

## Questionnaire for Teenagers

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

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

1. Please explain your salvation experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you been baptized? Yes    No  
If so, where and when? \_\_\_\_\_
3. Were you baptized or dedicated as a baby? Yes    No
4. If so, under what religion? \_\_\_\_\_
5. What church do you attend? \_\_\_\_\_
6. Are you involved in the youth group? Yes    No
7. Are you involved in any kind of Bible Study? Yes    No
8. Do you spend time in prayer? Yes    No  
If so, how often? \_\_\_\_\_
9. Briefly share about your personal relationship with Jesus? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you ever doubt your salvation? Yes    No
11. Do you repent when you have sinned? Yes    No

### Family and Birth Issues

1. What is your country of birth? \_\_\_\_\_
2. Have you lived in other countries? Yes    No  
Which ones? \_\_\_\_\_  
\_\_\_\_\_
3. Where was your biological mother born? \_\_\_\_\_
4. Where was your biological father born? \_\_\_\_\_
5. List grandparents place of birth.  
Maternal grandmother \_\_\_\_\_  
Maternal grandfather \_\_\_\_\_  
Paternal grandmother \_\_\_\_\_  
Paternal grandfather \_\_\_\_\_
6. What were their spiritual beliefs?  
Maternal grandmother \_\_\_\_\_  
Maternal grandfather \_\_\_\_\_

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

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

7. Do you feel loved and accepted by your parents? Yes No  
8. Are you close to your parents? Yes No  
If the answer is no, please briefly explain. \_\_\_\_\_

9. Are your parents harsh in discipline? Yes No  
10. Is your mother a Christian? Yes No  
11. Is your father a Christian? Yes No  
12. Are your parents married? Yes No  
Divorced? Yes No  
13. Do you have a step mother or father? Yes No  
14. What is your relationship like with your step parents? \_\_\_\_\_

15. Are your step parents Christians? Yes No  
16. Do you have or live with step brothers and sisters? Yes No  
17. How is your relationship with them? \_\_\_\_\_

18. Is there or has there been other adults living in your home? Yes No  
19. Has this relationship proven positive or negative in your life? \_\_\_\_\_

20. Do your parents tell you they love you and show affection? Yes No  
21. Were you a planned child? Yes No  
22. Were you adopted? Yes No  
If so, what are your feelings about that? \_\_\_\_\_

23. Do you know anything about your biological parents? Yes No  
If so briefly share about them \_\_\_\_\_

24. Do you feel you were the right sex for your mother? Yes No  
25. Do you feel you were the right sex for your father? Yes No  
26. Are you expected to be a perfect child? Yes No  
27. Was your birth easy or difficult? Please explain. \_\_\_\_\_

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28. Was your mother able to hold you shortly after you were born?      Yes      No
29. Do you have brothers and sister?      Yes      No
- How Many? \_\_\_\_\_
- 

30. Do you get along with them?      Yes      No
31. Do you feel they are more favored by your parents?      Yes      No
32. Do you feel you have to compete with your brother/sisters to gain the attention of your parents?      Yes      No

33. What is your relationship like with your grandparents?
- Maternal grandmother: \_\_\_\_\_
- Maternal grandfather: \_\_\_\_\_
- Paternal grandmother: \_\_\_\_\_
- Paternal grandfather: \_\_\_\_\_

34. Was there idol worship or pagan beliefs in the family line of the mother? If so, what were the beliefs? \_\_\_\_\_
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35. Was there idol worship or pagan beliefs in the family line of the father? If so, what were the beliefs? \_\_\_\_\_
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36. What generational spirits or curses do you feel need to be prayed through?
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37. 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

38. 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
Apocalyptic Cults	Rosicrucianism	Universalism	Buddhism	Unification	
Black Panthers	Satanism	Belial			

39. 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 arts	acupuncture	Transcendental meditation	hypnosis	spiritism	Self-healing	Centering
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 you or family members have been involved in that are not included on this list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Discovering Open Doors**

1. Which of the following best describes you? (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	depressed	Not a lot of friends	Afraid of illness	withdrawn	People pleaser	Overly self-conscious
leader	rebellious	playful	critical	Laid back	creative	messy
lonely	lazy	bossy	tidy	Not active	Free spirit	responsible

2. List other character traits that you have that are positive \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are your hobbies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have a lot of friends? Yes    No

5. Is it easy or difficult for you to make friends? \_\_\_\_\_

6. Do you feel confident in yourself? Yes    No

7. Do you struggle with low self-esteem? Yes    No

8. Do you compare yourself to others? Yes    No

9. Are you critical of others? Yes No
10. Do you like yourself? Yes No
11. Do you struggle with thoughts or have you ever spoken out words that you hate yourself? Yes No
12. Have others spoken out words that they hate you? Yes No  
 If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Do you feel like a success or failure? Yes No
14. If you answered failure, have words been spoken to you by others that have made you feel like you are a failure? Yes No  
 If so, please briefly explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Are you depressed? Yes No
16. Do you see a psychiatrist for this? Yes No
17. Are you on medications for the depression? Yes No
18. Does anyone else in your family struggle with depression? Yes No  
 If so, who? \_\_\_\_\_
19. Have you had thoughts about suicide? Yes No  
 If so, how often?  
 Everyday                      once a week                      only thought this once or twice
20. Have you spoken out the words that you wish you were dead? Yes No
21. Do you struggle with your classes in school? Yes No
22. Has anyone ever said you have a learning disability? Yes No
23. Has anyone (parent, teacher, brother, sister, friend) spoken to you that you are not smart or that you are dumb? Yes No  
 If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. Are you bullied at school? Yes No  
 If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Are you a forgiving person? Yes No
26. Are you willing to forgive those who have hurt or harmed you? Yes No
27. Do you have a problem with lying? Yes No  
 How often do you tell a lie? \_\_\_\_\_  
 \_\_\_\_\_

28. Are you lonely? Yes No  
 29. Are you a perfectionist? Yes No  
 30. Are your parent perfectionists? Yes No  
 31. Do they expect you to be perfect? Yes No  
 32. Is your family prideful? Yes No  
 33. Do you struggle with thoughts of violence, rage, anger or unforgiveness? Yes No

If so, how often?

All the time      Occasionally      Only when I am mad

34. Have you ever wanted to harm somebody? Yes No  
 35. Do you cut yourself or hurt yourself? Yes No

If so, how often?

Everyday      Once a week      Occasionally      when people hurt my feelings

36. Do you have problems with stealing? Yes No  
 37. Do you have problems with cheating? Yes No  
 38. Do you struggle with confusion? Yes No  
 39. Are you a fearful person? Yes No

Circle what applies to you.

anxiety	worry	nightmares	worry	Abandonment	Abuse	doubt
Fear of dark	Fear of authority figures	Fear of failure	Fear of illness	schizophrenia	Jealousy	Pouting
Fear of heights	claustrophobic	distrust	Isolation	Unworthiness	torment	timidity
Stress	Stuttering	Resentment	Low self-esteem	Fear of death	Panic	Insecurity
Insomnia	Headaches	Fear of germs	Orphaned	Unbelief	Self rejection	Trust issues

40. Take time to list the most hurtful situations in your life. This can include instances with parents, brothers, sisters, friends, family members, teachers, people in the church. Take the time to write these down \_\_\_\_\_

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**What Are You Involved in?**

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|---|-----|----|
| 1. Do you drink alcohol?<br>How often? _____  | Yes | No |
| <hr/>   |     |    |
| 2. Do you do drugs?<br>How often? _____   | Yes | No |
| <hr/>   |     |    |
| 3. Do you struggle with addiction?<br>If so, to what? _____   | Yes | No |
| <hr/>   |     |    |
| 4. Do you smoke?  | Yes | No |
| 5. Are you involved in a gang?  | Yes | No |
| 6. Are you sexually active?<br>If so, take the time to list all the people who you have been sexually active with.  | Yes | No |
| <hr/>   |     |    |
| <hr/>   |     |    |
| <hr/>   |     |    |
| <hr/>   |     |    |
| 7. Have you been sexually abused?<br>If so, when and by who? _____  | Yes | No |
| <hr/>   |     |    |
| <hr/>   |     |    |
| <hr/>   |     |    |
| 8. Have you told your parents?<br>If not, why? _____  | Yes | No |
| <hr/>   |     |    |
| <hr/>   |     |    |
| 9. Do you view pornography?<br>How often?   | Yes | No |
| <hr/>   |     |    |
| <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>Once</span> <span>Everyday</span> <span>I'm addicted to it</span> <span>With friends every now and then</span> </div> |     |    |
| <hr/>   |     |    |
| 10. Is there pornography in your home?  | Yes | No |
| 11. Do others in your home view pornography?  | Yes | No |
| 12. Are you involved with sexting?  | Yes | No |
| 13. Do you struggle with homosexual or lesbian thoughts?  | Yes | No |
| 14. Do you struggle with masturbation?<br>How often? _____  | Yes | No |
| <hr/>   |     |    |
| <hr/>   |     |    |
| 15. Have you ever had an abortion?  | Yes | No |
| 16. For the boy. Have you fathered a child that has been aborted?   | Yes | No |
| 17. Do you struggle with addiction to food?   | Yes | No |
| 18. Addiction to gambling?  | Yes | No |

19. Do you struggle with anorexia? Yes No  
If so, for how long and are you under medical treatment? \_\_\_\_\_

\_\_\_\_\_

20. Do you struggle with bulimia? Yes No  
If so, for how long and are you under medical treatment? \_\_\_\_\_

\_\_\_\_\_

21. Have you made a pact with the devil? Yes No  
If so, please explain. \_\_\_\_\_

\_\_\_\_\_

22. Have you been involved in Satanism? Yes No

23. How about witchcraft? Yes No

24. What about wicca? Yes No

25. Do you participate in yoga or eastern meditation? Yes No

26. Have you celebrated Halloween? Yes No

27. Do you have books on occultism and witchcraft? Yes No  
If so, which ones? \_\_\_\_\_

\_\_\_\_\_

28. Did you have an imaginary friend growing up? Yes No

29. Did you ever make a blood oath with a friend? Yes No  
If so, please briefly explain \_\_\_\_\_

\_\_\_\_\_

30. Have you ever played games or had toys that were focused on witchcraft? Yes No

List them \_\_\_\_\_

\_\_\_\_\_

31. What video games do you play? \_\_\_\_\_

\_\_\_\_\_

32. What music and music groups do you listen to on a regular basis? \_\_\_\_\_

\_\_\_\_\_

33. Do you watch television shows that focus on sex, witchcraft, violence and death?



Yes No

If so, list the shows \_\_\_\_\_

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

34. Do you watch horror movies? Yes No

If so, which ones? \_\_\_\_\_

\_\_\_\_\_

35. Have you been involved in martial arts? Yes No

If so, what form? And how long? \_\_\_\_\_

\_\_\_\_\_

36. Do you wear or keep any of the following objects?

ankh	Zodiac signs	Mood rings	Demonic Pictures of dragons or snakes	Demonic masks
Good luck charm	Swastika	Karma beads	Totem poles	Demonic artwork
fetishes	Power crystals	Dream catchers	Pagan symbols	Peace symbols

37. Do you have tattoos? Yes No

38. Have you ever been involved in suspension or flying? Yes No

If so, when and with who? \_\_\_\_\_

\_\_\_\_\_

39. List any further information about yourself that you feel you need to share before prayer.

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