

**Do What Jesus Did
and
The Church of Spiritual
Freedom
present**

*SPIRITUAL FREEDOM
PERSONAL PROFILE*

How to find the person God meant you to be!

SPIRITUAL FREEDOM PERSONAL PROFILE

Private and Confidential

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All information supplied in this form is voluntarily given. At no time should the person filling out this form include any information that he/she feels uncomfortable about divulging. The purpose of this form is to assess the many factors leading to spiritual bondage. All questions are intended to have a biblical purpose in keeping with the historic doctrines and teachings of orthodox Christianity. The respondent has the right to refuse answering any questions and such refusal will not prejudice the interpretation of the information supplied. The person reviewing this form is not performing clinical counseling services and makes no claims of being a mental health professional. Any analysis of the information contained below is for the purposes of spiritual evaluation, aided by the inspiration of Holy Scripture and the guidance of the Holy Spirit. The opinions rendered and the advice offered is intended to help the respondent discover biblical direction for finding spiritual gifts and purposes.

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PERSONAL INFORMATION

Name: _____ **Date:** _____

Telephone #: _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Education: Highest grade completed: _____ Degree: _____

Church Affiliation/Denomination:

Present: _____

Past: _____

Personal Information continued

Marital Status (Circle): Married (How many times?____) Single Divorced Widowed Annulled Separated

Cultural / Ethnic Background: _____

Goals & Objectives:

What are your spiritual goals? _____

What do you expect from our coaching sessions? _____

SPIRITUAL INFORMATION

1. Salvation/born again When? _____ Where? _____
Describe what led to this experience: _____

2. Baptism: When? _____ What church? _____ Sprinkle or Immersion (circle)

3. Church attendance: Per week _____ Per month _____ Per year _____

4. Do you participate in any ministries through your Church? Yes _____ No _____

If Yes, which ministries? _____

Spiritual Information continued

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

If Yes, what? _____

6. How often do you read the Bible? Per week _____ Per month _____ Per year _____

7. Do you regularly tithe or give offerings? Yes _____ No _____

8. Do you have assurance of your salvation? Yes _____ No _____

9. Describe your relationship with God: Excellent _____ Could use improvement _____ Poor _____

10. What spiritually hinders your life? _____

11. If you could change one thing about your spiritual life, what would it be and how would you achieve this goal?

12. What is your greatest spiritual strength? _____

13. What is your most serious spiritual weakness? _____

14. What area(s) of your life do you think Satan has targeted? _____

15. In your own words, describe your standing/position/authority in Christ: _____

16. Have you been hurt or disillusioned by churches/pastors? No _____ Yes _____

If yes, please explain _____

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 if you need to. Describe when it happened, how often, where, under what conditions, and how it has affected you

Occult (Witchcraft/Wicca)

Ouija board (planchette)	Y/N/U	Sorcery/divining	Y/N/U	Channeling	Y/N/U
Charming	Y/N/U	Astrology/horoscopes	Y/N/U	Magic - white/black	Y/N/U
Table tipping	Y/N/U	Fortune telling	Y/N/U	Water witching/dowsing	Y/N/U
Light as a feather	Y/N/U	Visionary dreams	Y/N/U	Contact with witch	Y/N/U
Palm reading	Y/N/U	Runes	Y/N/U	Spell books	Y/N/U
Crystals	Y/N/U	Spells	Y/N/U	Secret oaths	Y/N/U
Automatic writing/painting	Y/N/U	Curses	Y/N/U	Drawing down moon	Y/N/U
Crystal balls	Y/N/U	Astral projection	Y/N/U	Tarot cards	Y/N/U
Observe pagan holidays	Y/N/U	Bloody Mary	Y/N/U	Secret vows	Y/N/U
See fairies/native spirits	Y/N/U	Séances	Y/N/U	Incantations	Y/N/U

Comments _____

Satanism/Black Magic

If you've been involved in Satanism/black magic cults or know/suspect you are a victim of Satanic Ritual Abuse describe specifically such associations, when they took place, whether these activities were voluntary, how long you were involved, and what affect if any this involvement had on you:

Comments _____

New Age/Psychic Phenomena/Extrasensory

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	I Ching	Y/N/U
Clairvoyance/precognition	Y/N/U	Materialization	Y/N/U	Parapsychology	Y/N/U
Voodoo	Y/N/U	Eastern meditation	Y/N/U	Past life therapy	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	Biofeedback	Y/N/U
Seeing into or through objects	Y/N/U	Hypnosis	Y/N/U	Mind Control	Y/N/U
Past life therapy	Y/N/U	Ascended masters	Y/N/U	Remote viewing	Y/N/U
Fire walking	Y/N/U	Phrenology	Y/N/U	Chiromancy	Y/N/U

Describe specifically any involvement in paranormal practices not listed above: _____

Comments: _____

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

Comments: _____

BELIEF SYSTEM (S) 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	British Israelism	Y/N/U

Comments: _____

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

Comments: _____

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	Alaskan native arts	Y/N/U

Comments: _____

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

Comments: _____

OCCULT PROFILE

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

If so, was it a blood pact? Yes No

What was it? _____

When was it? _____

Why? _____

Have you suffered any consequences? _____

Are you willing to renounce it? Yes No

Do you know if any curse has been placed on your family or you? Yes No

If Yes, what is the curse? _____

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

- Witchcraft Satanism Divination Spiritualism Cults
 Paganism

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 | Ghosts/apparitions | Y/N/U |
| Deja Vu | Y/N/U | Precognition | Y/N/U |

Comments: _____

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 right sex? 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, do you know anything 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

Is your mother living? Yes No

Are your parents: Married Divorced

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

What was your mother like? Passive Strong

Did you have a happy childhood? Yes No

As a child, teen, 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

In foster care	Y/N/U	Shunned/excommunicated	Y/N/U
Discrimination (sex, race etc.)	Y/N/U	Given up for adoption	Y/N/U
Rejected by either parent/peers	Y/N/U	Rejected by spouse/lover	Y/N/U
Word curses by parents/peers	Y/N/U	Death of parent	Y/N/U

Comments: _____

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:

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 Y/N/U

ADD/ADHD Y/N/U

Emotional/Mental Profile Continued

Have you had:

Counseling Yes No Psychiatric care Yes No
Hypnosis Yes No Shock treatment Yes No

Do you have feelings of guilt and worthlessness? Yes No

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

Choking sensation Heaviness on the chest Dizziness, blackouts, or fainting spells
 Tightness around your head Pain, which seems to move around inside your body

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? Do you sometimes-go minutes, or hours and don't remember what happened during that time? Yes No

What is your earliest memory? _____

Are portions of your life missing from memory? Yes No

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

Have you talked to or asked a minister for help or been through deliverance/exorcism?
 Yes No

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

What is your self-image? (check all applicable)
 Low self-esteem Feel insecure Condemn yourself Believe you're a failure
 Feel worthless Hate yourself Feel inferior Question your identity
 Punish yourself (If so, how?) _____

Do you have any unhealthy co-dependent issues or soul ties? If so, with whom _____

Negative Emotions

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	Y/N/U

Other: _____

Anger Issues

Rage	Y/N/U	Strife	Y/N/U	Hatred	Y/N/U
Frustration	Y/N/U	Revenge	Y/N/U	Bitterness	Y/N/U
Envy	Y/N/U	Unforgiveness	Y/N/U	Jealousy	Y/N/U
Competition	Y/N/U	Physical abuser	Y/N/U	Emotional abuse victim	Y/N/U
Physical abuse victim	Y/N/U	Emotional abuser	Y/N/U	Retribution	Y/N/U

Other: _____

Grief Issues

Excessive mourning	Y/N/U	Self-pity/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	Irritable	Y/N/U

Other: _____

Death Issues

Murder	Y/N/U	Self harm/cutting	Y/N/U	Suicide attempt(s)	Y/N/U
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Abortion (you/spouse/other)	Y/N/U	Thoughts of self harm	Y/N/U	Intent to harm others	Y/N/U
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Other: _____

Rebellion Issues

Unsubmissive	Y/N/U	Defensive	Y/N/U
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Unteachable	Y/N/U	Argumentative	Y/N/U
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Other: _____

Mental Issues

Daydreaming	Y/N/U	Fantasies	Y/N/U	Distraction	Y/N/U
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Memory gaps	Y/N/U	Confusion	Y/N/U	Amnesia	Y/N/U
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Other: _____

Behavioral Issues

Picking/ticks	Y/N/U	Compulsive spending	Y/N/U	Anorexia	Y/N/U
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Shoplifting	Y/N/U	Perfectionism	Y/N/U	Bulimia	Y/N/U
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Other: _____

Addictions

Food	Y/N/U	Workaholic	Y/N/U	Drugs	Y/N/U
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Sleep aids	Y/N/U	Alcoholism	Y/N/U	Gambling	Y/N/U
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Sex	Y/N/U	Spending	Y/N/U	Tobacco	Y/N/U
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Media	Y/N/U	Caffeine	Y/N/U	Internet/video games	Y/N/U
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Diet pills	Y/N/U	Fetishes	Y/N/U	Pornography	Y/N/U
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Other: _____

Criminal Behavior

Embezzlement	Y/N/U	Vandalism	Y/N/U	Arrested/jailed	Y/N/U
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Desire to commit violent acts	Y/N/U	Selling illegal drugs	Y/N/U	Theft	Y/N/U
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Other: _____

Character Issues

Vanity	Y/N/U	Lying	Y/N/U	Stubbornness	Y/N/U
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Kleptomania	Y/N/U	Greed	Y/N/U	Cursing	Y/N/U
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Gossip	Y/N/U	Critical spirit	Y/N/U	Slander	Y/N/U
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Other: _____

Unwholesome Entertainment

Offensive rock/rap/death metal	Y/N/U	Television addiction	Y/N/U	Video/computer games	Y/N/U
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Horror/occult movies	Y/N/U	Horror/occult books	Y/N/U	Fascination with violence	Y/N/U
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Role playing games (Majik, Pokemon, Dungeons & Dragons etc.)	Y/N/U	Raves	Y/N/U		
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Other: _____

Sexual History (given by permission)

Adultery	Y/N/U	Prostitution	Y/N/U	Pornographic movies	Y/N/U
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Lustful thoughts	Y/N/U	Fornication/immorality	Y/N/U	Desire for abnormal sex	Y/N/U
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Prostitution	Y/N/U	Bestiality	Y/N/U	Stripping	Y/N/U
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Necrophelia	Y/N/U	Compulsive masturbation	Y/N/U	Sadomasochism	Y/N/U
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Homosexuality	Y/N/U	Cyber/phone sex	Y/N/U	Have you been raped?	Y/N/U
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Have you been molested?	Y/N/U	Have you raped someone?	Y/N/U	Sexual soul ties	Y/N/U
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Have you molested someone?	Y/N/U	Pedophilia	Y/N/U	Sodomy	Y/N/U
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Comments: _____

TRAUMA OCCURRENCE (S):

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 from 0 to 5: _____

b) Events from 5 to 10: _____

c) Events from 10 to 15: _____

d) Events from 15 to 20: _____

e) Events after 20 : _____

Abuse Issues

Satanic ritual abuse	Y/N/U	Emotional abuse	Y/N/U	Domestic	Y/N/U
Physical abuse	Y/N/U	POW	Y/N/U	Sexual abuse	Y/N/U
Mental abuse	Y/N/U	Spiritual abuse	Y/N/U	Post traumatic stress	Y/N/U

Comments: _____

DEMONIC ACTIVITY PROFILE

Anti-Christ Obsessions

Desire to renounce God/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
Desire to curse God/Christ	Y/N/U		
Other:	_____		

Possible Demonic Manifestations

Sudden onsets of confusion	Y/N/U	Alien abduction	Y/N/U	Foaming at the mouth	Y/N/U
Smelling strong, foul odors	Y/N/U	Changes in voice	Y/N/U	Convulsions/seizures	Y/N/U
Unexplained falls/accidents	Y/N/U	Poltergeists	Y/N/U	Seeing ghosts/apparitions	Y/N/U
Sudden weakness/dizziness	Y/N/U	Inability to move/speak	Y/N/U	Seeing monsters	Y/N/U
Episodes of unusual strength	Y/N/U	Feeling a presence	Y/N/U	Seeing fairies	Y/N/U
Seeing dark shapes/shadows	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
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	Marked change in moods	Y/N/U	Near-death experience	Y/N/U
Hearing 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	Unknown language	Y/N/U	Clawing inside	Y/N/U
Hearing hissing sounds	Y/N/U	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/other drugs				Y/N/U	
Feeling like external force affects/has power over you				Y/N/U	
Feeling like you're in or seeing a heavy mist/fog				Y/N/U	
Unexplained electronic/mechanical equipment malfunction				Y/N/U	
Feelings of pressure on chest/ feelings of suffocation				Y/N/U	
Bites, scratches, or other physical attacks on your body				Y/N/U	
Vomiting/coughing up phlegm in response to prayer				Y/N/U	
Feeling like you were possessed by a dead person				Y/N/U	
Feelings of being choked/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 you				Y/N/U	
Fear of, mocking of, revulsion toward Christian symbols, objects, music etc.				Y/N/U	
Hearing voices or having thoughts that:					
(a) condemn you severely				Y/N/U	
(b) blaspheme God, Jesus of Nazareth, the Holy Spirit or Christians				Y/N/U	
(c) suggest/urge illegal/immoral/destructive activities				Y/N/U	
(d) drive you to commit suicide, homicide, abortion				Y/N/U	
(e) compel sexual assaults on others or perverse sexual acts				Y/N/U	
(f) speak against Christian pastor/counselor/leader				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?

After answering these questions, how have your goals for this program changed, or in what way do you see your spiritual condition with a better understanding?

Personal Summary Continued

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 through this program?

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

Is there anything you are uncomfortable discussing or want to hold in confidence?

Are there other people you want to recommend to take this program? If so, will you supply their name, address, and phone number and inform them you have forwarded this information to us?

Personal Summary Continued

How will you determine if this program is successful in your life?

Is there anything you can think of that this profile has not covered which you think will be helpful in our evaluation of your spiritual condition?
