



ISSUE-FOCUSED MINISTRY PERSONAL QUESTIONNAIRE

Brave hearts seek free hearts!

We celebrate your bravery in seeking freedom from the issue that is adversely affecting your life and keeping you from becoming all that God has created you to be.

“The Spirit of the Lord God is upon Me...He has sent Me to heal the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound;” Isaiah 61:1-3

Issue-Focused Ministry is a form of inner healing prayer ministry for those who seek assistance with a single and/or recurring issue that is adversely affecting his/her life.

In preparation for your ministry, we would like to ensure that you have a clear understanding of what you may expect from your Prayer Ministers as well as what is expected of you as the Ministry Receiver.

Your Prayer Ministers commit to...

- spend time in prayer asking the Holy Spirit for discernment and to prepare you for ministry.
- minister to your wounds in the soul which may have built a faulty foundation in your belief system.
- minister to your spirit man so that you may have the strength to win the battle you are in.
- provide a safe, confidential environment throughout the ministry process.

We ask that you commit to...

- spend time in prayer asking the Holy Spirit for discernment and to prepare you for ministry.
- invest in your healing through pre-ministry preparation and walking out your healing after ministry.
- be honest and transparent with your prayer ministers throughout the ministry process.

The ministry process includes...

1. Ministry Receiver completes Personal Questionnaire (PQ) on the following pages, to include signing and dating the Waiver of Liability and Confidentiality.
2. Ministry Receiver and Prayer Ministers meet for a pre-ministry interview [60 - 90 minutes].
 - * Please be prepared to pay a \$45 administrative fee at pre-ministry interview, which includes a copy of *Healing & Freedom* book.
3. Ministry Receiver completes pre-ministry preparation (e.g. readings, audio/video teachings, etc.).
 - * All Ministry Receivers are required to read *Healing & Freedom* prior to their first ministry session. **Ministry session will be rescheduled if required reading has not been completed.**
4. Ministry Receiver and Prayer Ministers meet for ministry sessions [3 – 4 hours].

Financial considerations...

Because we desire to provide ministry to anyone the Lord brings to us, we do not require payment for ministry. However, we do ask that you prayerfully consider a suggested donation of \$50/hour for your ministry process as we rely solely on donations to cover operating expenses, and our ministry teams invest approximately 5-6 hours in each ministry process as noted above.

1 Timothy 5:18 “...the laborer is worthy of his reward.”

FreeHeart Ministry is a 501(c)(3) tax-exempt, non-profit organization -- donations are tax deductible.

For your convenience, online giving is available on our web site at freeheartministry.com. The following Personal Questionnaire (PQ) will help your Prayer Ministers identify possible underlying roots that may be causing the issue that is adversely affecting you.

Using a dark-colored ink, please fill out the following pages honestly and to the fullest extent possible, to include signing/dating the Waiver of Liability and Confidentiality. (NOTE: This PQ will be held in strict confidence and returned to you at the end of the ministry process.)

IF YOU NEED TO CANCEL OR RESCHEDULE PLEASE DO SO WITHIN 12 HOURS, OTHERWISE YOU WILL BE INVOICED FOR A \$35.00 FEE.

Submit your completed PQ via one of the following methods:

- Email: freeheartministry@gmail.com (PDF file please)
- Mail: FreeHeart Ministry, 208 N Herman St, Goldsboro NC 27530
- Deliver: Drop in mailbox at FreeHeart Ministry, 208 N Herman Street, Goldsboro (front entrance)

Once you have submitted your completed PQ, please notify us via email (freeheartministry@gmail.com) or text (919-738-4064), and one of our prayer ministers will contact you upon receipt of your PQ.

PERSONAL INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Preferred Method of Communication: TEXT EMAIL CALL (CELL__ or HOME__)

Best Time to Contact You (*Circle Choices*): Weekdays / Weekends / Mornings / Afternoon / Evening

Occupation: _____ Referred by: _____

Marital Status: Single Married Separated Divorced Widowed Remarried

Presently living with: Parents Spouse Alone Other _____

Referred by: _____ Occupation: _____

MARITAL BACKGROUND

Spouse's Name: _____ Age: _____ Date of Marriage: _____

Please rate your Marriage: Dissatisfied Average Satisfied Very Satisfied

If your current issue involves your spouse, is he/she willing to also receive 1-2 ministry sessions?

Yes No Uncertain Is spouse saved? Yes No Uncertain

Is this your first marriage: Yes No If not, please explain: _____

CHILDREN

If you have any children or stepchildren, please fill in the following information.

NAME	AGE	SEX	FROM WHICH MARRIAGE?	SELF SUPPORTING?	MARRIED?	STILL ALIVE?	AGE & CAUSE OF DEATH?
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SIBLINGS

Names and ages of siblings in chronological order.

SPIRITUAL/RELIGIOUS BACKGROUND

Have you made a commitment for Jesus Christ as Lord and Savior? Yes No When: _____

Briefly tell what happened: _____

Have you received the Baptism of the Holy Spirit with manifestation of speaking in tongues? (Not referring to water baptism). Yes No When?

Describe your present relationship with the Lord: _____

Please list all previous church affiliations: _____

DESCRIPTION OF YOUR CURRENT ISSUE

1. Describe the issue that prompted you to seek ministry at this time.

2. How is your life affected by this issue?

3. How do you feel about yourself because of this issue?

4. What is the most painful or difficult thing for you about this issue?

5. On a scale of 1-10, how painful is this issue (10 being very painful)?

6. How are others that you love being affected because of this issue?

7. How is your relationship with God being affected by this issue?

8. When did the issue begin? Is it an ongoing issue?

9. List any similarities between your current issue and painful situations you have experienced in your childhood. List any similarities in the more recent past.

10. What will happen if this issue is not resolved?

11. What is my part in adding to this issue?

12. What patterns or issues in your family line do you believe may be similar, to your issue?

13. What ways have you already tried to resolve this issue? (Ex. Counselor, psychiatrist). Please list any mental health medications.

14. Please list any word curses spoken to/about you, either currently or in the past, that could relate to your current issue. (ex. "You are such a failure," or "You are so stupid.") Who spoke this over you?

15. Please list any curses (or thoughts) you have spoken about yourself that relate to the issue.
(Example "I am stupid.")

16. Please list any judgements you have made against anyone else that might relate to your issue. (ex. "I judged my dad for not being there as a child".)

ANCESTORS' BACKGROUND

*Pages 6-8 give you an opportunity to present an overview of your ancestors and their areas of sin that might be having **an impact on your current issue**.*

What country(s) did your ancestors originally come from? _____

What are the ethnic backgrounds of your ancestors? _____

What are the church backgrounds of your ancestors? _____

Were they involved in unfair business practices? _____

Were they ever connected with slavery, i.e., owners, traders, or slaves? _____

Were they involved in the occult, i.e., Ouija board, seances, free masons, tarot cards, horoscopes?

PARENTS' BACKGROUND

Parents: Married Separated Divorced Remarried SAVED? Father Mother

Rate your parents' marriage: Unhappy Average Happy Very happy

If parents are/were separated/divorced, how old were you at the time? _____

Father remarried when you were age _____ Mother remarried when you were age _____

You lived with: Father Mother Stepparent Foster parent Other _____

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

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

Give three words that characterize your relationship with your mother.

1. _____ 2. _____ 3. _____

Give three words that characterize your relationship with your father.

1. _____ 2. _____ 3. _____

On a scale of 1-10, rate how much each parent loved you. Give examples of how they showed their love.

Father:

Mother:

Please fill in the blanks

I often felt that my mother _____

I often felt that my father _____

FAMILY PATTERNS (*Answer this question as how **strongly it relates** to your current issue.*)

What are some common negative emotions or behaviors in your family line that may or may not be in your life also? (ex. Rebelliousness, people pleasing, controlling, etc.)

OPEN DOORS, FAMILY SIN PATTERNS

Please identify the **sin patterns** that your ancestors, and/or you, are involved with that relates to your issue.

The **'S'** (self) column is for **YOU** and the **'A'** (ancestors) column is for your **parents, grandparents, and/or great grandparents**. Check (X) each pattern that applies. Please check (X) the **'R'** (related) column for each pattern that you believe **strongly relates** directly to your **current issue**. Please consider these items as honestly as you can.

A S R **A S R**
Examples: **Failure** **Pride** (Strongly Related to **My Issue**)

(Note: in the examples, both ancestors and 'self' were involved in these sins)

- | A S R | A S R | A S R |
|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abandonment | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anxiety | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cult Involvement |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abandonment Emotional | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cutting |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abandonment Physical | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anger/Rage | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cyber Sex |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abuse Emotional | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bitterness/Criticalness | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Death, Premature Death |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abuse Physical | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bound/Hindered Emotions | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Deception/Lying |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abuse Sexual | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Deceptive Bus. Practices |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abuse Spiritual | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Confusion | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demonic Torment |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abuse Verbal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communication | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Depression/Grief |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Addictions/Compulsions | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Control Issues | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drugs, Legal/Illegal | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pornography |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Family Secrets | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Post Traumatic Stress Syn. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Favoritism | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Premarital Issues |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fears/Anxiety | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pride/I Know Best |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financial Issues/Problems | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Freemasonry | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rejection |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gender Identity Confusion | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Religious Issues/Legalism |

A S R

- Idolatry
- Job Related Issues
- Lack
- Lack of intimacy
- Legal Issues
- Loss
- Marriage Issues
- Neglect
- Mental Illness
- New Age/Gothic
- Not Wanted
- Occult Involvement
- Parents/In-Law Issues
- People Pleasing

A S R

- Sexual Bondage
- Shame/Guilt
- Sleep Problems
- Strife/Division
- Suicide Thoughts/Attempts
- Trauma
- Unbelief/Doubt
- Unfulfilled Lives
- Unforgiveness
- Unworthiness/Inferiority
- Victimization/Passivity
- Violence
- Withdrawal

UNGODLY BELIEFS ABOUT MYSELF

Read the following statements and check (✓) the ones that **directly relate** to your current issue. (By the way, all of us have Ungodly Beliefs! 😊)

THEME: REJECTION, NOT BELONGING

- _____ 1. I do not belong.
- _____ 2. My feelings do not count. No one cares what I feel.
- _____ 3. No one loves me or cares about me just for myself.
- _____ 4. The special man/woman/significant people in my life will not be there for me.
- _____ 5. _____

THEME: UNWORTHINESS, GUILT, SHAME

- _____ 1. I am not worthy to receive anything from God.
- _____ 2. I am the problem. When something is wrong, it is my fault.
- _____ 3. I am a bad person. If you knew the real me, you would reject me.
- _____ 4. If I wear a mask, people will not find out how horrible I am and reject me.
- _____ 5. I have messed up so badly that I have missed God's best for me.
- _____ 6. _____

THEME: DOING TO ACHIEVE SELF WORTH, VALUE, RECOGNITION

- _____ 1. My value is in what I do. I am valuable because I do good to others or because I am "successful."
- _____ 2. Even when I do or give my best, it is not good enough. I can never meet the standard.
- _____ 3. God does not care if I have a "secret life," as long as I appear to be good.
- _____ 4. _____

THEME: CONTROL (to avoid hurt)

- _____ 1. I have to plan every day of my life. I have to continually plan/strategize. I cannot relax.
- _____ 2. The perfect life is one in which no conflict is allowed and so there is peace.
- _____ 3. I can avoid conflict that would risk losing others' approval by being passive and not do anything.
- _____ 4. The best way to avoid more hurt, rejection, etc., is to isolate myself.
- _____ 5. _____

THEME: PHYSICAL

- _____ 1. I am unattractive. God short changed me.
- _____ 2. I believe I have certain physical disabilities. They are just part of what I have inherited.
- _____ 3. _____

THEME: PERSONALITY TRAITS

- _____ 1. God made me: (angry, shy, jealous, insecure, fearful, etc.)
(likable, lovable, happy, safe, content, etc.)
- _____ 2. _____

THEME: IDENTITY

- _____ 1. I should have been a boy/girl, then my parents would have valued/love me more...etc.
- _____ 2. Men/women have it better.
- _____ 3. I am not competent/complete as a man/woman.
- _____ 4. _____

THEME: MISCELLANEOUS

- _____ 1. I have wasted a lot of time and energy, some of my best years.
- _____ 2. Turmoil is normal for me.
- _____ 3. _____

UNGODLY BELIEFS about OTHERS

THEME: SAFETY/PROTECTION

- _____ 1. I must be very guarded about what I say since anything I say may be used against me.
- _____ 2. I have to guard and hide my emotions and feelings.
- _____ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me.
- _____ 4. The best way to survive is to (___ avoid, ___ overpower) other people.
- _____ 5. It is not safe to submit myself to anyone.
- _____ 6. _____

THEME: RETALIATION

- _____ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- _____ 2. _____

THEME: VICTIM

- _____ 1. My value is based totally on others' judgement/perception about me.
- _____ 2. I am completely under their authority. I have no will or choice of my own.
- _____ 3. _____

THEME: HOPELESSNESS/HELPLESSNESS

- _____ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- _____ 2. I have made such a mess of my life there is no use going on.
- _____ 3. I am a victim of my circumstances and there is no hope for change.
- _____ 4. _____

THEME: DEFECTIVE IN RELATIONSHIPS

- _____ 1. If I let anyone get close to me, I may get my heart broken again. I cannot let myself risk it.
- _____ 2. If I fail to please you, I will not receive your pleasure and acceptance of me.
- _____ 3. I must strive (perfectionism) to do whatever is necessary to try to please you.
- _____ 4. _____

Continue Ungodly beliefs

THEME: GOD

- _____ 1. God loves other people more than He loves me.
- _____ 2. God only values me for what I do.
- _____ 3. God is judging me when I relax. I have to stay busy about His work or He will punish me.
- _____ 4. God has let me down before. He may do it again. I am angry and cannot trust Him or feel secure with Him.
- _____ 5. _____

INNER VOWS (*ungodly promises made to yourself in response to pain*) ABOUT MYSELF

THEME: REJECTION, NOT BELONGING

- _____ 1. I will always be on the outside (left out).
- _____ 2. I will always be lonely.
- _____ 3. _____

THEME: DOING TO ACHIEVE SELF WORTH, VALUE, RECOGNITION

- _____ 1. I will never get credit for what I do.
- _____ 2. _____

THEME: PERSONALITY TRAITS

- _____ 1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.)
- _____ 2. I will never be _____ (likable, lovable, happy, safe, content, etc.)
- _____ 3. _____

THEME: IDENTITY

- _____ 1. I will never be known or appreciated for my real self.
- _____ 2. I will never really change and be as God wants me to be.
- _____ 3. _____

THEME: MISCELLANEOUS

- _____ 1. I will always have financial problems.
- _____ 2. _____

INNER VOWS ABOUT OTHERS

THEME: SAFETY/PROTECTION

- _____ 1. I will not be vulnerable, humiliated, or shamed.
- _____ 2. I will always need to be strong in order to protect and defend myself.
- _____ 3. _____

THEME: RETALIATION

- _____ 1. I will make sure that _____ hurts as much as I do!
- _____ 2. _____

THEME: VICTIM

- _____ 1. Authority figures will always humiliate me and violate me.
- _____ 2. I will always be used and abused by other people.
- _____ 3. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- _____ 4. _____

THEME: DEFECTIVE IN RELATIONSHIPS

- _____ 1. I will never be able to fully give or receive love. I do not know what it is.
- _____ 2. I will never be a priority with those in authority over me.
- _____ 3. _____

THEME: GOD

- _____ 1. No matter how much I try, I will never be able to do enough nor do it well enough to please God.
- _____ 2. _____

Please list any inner vows you have said about yourself that are not listed.

FINAL COMMENTS

Please share anything else that you feel would help your Prayer ministers better understand you and your current issue.

COMMITMENT, REFERRAL, AND WAIVER OF LIABILITY AND CONFIDENTIALITY

Expectations of Your Commitment

I understand it is expected that I have a sincere desire to overcome whatever issue(s) is hindering me, and I am expected to cooperate fully with the Holy Spirit and my Prayer Ministry Team in order to facilitate receiving God's help. I may be asked to pray, fast, and/or complete "homework" in conjunction with my ministry. My ministers may ask me to be accountable to them for specific behaviors or areas of my life.

Referral

If my ministers are not equipped to minister to my particular need or if I need long-term ministry, they may refer me to other sources for assistance.

Waiver of Liability

I understand that I will be meeting with ministers who will listen, support, encourage, pray, and minister to me to help me overcome my issue(s) and to grow in my Christian life. I accept that they may not be licensed or professional pastors or counselors.

Waiver of Confidentiality

I am aware that all statements I make to the ministers (and to any other persons present during my ministry) are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to complete confidentiality in the following situations:

- I accept that my ministers may give a verbal summary report of the ministry to their oversight person.
- I acknowledge that FreeHeart Ministry 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 one's own self or others.
- I acknowledge that FreeHeart Ministry is also required to report any reasonable suspicion of physical or sexual abuse that has been done or is being done to a minor child.
- I accept that FreeHeart Ministry reserves the right to make such reports as mandated by law whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: _____ Date: _____

Printed Name: _____ Birth Date: _____

Address: _____

City/State/Zip: _____ Email: _____

Phone: _____ (C) _____ (H)

Minister's Name: _____ Phone: _____

Minister's Name: _____ Phone: _____