

PERSONAL WORTH APPRAISAL

	Low				High
	1	2	3	4	5
1. How successful are you? I would be more successful if:					
2. How significant are you? I would be more significant if:	1	2	3	4	5
3. How fulfilled are you? I would be more fulfilled if:	1	2	3	4	5
4. How satisfied are you? I would be more satisfied if:	1	2	3	4	5
5. How happy are you? I would be happier if:	1	2	3	4	5
6. How much fun are you having? I would have more fun if:	1	2	3	4	5
7. How secure are you? I would be more secure if:	1	2	3	4	5
8. How peaceful are you? I would have more peace if:	1	2	3	4	5

Confidential Personal Inventory

I. Personal Information

Name _____ Telephone(____) _____
Address _____
Church affiliation:
Present _____
Past _____
School:
Highest Grade Completed _____ Degree's earned _____
Marital Status: _____
Previous History of Marriage/Divorce _____
Vocation:
Present _____
Past _____

II. Family History

A. Religious

1. Have any of your parents, grandparents, or great grandparents to your knowledge ever been involved in any occultic, cultic, or non-Christian religious practices? Please refer to the "Non-Christian Spiritual Experience Inventory" and indicate what the involvement was.

2. Briefly explain your parents' Christian experience (i.e., were they Christians and did they profess and live their Christianity?)

B. Marital Status

1. Are your parents presently married or divorced? Explain.

2. Was there a sense of security and harmony in your home during the first twelve years of your life?

3. Was the father clearly the head of the home or was there a role reversal where the mother ruled the home? Explain.

4. How did your father treat your mother?

5. Was there ever an adulterous affair to your knowledge with your parents or grandparents? Any incestuous relationship?

C. Health

1. Are there any addictive problems in your family history (alcohol, drugs, etc.)?

2. Is there any history of mental illness?

3. Is there any history of the following physical ailments in your family? (please circle)

HEART DISEASE
DIABETES
CANCER
ULSERS
GLANDULAR PROBLEMS
OTHER _____

4. How would you describe your family's concern for:
 - a. Diet

 - b. Exercise

 - c. Rest

D. Moral Climate

During the first 18 years of your life, how would you rate the moral atmosphere in which you were raised:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	5	4	3	2	1
Sex	5	4	3	2	1
Dating	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
Literature	5	4	3	2	1
Free Will	5	4	3	2	1
Drinking	5	4	3	2	1
Smoking	5	4	3	2	1
Church attendance	5	4	3	2	1

III. History of Personal Health

A. Physical

1. Describe your eating habits (i.e., are you a junk food addict, do you eat regularly or sporadic, is your diet balanced, etc.?)
2. Do you have any addictions or cravings that you find it difficult to control (sweets, drugs, alcohol, food in general, etc.?)
3. Are you presently under any kind of medication for either physical or psychological reasons?
4. Do you have any problems sleeping? Are you having any recurring nightmares or disturbances?

5. Does your present schedule allow for regular periods of rest and relaxation?
6. Are you adopted?
7. Have you ever physically been beaten or sexually molested? Explain.

Mental

1. Which of the following have you or are you presently struggling with? (please check)

- Day dreaming
- Lustful thoughts
- Inferiority
- Inadequacy
- Worry
- Doubts
- Fantasy
- Obsessive thoughts
- Insecurity
- Blasphemous thoughts
- Compulsive thoughts
- Dizziness
- Headaches

2. Do you spend much time wishing you were somebody else or fantasizing that you were a different person, or possibly imagining yourself living at a different time, place, or under different circumstances? Explain.

3. How many hours of TV do you watch per week? _____
List your five favorite programs:

4. How many hours do you spend a week reading? _____
What do you read primarily (newspaper, magazines, books, etc.)?

5. Would you consider yourself to be an optimist or pessimist (i.e., do you have a tendency to see the good in people and life or the bad)?

6. Have you ever thought that maybe you were "cracking up" and do you presently fear that possibility? Explain.
7. Do you have regular devotions in the Bible? When and to what extent?
8. Do you find prayer difficult mentally? Explain.
9. When attending church or other Christian ministries, are you plagued with foul thoughts, jealousies, other mental harassments? Explain.
10. Do you listen to music a lot and what type do you enjoy the most?

C. Emotional

1. Which of the following emotions have you or are you presently having difficulty controlling? (please check)

- | | |
|--|---|
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Fear of death |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Fear of losing your mind |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fear of committing suicide |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Fear of hurting loved ones |
| <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Fear of terminal illness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear of going to hell |
| <input type="checkbox"/> Hatred | <input type="checkbox"/> Fear of _____ |
| <input type="checkbox"/> Bitterness | |

2. Which of the above listed emotions do you feel are sinful? Why?

3. Concerning your emotions, whether positive or negative, which of the following best describes you? (please check)

- Readily express them
- Express some of my emotions but not all
- Readily acknowledge their presence but reserved in expressing them
- Tendency to suppress my emotions
- Find it safest not to express how I feel
- Tendency to disregard how I feel since I cannot trust my feelings
- Consciously or subconsciously deny them; it's too painful to deal with them

4. Is there someone in your life whom you know that you could be emotionally honest with right now (i.e., you could tell this person exactly how you feel about yourself, life, and other people)?
5. How important is it that we are emotionally honest before God and do you feel that you are? Explain.

IV. Spiritual History

- A. If you were to die tonight, do you know where you would spend eternity?
- B. Suppose you did die tonight and appeared before God in heaven, and He were to ask you, "By what right should I allow you into My presence," how would you answer Him?
- C. I John 5:11,12 says, "God has given us eternal life, and this life is in His son. He who has the Son has the life; he who does not have the Son of God does not have the life."
 1. Do you have the Son of God in you (2 Cor. 15:3)?
 2. When did you receive Him (Jn. 1:12)?
 3. How do you know that you have received Him?
- D. Are you plagued with doubts concerning your salvation?
- E. Are you presently enjoying fellowship with other believers and, if so, where and when?
- F. Are you under authority of a local church where the Bible is taught and do you regularly support it with your time, talent, and treasure? If no, why not?
- G. Please fill out the Non-Christian Spiritual Experience Inventory.

NON-CHRISTIAN SPIRITUAL CHECKLIST

(Check all in which you have participated.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Out-of-body experience | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Ouija board | <input type="checkbox"/> Astral projection | <input type="checkbox"/> Transcendental Meditation (TM) |
| <input type="checkbox"/> Bloody Mary | <input type="checkbox"/> Seances/mediums/channelers | <input type="checkbox"/> Yoga (religion, not the exercise) |
| <input type="checkbox"/> Occult games | <input type="checkbox"/> Black or white magic | <input type="checkbox"/> Hare Krishna |
| <input type="checkbox"/> Magic Eight Ball | <input type="checkbox"/> Blood pacts | <input type="checkbox"/> Bahaism |
| <input type="checkbox"/> Spells or curses | <input type="checkbox"/> Fetishism/crystals/charms | <input type="checkbox"/> Native American spirit worship |
| <input type="checkbox"/> Mental telepathy/control | <input type="checkbox"/> Sexual spirits | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Automatic writing | <input type="checkbox"/> Martial arts (mysticism) | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Trances | <input type="checkbox"/> Superstitions | <input type="checkbox"/> Buddhism (including Zen) |
| <input type="checkbox"/> Spirit guides | <input type="checkbox"/> Mormonism (Latter-day Saints) | <input type="checkbox"/> Black Muslim |
| <input type="checkbox"/> Fortune-telling/divination | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Rosicrucianism |
| <input type="checkbox"/> Tarot cards | <input type="checkbox"/> New Age (teachings, medicine) | <input type="checkbox"/> False gods (money, sex, power, pleasure, certain people) |
| <input type="checkbox"/> Levitation | <input type="checkbox"/> Masons | <input type="checkbox"/> Other (non-Christian religions; cults; movies; music; books; video games; comics or fantasy games that glorify Satan, which precipitated nightmares or mental battles; and all other questionable spiritual experiences including spiritual visitations and nightmares) |
| <input type="checkbox"/> Witchcraft/wicca/sorcery | <input type="checkbox"/> Christian Science/Mind Science | |
| <input type="checkbox"/> Satanism | <input type="checkbox"/> Unification Church (Moonies) | |
| <input type="checkbox"/> Palm reading | <input type="checkbox"/> The Forum (EST) | |
| <input type="checkbox"/> Astrology/horoscopes | <input type="checkbox"/> Church of Scientology | |
| | <input type="checkbox"/> Unitarianism/Universalism | |