



ISSUE-FOCUSED MINISTRY PERSONAL QUESTIONNAIRE



Minister's Name: _____ Date of Ministry: _____

PERSONAL INFORMATION

The *Restoring the Foundations (RTF) Issue-Focused Ministry (IFM)* is for the person who wants help with one issue that is adversely affecting his/her life. Please fill out the following pages to provide your Minister information that will help determine the root issues underlying your issue.

Generally the *RTF Issue-Focused Ministry* will be accomplished in a single 2.5 - 3 hour meeting. Your Minister and his/her assistant will normally be the ones ministering to you. If you should need additional ministry, your Minister, along with other Church Oversight leaders, can discuss with you the best possibility for referral.

Please sign and date both copies of the **Waiver of Liability and Confidentiality** form found at the end of this *IFM Personal Questionnaire*. Your Minister will keep one form and the other one will be filed in the Church office, as appropriate.

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Phone: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed Remarried

Presently Living with: Parents Spouse Alone Other _____

MARITAL BACKGROUND

Spouse's Name: _____ Age: _____ Years Married: _____

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 your spouse saved? Yes No Uncertain

Is this your first marriage? Yes No If no, please explain: _____

CHILDREN

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

NAME	AGE	SEX	FROM WHICH MARRIAGE?	SELF SUPPORTING?	MARRIED?	STILL ALIVE?	AGE AT & CAUSE OF DEATH?



SPIRITUAL/RELIGIOUS BACKGROUND

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

Briefly tell what happened: _____

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

Describe your present relationship with the Lord: _____

Please list all 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 this issue and painful situations you have experienced in your childhood. List any similarities with painful situations in the more recent past.

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

11. What do you see as your 'contribution' to the 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?

14. Please list any word curses spoken to/about you, either currently or in the past, that could relate to your current issue. (*Example: "You are such a failure," or "You are so stupid."*)

15. Please list any word curses you have spoken or thought about yourself that relate to the issue. (*Example: "I will never be able to succeed."*)

16. Please list any word curses you have made against anyone else that might relate to your current issue. (example: *"Men/women are untrustworthy and will always let me down."*)

ANCESTORS' BACKGROUND

Pages 4 and 5 of this IFM PQ 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**.

From what country(s) did your ancestors originally come? _____

What are the ethnic backgrounds of your ancestors? _____

What are the religious backgrounds of your ancestors? _____

In what geographic areas have they primarily lived? _____

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

Were they involved in unfair business practices? Yes No If so, how? _____

Were they involved in the occult? Yes No If so, how? _____

Most family members... Are/were saved. Are not/were not saved.

Please include any other ancestral information that is relevant to your current issue.

PARENTS BACKGROUND

Parents: Married Separated Divorced Remarried

Are/were your parents 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 of the separation/divorce? _____

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

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

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

Is this your first marriage? Yes No If no, please explain: _____

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

Father: _____ Example(s): _____

Mother: _____ Example(s): _____

Give **three words** that characterize your relationship with your father.

1. _____ 2. _____ 3. _____

Give **three words** that characterize your relationship with your mother.

1. _____ 2. _____ 3. _____

Fill in the blank. I often feel that my father _____.

I often feel that my mother _____.

THEMES RELATED TO YOUR ISSUE

1. From the list below, select the top 3 items most closely related to your issue. *See the description of each item below.*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Shame Issues | <input type="checkbox"/> Fear Issues | <input type="checkbox"/> Control Issues |
| <input type="checkbox"/> Sexual Issues | <input type="checkbox"/> Self/Heart Issues | <input type="checkbox"/> Spiritual Issues | <input type="checkbox"/> Deception Issues |
| <input type="checkbox"/> Rejection Issues | <input type="checkbox"/> Anger Issues | <input type="checkbox"/> Trauma Issues | <input type="checkbox"/> Wellness Issues |

2. Explanation of issues. (Under each theme that you selected. Please check beside the specific items you feel are strongly related to your issue.)

ABANDONMENT

- Bitterness
- Desertion
- Divorce
- Loneliness
- Not Wanted
- Unprotected

SHAME ISSUES

- Guilt
- Humiliation
- Self-shame
- of Behaviors
- of My Past
- of Sexual Sins

FEAR ISSUES

- Anxiety
- Worry
- of Being Alone
- of Conflict
- of Health Issues
- of Inadequacy

CONTROL ISSUES

- Anger
- Guilt
- Intimidation
- Manipulation
- Passivity
- People Pleasing

SEXUAL ISSUES

- Affairs, Marital
- Gender ID Confusion
- Lust
- Masturbation
- Pornography
- Premarital Sex

SELF/HEART ISSUES

- Blocked Emotions
- Father/Motherless
- Neglect
- Performance
- Pride
- Unworthiness

SPIRITUAL ISSUES

- Church Hurt
- Demonic Torment
- Idolatry
- Occult Involvement
- Spiritual Abuse
- Unbelief/Doubt

DECEPTION ISSUES

- Business Practices
- Cheating
- Deceitfulness
- Dishonesty
- Gaslighting
- Lying

REJECTION ISSUES

- Abandonment
- Favoritism
- Lack of Intimacy
- Neglect
- Outsider
- Rejected

ANGER ISSUES

- Abuse/Violence
- Anger/Rage
- Division/Strife
- PTSD
- Rebellion
- Unfulfilled Life

TRAUMA ISSUES

- Abuse, Emotional/Physical/Verbal/Sexual
- PTSD
- Accidents
- Divorce/Separation
- Failure/Betrayal
- Loss, Death/Financial
- Violence/Victim

WELLNESS ISSUES

- Addictions/Dependencies
- Anorexia/Bulimia
- Compulsions
- Confusion
- Depression
- Drugs, Legal/Illegal

FAMILY PATTERNS

Answer questions 1-2 as to how they strongly relate to your stated issue.

1. What common negative emotions in your family line are also in your life? (example - shame, guilt, fear, rejection, etc).

2. What common negative behaviors in your family line are also in your life? (example - religious, rebelliousness, people pleasing, controlling, etc. _____)

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 don't belong. I will always be on the outside (left out).
- 2. My feelings don't count. No one cares what I feel.
- 3. No one will love me or care about me just for myself.
- 4. I will always be lonely. The special man (woman) 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 won't 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. I will never get credit for what I do.
- 2. My value is in what I do. I am valuable because I do good to others or because I am 'successful.'
- 3. Even when I do or give my best, it is not good enough. I can never meet the standard.
- 4. God doesn't care if I have a 'secret life,' as long as I appear to be good.
- 5. _____

THEME: CONTROL (TO AVOID HURT)

- 1. I have to plan every day of my life. I have to continually plan/strategize. I can't 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 shortchanged me.
- 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- 3. _____

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 should have been a boy (or girl), then my parents would have valued/loved me more..., etc.
- 2. Men (women) have it better.
- 3. I will never be known or appreciated for my real self.
- 4. I will never really change and be as God wants me to be.
- 5. I am not competent/complete as a man (woman).
- 6. _____

THEME: MISCELLANEOUS

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

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. I'll not be vulnerable, humiliated, or shamed.
- 4. The best way to survive is to avoid, overpower other people.
- 5. I will always need to be strong in order to protect and defend myself.
- 6. It's not safe to submit myself to anyone.
- 7. _____

THEME: RETALIATION

- 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- 2. I will make sure that _____ hurts as much as I do!
- 3. _____

THEME: VICTIM

- 1. Authority figures will humiliate me and violate me.
- 2. I will always be used and abused by other people.
- 3. My value is based totally on others' judgment/perception about me.
- 4. I am completely under their authority. I have no will or choice of my own.
- 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- 6. The significant people in my life are not there for me and will not be there for me when I need them.
- 7. _____

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. I'm all alone.
- 5. Something is wrong with me.
- 6. _____

THEME: DEFECTIVE IN RELATIONSHIPS

- 1. I will never be able to fully give or receive love. I don't know what it is.
- 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
- 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
- 5. I will never be a priority with those in authority over me.
- 6. _____

THEME: GOD

- 1. God loves other people more than He loves me.
- 2. God only values me for what I do. My life is just a means to an end.
- 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- 4. God is judging me when I relax. I have to stay busy about His work or He will punish me.
- 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
- 6. _____

FINAL COMMENTS

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

MINISTER'S NOTES



COMMITMENT, REFERRAL, AND WAIVER OF LIABILITY AND CONFIDENTIALITY

CHURCH OFFICE COPY

EXPECTATIONS OF YOUR COMMITMENT

I understand it is expected that I have a sincere desire to overcome whatever problems are hindering me, and I am expected to cooperate fully with my Minister and with the Holy Spirit in order to facilitate receiving God's help. My Minister may ask me to pray, fast, or do some outside 'homework' in conjunction with my ministry'. He also may ask me to be accountable to him for some specific areas of my life or for some specific behaviors.

REFERRAL

If my Minister is not equipped or able to minister to my particular need or if I need longer term ministry, he may, in conjunction with the Pastors and/or their designated representative, refer me to appropriate help.

WAIVER OF LIABILITY

I understand that I will be seeing a Minister who will be able to listen, support, encourage, pray, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that he may not be a licensed or professional pastor or counselor.

WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to the Minister (and to any other assistant present) 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 Minister may give a verbal summary report of the ministry to his oversight person.
- I accept that my Minister may consult with the Church Pastors and/or their designated representatives concerning his ministry to me with the purpose of providing me with more effective ministry.
- I accept that the Church Pastors, and/or their designated representatives, will be informed of any ongoing, willful sin in my life in which I am not willing to pursue freedom and healing.
- I acknowledge that Pastors, Counselors, Church or Cell/Small Group Leaders, 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 one's own self or to others.
- I acknowledge that Pastors, Counselors, Cell/Small Group Leaders, Ministers etc., 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.
- I accept that all Pastors, Counselors, Cell/Small Group Leaders, Ministers, etc. at _____ Church reserve 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: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Minister's Name: _____ Phone: _____

Assistant Minister's Name: _____ Phone: _____





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Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Minister’s Name: _____ Phone: _____

Assistant Minister’s Name: _____ Phone: _____

