

### Questionnaire for Children's Deliverance

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent completing the questionnaire: \_\_\_\_\_

1. Who is the guardian of this child? \_\_\_\_\_

2. Mother's name \_\_\_\_\_

Father's name: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 3. Is the mother a Christian?                        | Yes | No |
| 4. Has the mother gone through deliverance?          | Yes | No |
| 5. Is the Father a believer?                         | Yes | No |
| 6. Has the Father been through deliverance?          | Yes | No |
| 7. Is the child born again?                          | Yes | No |
| 8. Has the child been baptized                       | Yes | No |
| 9. Has the child been filled with the Holy Spirit?   | Yes | No |
| 10. Does the child attend church on a regular basis? | Yes | No |
| 11. Does the child pray?                             | Yes | No |
| 12. Do you pray together as a family?                | Yes | No |
| 13. How often does the family pray together?         |     |    |
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14. When the child was born were the parents:

Married to each other      Not married      Married to others

15. Are the parents currently:

Married to each other    Divorced      Never married to each other    Married to others

16. If the parents are divorced, what was the age of the child when the divorce took place?

17. Does the child have:

Step mother      step father      step siblings

18. Does the child currently have a step parent or step siblings in the home?      Yes      No

19. Have there been other adults that have lived in the home with the child? Yes No

If so, who was the person and how long were they in the home? \_\_\_\_\_

Did this person and your child have a positive relationship?  
\_\_\_\_\_  
\_\_\_\_\_

20. Does the child have siblings? Yes No

21. Is the relationship between the child and siblings positive or negative? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Describe the child's relationship with:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Step mother: \_\_\_\_\_

Step father: \_\_\_\_\_

Maternal grandparent: \_\_\_\_\_

Maternal grandfather: \_\_\_\_\_

Paternal grandmother: \_\_\_\_\_

Paternal grandfather: \_\_\_\_\_

23. What is this child's country of birth? \_\_\_\_\_

24. Has this child lived in other countries? Yes No

Which ones? \_\_\_\_\_

25. Where was the biological mother born? \_\_\_\_\_

26. Where was the biological father born? \_\_\_\_\_

27. List grandparents place of birth:

Maternal grandmother: \_\_\_\_\_

Maternal grandfather: \_\_\_\_\_

Paternal grandmother: \_\_\_\_\_

Paternal grandfather: \_\_\_\_\_

28. What were their spiritual beliefs?

Maternal grandmother: \_\_\_\_\_

Maternal grandfather: \_\_\_\_\_

Paternal grandmother: \_\_\_\_\_

Paternal grandfather: \_\_\_\_\_

29. Was there idol worship or pagan beliefs in the family line of the mother? If so, what were the beliefs? \_\_\_\_\_

30. Was there idol worship or pagan beliefs in the family line of the father? If so, what were the beliefs? \_\_\_\_\_

31. What generational spirits or curses do you feel need to be prayed through with your child?

\_\_\_\_\_

\_\_\_\_\_

32. Has there been any activity in freemasonry in the family line? (The following are names of Masonic organizations)

Freemason	Job's daughter	Job's daughters	Elk	Fraternities
Eastern Star	DeMolay	Rainbow girls	Knights of Columbus	Daughters of the Nile
Shriners	Mormonism	Woodmen of America	Sororities	Knights Templars

33. Is there any family activity or involvement in the following cults?

Jehovahs Witness	Taosim	Theosophical Society	Shamanism	Mind Control	Shintoism
Christian Science	Mormonism	New Age Cults	KKK	Hindusim	Bahai
Apocolyptic Cults	Rosicrucianism	Universalism	Buddhism	Unification	
Black Panthers	Satanism	Belial			

34. Was this child involved in any pagan or idolatrous baby dedications at birth?

\_\_\_\_\_

\_\_\_\_\_

35. Has there been any family involvement in occult witchcraft practices?

Fortune telling	Good luck charms	Ouija boards	dianetics	reiki	seance	Tantric sex	Kaballah
horoscope	Martial	acupuncture	Transcendental	hypnosis	spiritism	Self-healing	Centering

	arts		meditation				
astrology	kinesiology	visualization	levitation	parapsychology	meditation	crystals	numerology
Wicca	iridology	Dungeons and Dragons	sorcery	Black/white magic	Water witching	chakras	biofeedback
Tarot Cards	yoga	Crystal balls	Psychic readings	New Age Movement	Demon worship	reincarnation	channeling

Please include any other occult witchcraft practice that is not included on this list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Birth Issues

- |  |     |    |
|--|-----|----|
| 1. Was this child planned?   | Yes | No |
| 2. Did the birth mother consider having an abortion?                                       | Yes | No |
| 3. Did the birth mother ever have an abortion or miscarriage before this child?            | Yes | No |
| 4. Was the child conceived out of wedlock?   | Yes | No |
| 5. Was the conception a violent one?   | Yes | No |
| 6. Was he child adopted?   | Yes | No |
| 7. Was the child the right sex for the mother?   | Yes | No |
| 8. Was the child the right sex for the father?   | Yes | No |
| 9. What was the physical and emotional condition of the mother during the pregnancy? _____ |     |    |

10. Was there arguing and fighting in the home while the mother was pregnant with the child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Were words spoken out loud during the pregnancy by the mother, father or other family members that the child was not wanted? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Was there physical violence toward the mother at anytime during the pregnancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Did the mother spoke, drink or abuse drugs during the pregnancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Did the father smoke, drink or abuse drugs during the pregnancy? \_\_\_\_\_
15. Was the mother sexually active with someone other than the father during the pregnancy? \_\_\_\_\_
16. Did the mother or child suffer complications or difficulties during the pregnancy? Yes No
17. Did the mother or father suffer complications or difficulties during the birth? Yes No
18. Was the labor induced? Yes No
19. Was the labor long? Yes No
20. Was the child delivered by cesarean section? Yes No
21. Were any instruments used during the birth process? Yes No
22. Did the child suffer from birth defects or complications after birth? Yes No
23. Were the mother and child able to bond fairly quickly after the birth? Yes No
24. Did the child have problems with food allergies from birth? Yes No
25. Was the child breastfed? Yes No

### Discovering Open Doors

1. Which of the following best describes your child? (More than one may apply)

shy	Outgoing	talkative	Wounded easily	hyperactive	No motivation	insecure
fearful	angry	sad	affectionate	forgiving	serious	confident
happy	selfish	active	quiet	sickly	competitive	loving
Self-motivated	whines	Not a lot of friends	Afraid of illness	withdrawn	People pleaser	Overly self-conscious
leader	rebellious	playful	depressed	Laid back	creative	messy
lonely	lazy	bossy	tidy	Not active	Free spirit	responsible

2. What are your child's hobbies? \_\_\_\_\_
- \_\_\_\_\_

3. Does the child suffer from any of the following?

Accidents

Surgery or repeated illness

Nightmares

Excessive physical punishment

Long periods of time away from parents

Repeated harsh discipline

Angry discipline

Inconsistent discipline

No discipline

Repeated habits such as:

Bed wetting	Excessive crying for no reason	lying
Masturbation	unhealthy attachment to an object	cheating
Fear of leaving parent	cursing or use of bad words	withdrawal
Stealing	anger	nail biting (excessive)
Invading others space	disobeys	Excessive manipulation
Pulling out hair	pulling out eye lashes	pouting

Name any other habits that were not listed: \_\_\_\_\_

\_\_\_\_\_

4. How is the child disciplined in the home? \_\_\_\_\_

\_\_\_\_\_

5. What discipline works best for the child? \_\_\_\_\_

\_\_\_\_\_

6. Who does the majority of the discipline in the home? \_\_\_\_\_

\_\_\_\_\_

7. How does the child respond to authority figures inside and outside the home? \_\_\_\_\_

\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 8. Does this child enjoy school?                                   | Yes | No |
| 9. Does this child struggle academically in school?                | Yes | No |
| 10. Is there excessive pressure in the home concerning grades?     | Yes | No |
| 11. Has the child been diagnosed with any learning disabilities?   | Yes | No |
| 12. Has the child been told he/she would not succeed academically? | Yes | No |
| 13. Has the child suffered from being bullied?                     | Yes | No |
| 14. Has the child been diagnosed with any behavioral issues?       | Yes | No |
| 15. Has the child been diagnosed with any medical issues?          | Yes | No |

If so, what? \_\_\_\_\_

Is this generational? Yes No

If so, what family member also had this issue? \_\_\_\_\_

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16. Does the child sleep walk? Yes No

17. Does your child have an imaginary friend? Yes No

18. Has the child ever been sexually abused? Yes No

If so, by whom? \_\_\_\_\_

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Were the parents sexually abused as children? Yes No

19. Has your child ever been sexually molested? Yes No

20. Has your child ever viewed or been exposed to pornography? Yes No

If so, when and by whom? \_\_\_\_\_

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21. Does your child suffer from depression? Yes No

22. Does your child cut? Yes No

23. Does your child suffer from suicidal thoughts? Yes No

24. To your knowledge has anyone placed a curse on you or your family? Yes No

25. Does your child have a tattoo? Yes No

26. What games does your child play on a regular basis? Please list them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Does your child play video games? If so, which ones. Please list them. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Has the child read book or seen cartoons, movies or television shows with themes about the occult, supernatural, ghosts, science fiction, Wicca, vampires or werewolves? If so, please list them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often have these books been read or cartoons viewed? \_\_\_\_\_

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29. Has your child viewed shows, movies or listened to music that is violent in nature?

Yes No

If so, what shows? \_\_\_\_\_

30. What music does your child listen to? Please list them. \_\_\_\_\_

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\_\_\_\_\_

31. Has or does your child celebrate Halloween? Yes No

32. Please list all other issues we should be aware of as we minister to your child. \_\_\_\_\_

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