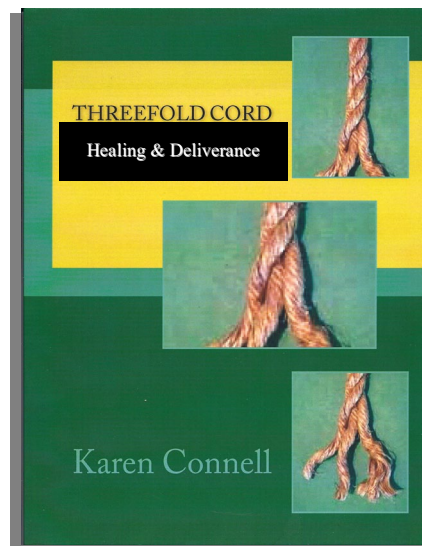


Threefold Cord

Prayer Counseling Personal Profile



NAME _____

DATE _____

Extended Life
Christian Training Ministry
734 W. Water St. • Hancock, MI 49930
(906) 482-6467
www.extendedlifeCTM.org

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Published by: Extended Life Christian Training Ministry



Dear Counseling Participant,

We are looking forward to what the Lord wants to do during this time of healing and deliverance in your life! It is always a joy to work with those who are seeking more of what God has for them in their lives and ministries.

Please fill out this Personal Profile and return it to your counselor. When it is received, you will be contacted concerning further assignments and personal counseling sessions.

If you have received this profile by e-mail, simply print it out and after completing it, mail it back to:

Extended Life CTM
734 W. Water St.
Hancock, MI 49930

If you have any questions please go to our web-site CONTACT TAB on the top of the Home page:

www.extendedlifeCTM.org

We look forward to this powerful time of ministry through God's Holy Spirit!

We Bless You...

In the mighty Name of Jesus

Pastors Garry & Karen Connell

**Are you READY
For
Prophetic Cord Counseling?**

Before you make a decision to start *Prophetic Cord Counseling* with this ministry, it may be helpful for you to understand the basis for this type of counseling. *Prophetic Cord Counseling* is based on the Bible and the *spiritual principle* of the **3-fold cord** (Eccl 4:12). From this principle we use the *3-fold cord* to demonstrate *REJECTION, BITTERNESS and PRIDE* as the foundation for feelings of *inadequacy*, which according to the Bible is a fundamental problem found in fallen human nature (Rom 3:10-12). The Bible is clear about the fact that humanity has an enemy known as Satan, who is the author of sin and death. This ministry has been called by God to expose how Satan and his army of demonic influence is able to influence and manipulate our lives through this *3-fold cord*. Understanding this is the first step to freedom from the pain of *rejection*, and the *prideful* and *bitter* responses to that pain. We also believe that through the gift of the *prophetic anointing* you can receive more accurate and powerful counsel in dealing with *abusive* or *compulsive behavior* and in problems with relationships, or any other problem areas.

We also believe that GOD'S WORD HAS THE ANSWER to every human experience or problem, and through the leading of God's Holy Spirit these answers are readily available to all who seek them.

We do however; feel you need to *truthfully* and *sincerely* answer YES to the following questions in order for God to do a *lasting spiritual, emotional or physical* healing in your life...

- #1. Have you been born again? If so...how do you know for sure?**
- #2. Do you believe that the Bible is the basis or standard for ALL truth?**
- #3. Are you willing to be taught what the Bible has to say concerning your personal problems and circumstances?**
- #4. Are you willing to make necessary changes in your thinking, and lifestyle as you see that these things have not been according to the Bible?**

We want to say how much we are looking forward to what God is going to do in your upcoming Cord Counseling sessions. We have seen many come into awesome new dimensions of freedom and healing because of this type of counseling. As stated, we do not charge for counseling, however, we do encourage those who are able to sow a seed offering of any size to help defray the cost of the manual and teaching tapes you will be given [about a \$42.00 value]. We encourage you to keep and use these materials on a regular basis as tools for dealing with future issues that will arise in your life. We hope to teach you how to use what God has given us, as a tool for maintaining and gaining new dimensions of freedom in your life. We know you will be blessed by what you are about to experience in you future sessions. Please take the time to read the following instructions...

Cord Counseling Instructions:

The *Extended Life Christian Training Center* prayer teams are neither psychological nor medical professionals. They do not charge for their time. This is a prayer-Bible based ministry only. The process may take as long as six to eight, two to three hour sessions. Be prepared for an appointment of this length. You will be given additional teaching CD's, video's or books to help reinforce what you are learning. A short assignment feedback sheet is to be filled out regarding the resources you are assigned. There will also be Personal Reflection questions you will need to answer for each of the 5 Parts in your Cord Manual. These must be completed before your next appointment with the Cord Counselors.

Pray before you begin to fill out this questionnaire. Ask the Holy Spirit to help and guide you, and bring key things to your mind. Please add any information concerning background or problem areas that may provide additional pertinent information. Be sure to note incidents that produced trauma, great disappointment or hurt that come to mind. When names are requested it is for prayer purposes only, first names only, please. Since forgiveness of those who hurt or harmed you in anyway is one of the key steps in deliverance and healing, we ask that you be willing to pray to forgive such persons when necessary. You must be willing to do this for good results.

Full disclosure and complete honesty are required. If you are unwilling to comply for any reason, or to pray to forgive where necessary, it will be necessary to cancel future sessions. Results will not be satisfactory and may even be hurtful in the long run if we are unable to deal with situations in depth and with complete honesty. There may be at least one or more persons present to pray and assist. Be prepared for this. We may request your permission for counselors in training to be present in one or more of your sessions. Be assured that confidentiality will be maintained. Also be assured that "we have heard it all". There is "*nothing new under the sun*" [Ecc 1:9] and nothing will shock or anger us. We are not here to condemn or criticize you; we are here to bring freedom and healing into your life.

If you are physically able, and you sense the Lord leading you, please fast and pray before each session. If you have mature Christian friends who understand why you are in Cord Counseling, ask them to fast and pray if you feel comfortable doing this—it usually adds strength, guidance and rapidity to the process.

If your problems are related to your personal sin, past or present, we will pray for your release in this area only if you are willing to come to the place where you are *willing to forsake* such action. Be warned that after deliverance, if a person invites the problem back, by re-opening the door to a forgiven sin, the latter state of that person may be far worse than their original state, and much effort, energy and time will have been wasted. You must agree to this or you may not be ready for Cord Counseling. If you are in agreement to the above please sign and date below.

Name _____ Date _____

**VOLUNTARY RELEASE, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT**

In consideration for being permitted to participate in a voluntary prayer ministry, herein referred to as the "Prayer Ministry," the undersigned, _____, herein referred to as the "Releasor" agrees as follows:

RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE. Releasor, and Releasor's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, hereby releases, waives, discharges and covenants not sue Extended Life Christian Training Ministry, located at 737 W. Water St. Hancock, MI 49930, and its directors, officers, employees, agents, volunteers as well as its successors, assigns, affiliates, subsidiaries, all herein referred to as the "Releasees," from any and all liability to Releasor and to Releasor's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, for any and all loss, damage, or cost on account of injury to the person or property or resulting in the death of Releasor, whether caused by negligence of Releasees or otherwise while Releasor is participating in the Prayer Ministry and any other activities in connection with the Prayer Ministry.

ASUMPTION OF RISK. Releasor understands, is aware of, and assumes all risks inherent in participating in the Prayer Ministry. These risks include, but are not limited to, physical and emotional responses and reactions as a result of this prayer ministry.

INDEMNITY. Releasor agrees to indemnify Releasees from any liability, loss, damage or cost Releasees may incur due to the participation by Releasor in the Prayer Ministry whether caused by the negligence of Releasees or otherwise. Releasor assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise while participating in the Prayer Ministry.

Releasor expressly agrees that this Voluntary Release, Assumption of Risk and Indemnity agreement, herein referred to as "Agreement." is intended to be as broad and inclusive as permitted by the laws or State of Michigan and that, if any portion of this Agreement is held invalid, it is agreed that a balance, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties in regard to the Prayer Ministry.

RELEASOR REPRESENTS THAT:

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS, INCLUDING THE NEGLIGENCE OF RELEASEES.

I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN THE PRAYER MINISTRY SET FORTH IN THIS AGREEMENT.

I UNDERSTAND THAT I AM IDEMNIFYING THE RELEASEES.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

Dated: _____

(Signature of Releasor)

RELATIONSHIP & BEHAVIORAL PATTERNS QUESTIONNAIRE

Name _____

Address _____

Phone _____ **Contact Person & Phone** _____

Church _____ **Pastor** _____

PURPOSE:

The purpose for providing us with the following information is to help you during your personal one on one *Prophetic Cord Counseling* sessions. This will help us to establish your foundational experiences. These experiences may be helpful in identifying the *ancestral curses* and *demonic influence* and other important issues. These have a part in creating defilement and wounding in your *spirit* and *soul* and which often times lead to physical problems in your *body*. They also influence and help shape your personal tendencies, which often are used in establishing behavior and relationship patterns. Please fill out as much information as possible so it can be used during your sessions. This information will be held strictly confidential. There will be no copies made of your profile. Before you fill out this profile *pray for God to help you to provide all necessary information*. Remember our counseling is according to and based upon the foundation of your life experiences from the perspective God's Word.

FAMILY BACKGROUND:

(use the back of this sheet if more room is need for your comments)

1. What is your nationality or what countries are your ancestors from?

2. What churches or religious groups did your ancestors belong to?

3. What geographic areas of the U.S. have they primarily lived in?

4. What types of unfair or illegal business or criminal practices were they involved in (slavery, illegal businesses, theft, etc)

5. How close were you to your Mother? ___ very close ___ not very close ___ not at all

6. How close were you to your Father? very close not very close not at all
If not raised by your paternal parents who were you raised by? _____

7. Did your family attend church together? _____

8. Did you ever see your parents (individually or together) pray about issues or problems?

9. Was God viewed as a personal being in your family?

10. Did you see your parents show affection to one another in in your family?

11. How close were your parents to one another? very close not very close not at all

12. How would you rate your parents marriage? Very good average not very good

13. Did your parents or grandparents get married due to pregnancy? Yes No

14. Were you a planned child? Yes No ??

15. Were you Adopted Do you know your birth parents? _____

16. Were you the "right sex" (did they want a certain sex at your birth)? Yes No ??

17. Did your mother suffer any *trauma* during pregnancy or birth with you? Yes No ??
If yes explain... _____

18. Did you bond with your mother & father immediately after your birth? Yes No ??

19. Were you a breast fed baby? Yes No ??

20. Do you have brothers or sisters?

Names _____	ages _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21. Where do fall in the sibling line? _____ Which ones were problem relationships _____

How about now? _____

22. Are you parents living? Father: Yes No Mother: Yes No

23. Are they [or were they] both born-again Christians? Yes No

24. Are they living together? Yes No Divorced Separated Remarried if so is how is your relationship with step-parents? _____

Do you have step siblings? Yes No If so how is your relationship with them?

25. Would you say your father was more: *{circle one}* passive aggressive controlling manipulative

26. Would you say your mother was more: passive aggressive controlling manipulative

27. Describe your relationship with your father and mother _____

28. Did your parents hold "family" meetings to discuss important issues? Yes No

29. Did your parents fight/argue? Never __ Occasionally __ Very often __ If so was there violence? Yes ___ No ___

30. Were either of your parents “pouters” (silent treatment)? Yes ___ No ___

31. Is your family secretive about problems or things that may embarrass the family reputation? Yes ___ No ___ If so what issues are you aware of that were a problems?

32. Did your mother work outside the home? Yes ___ No ___

33. Did your parents pay cash or use credit _____

34. Was there financial conflict or pressure regarding money in your family? Yes ___ No ___

35. Did your parents stress saving money? Yes ___ No ___ 36

36. Who paid the bills or handled the money _____

37. Were you lonely as a teenager? Yes ___ No ___

38. Were your friends more passive ___ aggressive ___ controlling ___ manipulative ___

39. As a child or teenager or later in life did you ever suffer an injustice? If so explain _____

40. Is it difficult for you to show your feelings? Yes ___ No ___ How about your parents or grand-Parents _____

41. Do you have trouble giving or expressing love? Yes ___ No ___

42. Is it easier for you to communicate how you feel to: those close to you _____ or to those not close to me _____

43. Are you a perfectionist? Yes ___ No ___ How about your parents? _____

44. Have you ever attended a college or university? Yes ___ No ___ Where? _____

45. Have you spoken out loud that you “*wished you could die*”? Yes ___ No ___

46. To your knowledge has any curse been placed on your family? _____ If so by whom? _____

47. Describe yourself in as many one or two word phrases as you can _____

48. What are your good points? _____

49. What do you like most about yourself? _____

50. Are there any other problem areas we did not cover in this profile? _____

FAMILY PATTERNS:

(Please **“X”** the ones **that apply to YOU personally** and **CHECK “√” if common in your families**)

RELATIONSHIP PATTERNS

- | | |
|--|--|
| <input type="checkbox"/> Lack of intimacy in marriage | <input type="checkbox"/> Children idolized |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Lack of communication between parents | <input type="checkbox"/> Favoritism shown among children |
| <input type="checkbox"/> One gender preferred or looked down on | <input type="checkbox"/> Abortion |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Children seen as inferior |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Physical ___ sexual ___ emotional abuse |
| <input type="checkbox"/> Family obsessions (sports, beauty, etc) | <input type="checkbox"/> Premature death (birth, illness or suicide) |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Physical problems ___ emotional problems |

INFIRMITIES/DISEASES

FEARS

SEXUAL SINS

(Please **“X”** the ones **that apply to YOU personally** and **CHECK “√” if common in your families**)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accidents (falls, cars, etc.) | <input type="checkbox"/> of Authorities | <input type="checkbox"/> Premarital Sex |
| <input type="checkbox"/> Barrenness/Miscarriage | <input type="checkbox"/> of Man | <input type="checkbox"/> Adultery |
| <input type="checkbox"/> Physical abnormalities | <input type="checkbox"/> of Punishment | <input type="checkbox"/> Lust/Fantasy ___ uncontrollable climax |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> of Death | <input type="checkbox"/> Masturbation ___ Oral sex ___ Anal sex |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> of Abandonment | <input type="checkbox"/> Exposure ___ Pedophilia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> of Infirmities/Disease | <input type="checkbox"/> Pornography ___ massage Parlor |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> of Being a Victim | <input type="checkbox"/> Fornication |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> of Accidents | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> of the Demonic | <input type="checkbox"/> Frigidity |
| <input type="checkbox"/> Other | <input type="checkbox"/> phobias/Superstitions | <input type="checkbox"/> Homosexuality/Lesbianism (acts/desires) |
| <input type="checkbox"/> Other | <input type="checkbox"/> bad dreams | <input type="checkbox"/> Rape ___ Incest ___ Bestiality |

OCCULT

(Please **“X”** the ones **that apply to YOU personally** and **CHECK “√” if common in your families**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Astral Projection | <input type="checkbox"/> Non-Christian Exorcism | <input type="checkbox"/> Yoga Meditation |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Ouija Board | <input type="checkbox"/> Made a blood pact |
| <input type="checkbox"/> Automatic Writing | <input type="checkbox"/> Palm Reading | <input type="checkbox"/> Made a blood oath |
| <input type="checkbox"/> Black Magic | <input type="checkbox"/> Past Life Readings | <input type="checkbox"/> Heavy Metal Music |
| <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> Pendulum | <input type="checkbox"/> Owned occult jewelry |
| <input type="checkbox"/> Casting a spell/Hex | <input type="checkbox"/> Psychic Healing/reading | <input type="checkbox"/> Read occult/witchcraft books |
| <input type="checkbox"/> Crystal Ball | <input type="checkbox"/> Science Fantasy | <input type="checkbox"/> Seen many horror movies |
| <input type="checkbox"/> Dispatching Demons | <input type="checkbox"/> Séances | <input type="checkbox"/> Seen science Fantasy movies |
| <input type="checkbox"/> Eight Ball | <input type="checkbox"/> Sorcery | <input type="checkbox"/> Visited Pagan Temples |
| <input type="checkbox"/> ESP | <input type="checkbox"/> Spirit Guide(s) | <input type="checkbox"/> Visited Indian Burial grounds |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Spiritism | <input type="checkbox"/> Visited/participated in Indian |
| <input type="checkbox"/> Hand Writing | <input type="checkbox"/> Tea leaves | <input type="checkbox"/> rituals/ceremony |
| <input type="checkbox"/> Horoscopes | <input type="checkbox"/> T.M. | <input type="checkbox"/> Superstitions or good luck charms |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> Illegal Drugs |
| <input type="checkbox"/> I Ching | <input type="checkbox"/> Tattoos | <input type="checkbox"/> Levitation |
| <input type="checkbox"/> Voodoo | <input type="checkbox"/> Native Art, Pagan symbols, carvings | |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Water Witching | Other _____ |
| <input type="checkbox"/> Mental Telepathy | <input type="checkbox"/> White Magic | _____ |
| <input type="checkbox"/> Necromancy | <input type="checkbox"/> Witchcraft | _____ |

SECRET ORGANIZATIONS, CULTS, FALSE RELIGIONS, OCCULT

(The following omit the foundations of Christianity, such as the Trinity, Atonement, Blood & Divinity of Jesus)

- | | | |
|--|--|---|
| <input type="checkbox"/> Armstrong/Church of God | <input type="checkbox"/> Islam | <input type="checkbox"/> Satanism |
| <input type="checkbox"/> Bahai | <input type="checkbox"/> Jehovah's Witnesses | <input type="checkbox"/> Scientology |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> KKK | <input type="checkbox"/> Shriners |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Demolay | <input type="checkbox"/> Masonic Order | <input type="checkbox"/> Sororities |
| <input type="checkbox"/> Eastern Star | <input type="checkbox"/> Moonies | <input type="checkbox"/> Swedenborgianism |

Edgar Cayce Mormonism The Way International/Christian
 Hari Krishna Rainbow Girls Education Society
 Indians Religious Science Unitarian Church
 Rosicrucian's Other _____

MARTIAL BACKGROUND:

Name of Spouse: _____
 Occupation _____

Is your spouse willing to participate in your counseling ministry? Yes No N/A

Marriage(s): Please give the following information for your marriage(s):

<u>Date Married</u>	<u>Your Age</u>	<u>Their Age</u>	<u>Duration</u>	<u>If Divorced Reason it Ended</u>

CHILDREN:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>From Which Marriage?</u>	<u>Living With You?</u>	<u>If Not Reason Why</u>

MEDICAL/COUNSELING BACKGROUND:

Are you currently receiving medical treatment? Yes No If so for what reason?

What is your blood type:

Have you taken drugs for emotional problems? Yes No

Are you currently taking them? Yes No If so for what? _____

Have you used drugs other than for Medical purposes Yes No

Have you been in counseling/therapy/mental health care? Yes No Where? _____
 _____ When? _____ Reason _____

Have you ever been hypnotized?

Yes No Reason _____

By Whom?

SPIRITUAL/RELIGIOUS BACKGROUND:

(Use the back of the sheets in this section if more room is need for your comments)

1. Have you been BORN AGAIN? YES ___ NO ___ If you answered YES, please give your understanding of what this means _____

2. Was there ever a time when you turned to God in REPENTANCE and put your faith in Jesus Christ as your personal Lord and Savior? Yes ___ No ___ If you answered YES, please explain your understanding of what REPENTANCE means _____

3. Were you baptized in water after deciding to become a believer in Jesus Christ? Yes ___ No ___ If you answered YES, explain your understanding of water Baptism? _____

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

5. Do you operate in any spiritual gifts such as speaking in tongues or prophesying? Comment _____

6. Describe your present relationship with the Lord. _____

7. Do you regularly attend Church? Yes ___ No ___ Please list all previous church affiliations _____

WHAT AREAS ARE YOU HAVING THE MOST DIFFICULTY IN:

___ Abusive relationship	___ Financial	___ Self -esteem
___ Addiction/Compulsion	___ Grief/Loss	___ Sexual Issues
___ Anger/Aggression	___ Parental/Family	___ Spiritual Concerns
___ Depression/Suicide	___ Premarital/Marital	___ Stress/Anxiety
___ Fear/Phobia	___ Relationships	___ Other _____

Comments _____

YOUR GOALS:

Describe what changes you would like to see happen in your life and relationships as a result of your prophetic prayer cord counseling _____

8. Were you baptized as a child? Yes ___ No ___ If so when and where? _____

9. In two words or less who is Jesus Christ to you? _____

10. What does the shed blood of Jesus Christ mean to you?

11. How often do you pray? __ Many times daily __ Occasionally __ When there is a problem

12. If you were to die within the next 5 minutes what do you think would happen to you?

Why?

13. Are you sure you are really saved from going to hell when you die? Yes ___ No ___ ??

Explain your answer

14. Do you find it hard to receive help from or to understand the Bible? Yes ___ No ___

15. Do you find it hard to believe all that the Bible teaches? Yes ___ No ___

16. Do struggle with knowing that God as your father and that he loves and approves of you? Yes ___ No ___

17. Are you satisfied with your relationship with God and the way you live your life for Him? Yes ___ No ___ Please explain your answer _____

18. How would you like to see it change or improve?

PRESENT COMPULSIVE AND ADDICTIVE TENDENCIES:

(Please “X” the ones **that apply to YOU personally** and **CHECK “√” if common in your families**)

**ADDICTIONS
DEPENDENCIES
ESCAPISMS**

- Street drugs
- Non-RX drugs
- RX drugs
- Alcohol
- Caffeine
- Food
- Gambling
- Nicotine
- Pornography
- Sports
- Television
- Video Games
- Fantasy
- Forgetfulness
- Procrastination
- Other _____

ANGER ISSUES

- Frustration
- Resentment
- Temper Tantrums
- Hatred
- Rage
- Other _____

ANXIETY ISSUES

- Burden
- False Responsibility
- Fatigue
- Heaviness
- Nervousness
- Restlessness
- Weariness
- Worry/fears

BITTNERNESS ISSUES

- Irritation
- Exasperating
- Slander
- Malice
- Murmuring
- Critical
- Gossip
- Judgmental
- Unforgiving
- Abusive
- Obscene
- Profane
- Ridicule
- Blame
- Complain
- Self Pity

REJECTION ISSUES

- Despondency
- Despair/Grief
- Discouragement
- Hopelessness
- Withdrawal
- Insomnia
- Over Sleeping
- Self Absorbed
- Suicide Thoughts
- Suicide Attempts
- Isolation
- Shame
- Condemnation
- Embarrassment
- Confusion
- Paranoia
- Hysteria
- Double minded
- Guilt
- Insecurity
- Moros
- Inferiority
- Unworthy

PRIDE ISSUES

- Competition
- Passivity
- Pretense
- Seduction
- Manipulation
- Flattery
- Striving
- Performing
- Pity
- Ease
- Apathy
- Rationalism
- Lying
- Deception

STRIFE ISSUES

- Arguing
- Bickering
- Cursing
- Mocking

VIOLENCE ISSUES

- Murder
 - Torture
 - Feuding
- TRAUMA ISSUES**
- Accident
 - Loss
 - Violence
 - Abuse (physical, emotional)

**FINANCIAL
ISSUES**

- Greed
- Irresponsible
- Job failures
- Poverty
- Stinginess
- Losses
- Cheating
- Covetousness
- Idolatry
- Stealing
- Materialism

OTHER ISSUES

- _____
- _____
- _____
- _____
- _____

COMMENTS _____

Personal Inventory

Please write out your answers to these questions on a separate sheet of paper and reference your answers to the questions by referring to them as: A-1, B-1a etc.

The Only way to **become clean** is to **come clean** ... [Matt 5:8] ***Blessed are the pure in heart: for they shall see God.*** Remember **purity brings clarity**. Taking an honest inventory requires ***examining our ways*** ... [Lam 3:40-41] ***Let us search and try our ways, and turn again to the LORD... Let us lift up our heart with our hands unto God in the heavens.*** Remember...**"We are only as sick as our secrets."** and **"Hurting people hurt other people"**... This means ***"People are not our problem"***... [Eph 6:12] ***for we wrestle not against flesh and blood {people} but against powers, against the rulers of darkness of this world, against spiritual wickedness in high places. As you ask yourself these questions ask the Holy Spirit of comfort to be with you and render powerless all spirits of accusation, condemnation and fear that would try to come against you...[Isa 41:10-13] Fear thou not; for I am with thee: be not dismayed; for I am thy God: I will strengthen thee; yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness...For I the LORD thy God will hold thy right hand, saying unto thee, Fear not; I will help thee.***

A. WHO HAS CAUSED ME PAIN? [Matt 5:44]

1. Who in my past was used by the enemy to hurt me?
2. Who is being used by the enemy to try and hurt me now?
3. Who am I in fear of now? [*Those I feel are trying to control, abuse or scorn me?*]
4. How did I deal with the pain when this happened? [*Did I rebel, retaliate, withdraw, become fearful?*]
5. What specific hurtful actions from these people still affect me now? [*body language, voice tone etc.*]
6. How and when does it affect me now?

B. HOW DID OTHERS HURTFUL ACTIONS AFFECT MY LIFE? [Lk 23:34]

1. SOCIALLY—

- a. How am I suffering from or being affected by past harmful or broken relationships?
- b. Who do I mistrust, view with suspicion or gossip about? [*It is usually those we fear or resent*].

2. SECURITY—

- a. Do I feel physically, financially or emotionally threatened? [*When do I feel this way?*]
- b. Do I struggle with my identity or worth because of others actions?

3. SEXUALLY—

- a. Have I been violated or been a victim of sexual abuse? [*When and by whom?...remember this was not your fault*].
- b. Has intimacy or trust been damaged or broken because of sex? [*By whom and when? What trust issues do I still struggle with?*]
- c. Do I feel insecure because of my sexuality? [*Have I experienced a sex act with someone of my own gender? Are there sexual sins I have not confessed to*]

another person? Have demonic soul ties been broken in these areas? Do I struggle with masturbation, pornography, lust or other sexual sins?]

C. BEING HONEST ABOUT WHAT OTHERS HAVE DONE TO ME... What areas of my life were injured or affected by others actions? [Isa 1:5-6]

1. RELATIONSHIPS

- a. Who am I still holding accountable for hurting me? *[It is crucial to be very honest about those who make feel irritated, or defensive.]*
- b. Who do I still want to see “get their just deserts” or “see paid back” for their sin? *[We must be honest about the fact we would enjoy seeing “justice” done their lives...this is vengeance or retaliation.]*
- c. Am I jealous of anyone—*who do I compete or compare myself with?*
- d. Who do I have little respect for and seem to always notice their faults or failures *[I rarely—if ever see good in them.]*
- e. Who am I trying to *justify* my bad attitude towards? *[Am looking in binoculars at others instead of... in the mirror at myself?]*

D. WHAT ARE MY PRIORITIES IN LIFE? ...others see our priorities by our ACTIONS, not our words...people would rather SEE your sermon than HEAR ONE. [Matt 6:31-33]

1. What areas of my life do I still struggle with putting God first? *[Is there an area such as habits, hang ups or hurts that I haven't gotten to the root of by letting the Holy Spirit deal with these issues by His examination and cleansing?]*
2. What habits or hang ups from my past interferes with my doing God's will? Is there ambition, fear, guilt, envy or selfish desires?... *Are there certain pleasures [idols] from my past interfering with the will of God?*
3. What have been my priorities that I need to change in the areas of ...career, relationships, personal pleasures, or goals? Remember...***Selfishness turns life into a burden, unselfishness turns burdens into life!***
4. Who did my past wrong priorities affect? *[How did it affect them?]*
5. How have my priorities changed since I have made the decision to really put the Lord first in my life? *[How do they still need to change?]*

E. WHAT ABOUT MY ATTITUDE? Attitude is defined as a “state of mind” that produces emotional responses and body language [1 Pet 4:1-7]

1. Do I tend to look first for the positive or the negative in others?
2. Do I tend to speak more out of gratitude or do I find myself complaining about things? *[Complaining puts the physical body under great stress and results in constant fatigue...ever notice how when you have a good day you're not as tired?]*
3. In what areas of my live do I need to start voicing gratefulness? *[Hard times should be a source of gratefulness...either God will see us through it or He won't...and we may even learn some things through it all!]*
4. Am I easily angered, irritated or blow up at others?
5. Do I get sarcastic? *[Ridiculing, mocking, or belittling others is a form of disrespect and abuse.]*

6. What in your past still causes you regret, fear, guilt or anxiety? *[These keep us prisoners and paralyzes or faith.]*

F. WHAT ABOUT MY INTEGRITY? How honest am I really? [Col 3:1-10]

1. In the past how did I deal dishonestly with others? *[How did I alter the truth to fit my own ways or ideas?]*
2. Have I ever or do I still steal things *[If so when and what? Do I justify taking “little things” from others or “borrow” things and never bring them back?]*
3. Have I or do I exaggerate about myself or the things I do or I exaggerate or emphasize the inferior things that others do... so that I look better?
4. Have I or do I use false humility? *[Degrade or belittle myself in order to look “humble”]*
5. Have I or do I now “pretend” to live one way in front of those who are “Christians” whom I want to impress...and live another way in front of those who are not professing to be Christians.
6. Do I feel the need to pretend I know something when I do not? *[Am I afraid to look “dumb”]*
7. Do I have a spiritual authority that I allow to speak into my life... *[am I afraid to be accountable to others??]*
8. Am I really honest about the faults, failures and weaknesses in my life with those I should be accountable to? *[or do I “pretend” I don’t have any problems by excusing, blaming, justifying, denying, ignoring or creating my own reality about my sin.]*
9. Do I intentionally mislead others by what I say or fail to say? *[Do I try to give others a false impression in order to cover up what is really happening in my life?]*
10. Do I go to God and ask Him to show me my areas that need changing, and am I willing to make myself accountable to those who can speak into my life and be honest with me? *[Do I trust those God has put in authority over me to help me, by being honest with me?]*

**Take the time to answer these questions honestly...
Write your answers out on the following pages and turn them into your
counselor with this completed profile.**

2 Cor 13:5

Test yourselves to make sure you are solid in the faith... Give yourselves regular checkups. You need firsthand evidence... that Jesus Christ is in you.

Test it out. If you fail the test, do something about it.

TMB
