____

Employed by: _____ Work Phone: _____

Your personal purpose in life: _____

Purpose for Seeking PPM Ministry

Expectations of Your Commitment

Your PPM 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 "homework" assignments given to you. 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 your PPM ministry team and with the Holy Spirit in order to maximize your receiving God's help. We ask you, by your signature below, to commit to one month of serious prayer and Bible time following completion of your ministry. This time should include meditation on your new Godly Beliefs (GBs). We also ask you to call your ministry team two and four weeks after your ministry to report your progress, to be accountable as you meditate on your GBs, and to obtain any needed prayer support.

Referral

Either before you come for ministry, or after the completion of your ministry, your PPM team, in conjunction with the Pastor(s) and/or their designated representative(s), will assist you in planning for ongoing support and accountability in situations where it could be beneficial to you. Also, if your PPM team is not equipped or able to



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minister to your particular need, or if you need longer term ministry, they, in conjunction with the Pastor(s) and/or their designated representative(s), will help you find appropriate referral resources.

Waiver of Liability

I understand that I will be seeing PPM 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 counselors, that they minister using the Christian Bible and that they may or may not be ordained and/or full-time ministers, pastors or counselors. **I acknowledge that PPM Ministers desire for 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 any organization that I will or will not receive any particular healing.** Thus, I waive all rights to claims of liability. I accept that they may recommend further ministry for me by a pastor, counselor, home ministry group, support group, and/or other agency in my community.

Acceptance of Limited Confidentiality Policy

I am aware that all statements that I shall make to my PPM ministers are of a confidential nature. However, since we rely heavily on team ministry and because some things must be known by the pastor because they may affect the well being of the entire church, we have adopted a policy of limited confidentiality, which allows ministers to share some things with others who are deemed to be part of the "solution". We in no way encourage or tolerate casual sharing of information. Only those people who are part of the ministry and oversight at Liberty Church will have access to any information that comes to us as a result of PPM, and that information will only be shared as necessary. Please read the following and sign below.

I accept Liberty Church's policy of limited confidentiality in the following situations:

1. I accept that my PPM team may give a brief summary report of the results of the ministry to the Church Pastor(s) and elders, and/or the PPM oversight team.
2. I accept that my PPM team may consult with the Church Pastor(s), the elders or the PPM oversight team concerning their ministry to me.
3. I accept that my home group leaders may be informed of some aspects of the ministry to me, to better equip them to help me after the prayer ministry.
4. I accept that the Church Pastor(s), the elders and/or their designated representative(s), will be informed of any ongoing, willful sin in which I am involved.
5. I accept and acknowledge that pastors, counselors, PPM 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 herself or to others.
6. 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.
7. I accept that all pastors, counselors, and PPM ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first.

~ ~ ~

By my signature, I acknowledge that I have read and understand all of the above provisions, including the Waiver of Liability and Acceptance of Limited Confidentiality, and that I accept the stated conditions and limits of liability and confidentiality. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading, meditation for at least 30 days on my Godly Beliefs, and the two and four week progress reports.

Signature: _____

Date: _____

Printed Name: _____



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Background Information

The following information, which will become a part of your confidential file, will help your PPM ministry team focus more clearly on the areas in which you need and/or desire ministry. Please fill these forms out as honestly and as completely as you can, and return them to either your PPM Ministers or the PPM Office.

Family Background

Natural Parents: Married Separated Divorced

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

If 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

Step-parents (if applicable): Married Separated Divorced

What kind of relationship did/do you have with your parents and/or step-parents?

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

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

Educational Background *Circle 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 in: _____

Marital Background

Name of spouse: _____ Occupation: _____

If your spouse willing to participate in ministry? Yes No Uncertain

Have you ever been separated? Yes No When? _____

Marriage(s):

Date Married	Your Age	Their Age	Name of Spouse	Duration	Reason It Ended



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Children:

Name	Age	Sex	From which marriage?	Self-supporting?	Married?	Still Alive?	Age At and Cause of Death

Medical/Ministry/Counseling Background

Describe any physical problems or handicaps that require medication or physical care:

Are you currently receiving medical treatment? Yes No For what purpose? _____

Have you used drugs for other than medical purposes? Yes No
 What drugs? _____ When? _____

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(s)? _____

Are you currently taking medication prescribed for emotional reasons? Yes No
 What medication? _____

If the ministry team feels it would be best for you to have a physical before ministry, would you be willing to do so?
 Yes No

Spiritual/Religious Background

Have you made a commitment to Jesus Christ as Lord and Savior? Yes No When? _____
 Please tell what happened: _____

Have you received the Baptism of the Holy Spirit? Yes No When? _____

Has that experience been accompanied by the evidence of speaking in tongues? Yes No
 Describe your present relationship with the Lord:

Please list all church affiliations: _____



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Major Areas in which You Struggle

What has prompted you to seek ministry at this time?

	Started		Started		Started
Abuse		Fear/Phobia		Self-Esteem/Perfectionism	
Addiction/Compulsion		Financial/Legal		Sexual issues/Incest	
Anger/Aggression		Grief/Loss		Spiritual concerns/Values	
Church Split		Parental/Family/Child		Stress/Anxiety	
Depression/Suicide		Premarital/Marital		Trauma	
Divorce/Separation		Relationship/Loneliness		Vocational/Educational	

Please comment: _____

Generational Patterns Questionnaire

Purpose

The purpose of this questionnaire is to help you and your PPM ministry team identify Sins of the Fathers and Resulting Curses and negative patterns that may be hindering you, as well as identify those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or that may be openings for Demonic Oppression. Please fill these forms out as honestly and as completely as you can, and return them to the Church office.

General Questions

	Father	Mother
From what country or countries did you ancestors originally come?		
What are the prominent ethnic backgrounds of your ancestors?		
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, i.e. either owner, traders or slaves?		
Is it possible they were involved in unfair business practices?		
Is it possible they were involved in the occult?		
On a scale of 1 to 10, indicate how much each parent loved you.	Circle one: 1 2 3 4 5 6 7 8 9 10	Circle one: 1 2 3 4 5 6 7 8 9 10
Give examples of how they showed their love.		



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DYSFUNCTIONAL FAMILY PATTERNS *Please check if common in your immediate family or extended family (aunts, uncles and cousins)*

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

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 that you and God are working on at this time.

How would you describe your relationship with Father God, Jesus and the Holy Spirit?



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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.

GGF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

F Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

Name/Age of Your Siblings

GGF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

M Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGF Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GGM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

GM Name _____
 DOB _____ DOD _____ Age _____
 # of children _____
 Occupation _____
 Cause of Death _____

Family and Personal Strongholds

Please highlight or underline any bondage area that is currently present or has dogged your family through the generations. Place an 'X' in the "Self" column, if it applies to you. Write the names of the ancestors who have been victimized or participated in these sins.

Personal & Family Sins, Strongholds, and Judgments <i>(Highlight Most Relevant)</i>		S e l f	Ancestors
Abandonment / Rejection / Orphaned	Abandonment, Alienation, Blocked Intimacy, Desertion, Discontent, Divorce, Estrangement, Expected Rejection, fatherlessness, homelessness, gypsy, Isolation, Loneliness, loss of inheritance, Neglect, Perceived Rejection, Rejection, restlessness, Self-Rejection, Separation, wanderer		
Abuse / Trauma / Victimization	Abuse - Emotional, Mental, Physical, Sexual, Spiritual or Verbal, Accident, Appeasement, betrayal, bondage, entrapment, helplessness, hopelessness, Loss, Imprisonment, mistrust, Rape, self-pity, slavery, suspicion, Torture, Violence,		
Addiction / Compulsions / Dependencies	Alcohol, Caffeine, Cocaine, Computers, Downers – Uppers, Food, Gambling, Internet, Marijuana, Non-prescription drugs, Overspending, Pornography, Prescription Drugs, Sex, Sports, Street Drugs, Television, Tranquilizers, Video Games		
Anger / Bitterness	Accusation, Blaming, Complaining, Condemnation, Criticalness, Fault Finding, Feuding, frustration, gossip, hatred, hostility, judgment, murder, murmuring, punishment, rage, resentment, retaliation, revenge, ridicule, slander, temper tantrums, unforgiveness, violence		
Anti-Christ	Anti-Semitism, Ethnic domination, gender bias, racism		
Death	Abaddon (Rev. 9:11), Abortion, Accidents, Death Wish, Destroyer, Murder, Premature death, Suicide		
Deception	Cheating, Stealing, Confusion, Delusion, Fraudulence, Infidelity, Justifying, Lying, Minimizing Wrongs, Secretiveness, Self-deception, Treachery, treason, trickery, untrustworthiness		
Depression	Dejection, discouragement, despair, despondency, gloominess, hopelessness, insomnia, joy robber, misery, oppression, over sleeping, sadness, self-pity, suicide attempt, suicide fantasies, withdrawal		
Escape	Apathy, avoidance, complacency, day dreaming, fantasy, forgetfulness, hiding, indecisiveness, indifference, isolation, laziness, numbness, Passivity, procrastination, slumber, slothfulness, trance, withdrawal		
Failure	Boom-Bust Cycle, defeat, deportation, desolation, devastation, drought, Loss, pressure to succeed, striving		
Identity Confusion	Deception, gender confusion, homosexuality-lesbianism, pornography, self-hatred, trauma, unmanly, unprotected		
Financial Bondage	Bankruptcy, boom-bust cycle, cheating, covetousness, debt, delinquency, dishonesty, Great Depression, Gambling Greed, Hoarding, Illegitimate Gain, irresponsible spending, job failures, job losses, love of money, loss of inheritance, lack, poverty, robbery, robbing God (not tithing), stealing, stinginess, effects of war		

Personal & Family Sins, Strongholds, and Judgments <i>(Highlight Most Relevant)</i>		S e l f	Ancestors
Grief	Agony, anguish, crying, despair, heartbreak, hope deferred, loss, pain, sadness, sorrow, torment, weeping		
Idolatry	Appearance, beauty, children, clothes, food, ministry, occupation, position, possessions, power, social status, sports, spouse, wealth		
Infirmities / Disease	Accidents, anorexia-bulimia, arthritis, asthma, barrenness / miscarriage, bone and joint problems, cancer, congestion in lungs, diabetes, fatigue, female problems, heart and circulatory problems, lung problems, mental illness, multiple sclerosis, migraines, physical abnormalities, premature death		
Lethargy / Unmotivated	Apathy, being stunned, stupefied, blurred vision, cannot read, closed understanding, disoriented, dizziness, exhaustion, extreme withdrawal, habitual idleness, irresponsibility, laziness, morbid drowsiness, poverty, sluggishness, procrastination, undisciplined		
Mental Ailments	ADD, compulsions, confusion, disoriented, distraction, forgetfulness, hallucinations, hysteria, insanity, lack of focus, paranoia, mind racing schizophrenia, senility,		
Mind Control	Amnesia, choking, deaf and dumb, memory blocking, mind binding, blanking, blocking, dullness, muting, numbness, obsessing, ruminating, silencing, stuttering, trance		
Mocking	Blaspheming, cursing, cynicism, evil speaking, laughing, profanity, ridicule, sarcasm, scorn		
Performance / Unworthiness	Competition, comparison, driving, envy, inadequacy, inferiority, insecurity, jealousy, people pleasing, perfectionism, possessiveness, rivalry, Self-accusation, -consciousness, -condemnation, -hate, -protection, -punishment, shyness, striving, timidity, workaholism		
Pride	Above contradiction, arrogance, conceit, egotistical, haughtiness, prejudice, self-centeredness, self-importance, self-righteousness, false submission, subservient, superiority, vanity		
Rebellion	Confusion, contempt, deception, defiance, disobedience, independence, insubordination, mistrust, rebellion, resistant, self-reliant, -sufficient, -will, stubbornness, undermining		
Unbelief	Apprehension, double-mindedness, doubt, fear of being wrong, mind blocking, mistrust, rationalism, skepticism, suspicion, uncertainty		
Religious Bondage	False doctrine, hypocrisy, injustice, legalism, liberalism, mysticism, persecution, religiosity, religious control, sectarianism, self-righteousness, shunning, silencing, spiritual pride, traditionalism		
Sexual Immorality	Abortion, adultery, bestiality, debauchery, demonic sex, defilement / uncleanness, exposure, fantasy lust, fornication, frigidity, homosexuality, illegitimacy, incest, incubus, Lesbianism, Lust, masturbation, molestation, pedophile, perversion, pornography, premarital sex, prostitution, rape, robbery of innocence, seduction, sexual abuse, sodomy, succubus, whoredom		
Shame – Fear – Control	Shame: Abandonment, bad boy/girl, being different, condemnation, defilement, disgrace, embarrassment, guilt, hatred, humiliation, inferiority, illegitimacy, self-accusation, -hate, -pity, shunning		

Personal & Family Sins, Strongholds, and Judgments <i>(Highlight Most Relevant)</i>		S e l f	Ancestors
	<p>Fear: Anxiety, bewilderment, burden, False responsibility, fatigue, fear of authorities, being abused, attacked, wrong, a victim, of cancer, conflict, death, demons, exposure, failure, the future, heart attack, inadequacy, infirmities, looking stupid, losing control, loss, man, performing, poverty, public singing, punishment, rejection, sexual inadequacy, sexual perversion, sickness, submission, success, of the unknown, of violence, harassment, heaviness, horror movies, intimidation, mental torment, nervousness, over-sensitivity, Panic Attacks, paranoia, phobias _____, restlessness, superstition, worries, weariness</p> <p>Control: Appeasement, Denial, Domineering, Double Binding, Enabling, Female control, jealousy, manipulation, male control, occult control/Jezebel, passive aggression, Passivity (Ahab), Possessiveness, Pride, Selfishness, Self-Centeredness, Witchcraft (mind control), Through fear and intimidation, through anger and threats, withdrawal/silent treatment</p>		
Violence	Abuse, cruelty, death, destruction, murder/abortion, torture/mutilation		
Occult	Abortion (Molech), animal spirits, antichrist, astral projection, astrology, automatic writing, black magic, books, clairvoyance, conjuring, control, crystal ball, demon dispatching, demon worship, divination, eight ball, evil eye, ESP, fortune telling, handwriting analysis, hexing, horoscopes, hypnosis, I Ching, incantations, jezebel, levitation, meditation, mediumship, mental telepathy, necromancy, non-Christian exorcism, Ouija board, palm reading, past life readings, pendulum readings, psychic readings, psychic healings, python, reincarnation, satanic worship, séances, slavery (occult), sorcery, spells, spirit guides, spiritism, superstition, table tipping, tarot cards, tea leaves, third eye, trance, TM, vampire, victim, voodoo, water witching, werewolf, white magic, Wicca, witchcraft		
Have you ever?	Cast a spell, drunk blood or urine, had hard rock, heavy metal, punk rock or violent rap music, had Masonic or occult jewelry, had occult books, fetishes, heard voices, joined a coven, played Dungeons and Dragons, made a blood pact, oath or vow, participated in martial arts, seen a sacrifice, demons or horror movies, selected a guru, used mantras, visited pagan temples or Indian burial grounds?		
Secret Societies, Cults, etc.	Armstrong, Baha'i, Buddhism, Buffaloes, Christadelphians, Christian Science, College fraternities and sororities, Daughters of the Nile, DeMolay, Eastern Religions, Eastern Star Lodge, Edgar Cayce, Elks Lodge, Free Masonry, Hare Krishna, Hinduism, Indian Occult Rituals, Inner Peace Movement, Islam, JWs, Job's Daughters, KKK, Knights of Columbus, Mafia, Masons, Moonies, Moose Lodge, Mormonism, New Age, Odd Fellows, Orange Lodge, Rainbow Girls, Rebecca's Lodge,		

Personal & Family Sins, Strongholds, and Judgments <i>(Highlight Most Relevant)</i>	S e l f	Ancestors
Religious Science, Rosicrucians, Santeria, Satanism, Scientology, Shamanism, Shintoism, Shriners, Silva Mind Control, Spiritualism, Swedeborgianism, Knights Templars, the Way, Theosophy, Unitarians, Voodoo, Wicca, White Shrine, Witchcraft		

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

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Mother dieted or took diet pills during pregnancy <input type="checkbox"/> 2. Mother took drugs during pregnancy <input type="checkbox"/> 3. Mother smoked during pregnancy <input type="checkbox"/> 4. Mother drank alcohol during pregnancy <input type="checkbox"/> 5. Mother was an alcoholic during pregnancy <input type="checkbox"/> 6. Mother experienced traumas during pregnancy <input type="checkbox"/> 7. Mother was raped <input type="checkbox"/> 8. There was fighting in the home <input type="checkbox"/> 9. Child was not wanted or was given up for adoption. <input type="checkbox"/> 10. Wasn't a convenient time to have a baby <input type="checkbox"/> 11. Conceived out of wedlock <input type="checkbox"/> 12. Parents couldn't afford a child <input type="checkbox"/> 13. Parents too young; not ready <input type="checkbox"/> 14. Mother was in poor health <input type="checkbox"/> 15. Parents wanted child of opposite sex <input type="checkbox"/> 16. Mother lost loved one during pregnancy <input type="checkbox"/> 17. Father died or left during pregnancy | <ul style="list-style-type: none"> <input type="checkbox"/> 18. Was the next child after a miscarriage or abortion <input type="checkbox"/> 19. Mother totally rejected or denied child while in the womb. <input type="checkbox"/> 20. Mother had an inordinate fear of delivery <input type="checkbox"/> 21. There was premature delivery complications <input type="checkbox"/> 22. Suffered loss of oxygen during delivery <input type="checkbox"/> 23. Breech delivery <input type="checkbox"/> 24. Cord around neck during delivery <input type="checkbox"/> 25. Unusually painful delivery <input type="checkbox"/> 26. Forceps delivery <input type="checkbox"/> 27. Lungs were filled with excretion <input type="checkbox"/> 28. Labor was induced <input type="checkbox"/> 29. C-section delivery <input type="checkbox"/> 30. There was little or no talking to fetus <input type="checkbox"/> 31. There was a lot of rock or heavy metal music during pregnancy <input type="checkbox"/> 32. Was not nursed by mother. |
|--|--|

Describe any special situations or circumstances surrounding your birth:

Personal Beliefs

Read the following and check the ones that you relate to or agree with. Go with what you feel in your "gut" or heart, not what you know is good theology.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> I don't belong. <input type="checkbox"/> I feel like a failure. <input type="checkbox"/> I expect people to reject me. <input type="checkbox"/> My feelings don't count. <input type="checkbox"/> If I am honest with people, they won't like me. | <ul style="list-style-type: none"> <input type="checkbox"/> No one will love me or care about me just for myself. <input type="checkbox"/> I will always be lonely. <input type="checkbox"/> The best way to avoid more hurt, rejection, etc., is to isolate myself. <input type="checkbox"/> Everyone I love eventually leaves me. |
|--|---|

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- I feel like something awful is going to happen to me or someone I love.
- I am not worthy to receive anything from God
- I am the problem. When something is wrong, it is usually my fault.
- I am a bad person.
- I must wear a mask so that people won't find out how horrible I am.
- I have messed up so badly that I have missed God's best for me.
- I feel a lot of shame, because _____
_____.
- I will never get credit for what I do.
- If I perform well enough, people will like me.
- I am afraid a lot, because _____
_____.
- I am not sure if I have "crossed the line" with God. He may have "written me off".
- I feel guilty because _____
_____.
- Even when I do/give my best, it is not good enough.
- I try to avoid conflict in order to win approval.
- God doesn't care if I have a "secret life," as long as I appear to be good.
- I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- The perfect life is one in which no conflict is allowed, and so there is peace.
- I am unattractive. God short-changed me.
- I will make sure that _____
hurts as much as I hurt!
- Authority figures will humiliate me and violate me.
- Others will just use and abuse me.
- My value is mostly based on others' judgment/perception about me.
- I am completely under other people's authority. I have no will or choice of my own.
- I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- It is impossible to lose weight (or gain weight). I am just stuck.
- I am not competent or complete as a man/woman.
- I don't believe things will ever be better.
- I will always be _____ (angry, shy, jealous, insecure, fearful, etc.).
- I should have been a boy/girl.
- Men/Women have it better.
- I will never be known or appreciated for my real self.
- I will never really change and be as God wants me to be.
- I have wasted some of my best years.
- Turmoil is normal for me.
- I am afraid to fully surrender to God because _____.
- I am afraid of God.
- Something gets in the way of my feeling close to God.
- I must be very guarded about what I say, since anything I say may be used against me.
- I have to guard and hide my emotions and feelings. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
- The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- I have made such a mess of my life; there is no use going on.
- I will never be able to fully give or receive love. I don't know what it is.
- If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- If I fail to please you, I won't receive your pleasure and acceptance of me.



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- God loves other people more than He loves me.
- No matter how much I try, I'll never be able to do enough or do it well enough to please God.
- God is judging me when I relax. I have to stay busy about His work or He will abandon me.
- God has let me down before. He may do it again. I can't trust Him, or feel secure with Him.
- I cannot let myself forgive _____ because he/she will just take advantage of me again.
- Everyone is my family _____

_____.
- The worst thing about being part of my family is _____

_____.