

Leader's Name: \_\_\_\_\_ Date Received Ministry: \_\_\_\_\_ Name: \_\_\_\_\_

**Ministry Preparation Questionnaire\***  
for  
*Restoring the Foundations* Issue-Focused Ministry  
River of Life Community Church

**INTRODUCTION AND DESCRIPTION OF MINISTRY**

The *Restoring the Foundations* (RTF) Issue-Focused Ministry is for a person who wants help with one issue/problem/topic in his/her life. If this is you, please continue. Use the following pages, and the help of the Holy Spirit, to provide your Cell/Small Group Leader the information needed to determine the root issues that underlie your problem and that should be addressed during your ministry time.

Generally, the RTG Issue-Focused Ministry will be accomplished in one meeting, 2-3 hours in duration. Your Cell/Small Group Leader and his/her assistant will normally be the ones ministering to you.

These pages give you an opportunity to do a "self-interview," where you ask yourself (and the Holy Spirit) some pointed questions. Please work your way through these pages, and fully complete them. Give them to your Cell/Small Group Leader several days before your scheduled ministry so that s/he can prayerfully prepare. This Questionnaire will be returned to you after the ministry is completed.

If your Cell/Small Group Leader desires additional assistance during his/her ministry to you, s/he may consult with the church pastors and/or their designated representatives concerning his/her ministry to you (see Referral paragraph in form at the center of this Questionnaire). If you should need additional ministry, your Group Leader, along with your Zone Pastor, can discuss with you the best sources of referral.

Page 9 of this Questionnaire is a Waiver of Liability and Confidentiality forms. Please read this form carefully, and then, if you accept the provisions, sign and date it. This form will be filed in the Church Office.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: Single  Married  Separated  Divorced  Widowed  Remarried

Presently living with: Parents  Spouse  Alone  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours worked/week: \_\_\_\_\_

**DESCRIPTION OF YOUR CURRENT PROBLEM**

1. Describe the problem that prompted you to seek ministry at this time.

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\* This *Ministry Preparation Questionnaire* is for use with *Restoring the Foundations Issue-Focused Ministry* from Proclaiming His Word Ministries, PO Box 2339, Santa Rosa Beach, FL 32459, 850-835-4060, office@cellgroups.org.

2. How is your life affected by this problem?

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3. How do you feel about yourself because of this problem?

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4. What is the most painful or difficult thing for you about this problem?

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5. On a scale of 1-10, how painful is this problem? (10 being very painful)

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6. How are others that you love being affected because of this problem?

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7. How is your relationship with God being affected by this problem?

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8. When did the problem begin? Is it an ongoing problem?

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9. Are there any similarities to your current problem and painful situations you have experienced in your childhood? Are there similarities with painful situations in the more recent past?

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

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11. What do you see as your “contribution” to the problem?

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12. What Sins of the Fathers and Resulting Curses do you believe may be contributing to this problem?

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13. What ways have you already tried to resolve this problem?

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14. Has anyone spoken any word curses over you, either currently or in the past, that could relate to your current problem? (i.e., “You are a failure.” “You’ll never amount to anything.”)

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15. Have you spoken (or thought) curses about yourself that relate to the problem? (i.e., “I’ll never be able to keep a marriage together.”)

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16. Have you made judgments or vows against anyone else that might relate to your current problem? (i.e., “Men/Women are untrustworthy and will be unfaithful.”)

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17. Check the following areas that you believe are related to your current problem/issue. Put one check mark (√) for areas that are somewhat related and two check marks (√√) for areas that are strongly related.

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**(√) Somewhat Related (√√) Strongly Related Areas**

<input type="checkbox"/> Abuse (Verbal, emotional, sexual)	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Rejection
<input type="checkbox"/> Addictions/Compulsions	<input type="checkbox"/> Fear/Phobia	<input type="checkbox"/> Relationship Issues
<input type="checkbox"/> Anger/Aggression	<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Children Issues	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Sexual Sins/Issues
<input type="checkbox"/> Church Split	<input type="checkbox"/> Health Issues	<input type="checkbox"/> Sleep Disturbance
<input type="checkbox"/> Confusion	<input type="checkbox"/> In-laws/Parents Issues	<input type="checkbox"/> Spiritual Concerns
<input type="checkbox"/> Control Issues	<input type="checkbox"/> Legal Pressures	<input type="checkbox"/> Stress/Anxiety
<input type="checkbox"/> Death of Loved One	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Suicidal Thoughts/Plans
<input type="checkbox"/> Demonic Torment	<input type="checkbox"/> Marriage Issues	<input type="checkbox"/> Trauma
<input type="checkbox"/> Depression	<input type="checkbox"/> Perfectionism	<input type="checkbox"/> Vocational /Educational
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Premarital Issues	

On the following pages, please provide other information about your Ancestors, Ungodly Beliefs (UGB), and Background that you feel relate to your current problem.

**ANCESTORS' BACKGROUND**

This section gives you an opportunity to present an overview of your of your ancestors and areas of sin that might be having an impact on your current problem.

From what country (or countries) did your ancestors originally come? \_\_\_\_\_

What are the prominent ethnic backgrounds of your ancestors? \_\_\_\_\_

What are the church backgrounds of your ancestors? \_\_\_\_\_

In what geographic areas have they primarily lived their lives? \_\_\_\_\_

Is it possible that they were connected with slavery, i.e., either owners, traders or slaves? \_\_\_\_\_

Is it likely that they were involved in the occult? \_\_\_\_\_

Is it possible that they were involved in the occult? \_\_\_\_\_

Please include any other information that is relevant. \_\_\_\_\_

**ANCESTORS' OPEN DOORS (Genesis 4:7)**

In this section you are to identify the sin areas that your parents, grandparents, and/or your great-grandparents were involved with. The goal is to stop this sin pressure in your life. Check (√) each area that applies. In addition, use two checks (√√) for those areas that you believe relate directly to your current problem. Please consider these items as honestly and completely as you can.

_____ Abandonment	_____ Financial Problems	_____ Racism
_____ Abuse (verbal, emotional, sexual)	_____ Greed	_____ Rejection
_____ Addiction/Escape	_____ Grief, Exaggerated	_____ Religious Legalism
_____ Anger/Rage	_____ Infirmities	_____ Sexual Sins
_____ Bitterness/Complaining	_____ Job Failure	_____ Shame/Condemnation
_____ Control	_____ In-laws/Parents Issues	_____ Spiritual Concerns
_____ Control Issues	_____ Lying	_____ Strife/Division
_____ Cult Involvement	_____ Mental Illness	_____ Suicidal Thoughts/Plans
_____ Death, Premature	_____ Occult Involvement	_____ Unbelief
_____ Deception	_____ Prejudice	_____ Unworthiness/Inferiority
_____ Depression	_____ Pride	_____ Victimization/Passivity
_____ Fears/Anxiety	_____ Rebellion	_____ Violence

**ANCESTORS' PATTERNS**

Please check all of the following patterns that are common to your ancestors, immediate family, and/or extended family. (Note: Your extended family includes aunts, uncles and cousins.) In addition, circle any of these patterns that you see in your current problem.

_____ Lack of intimacy in marriage	_____ Lack of communication between spouses
_____ Men dominant over women	_____ Lack of communication between parents and children
_____ Women dominant over men	_____ Children were idolized
_____ Family idolatry (sports, beauty, etc.)	_____ Favoritism shown among children
_____ Family secrets	_____ Children not valued
_____ Most received salvation	_____ Most were not saved.

## Ungodly Beliefs About Myself

Read the following statements, and check the ones that you relate to or agree with. Ask the Holy Spirit to show you other Ungodly Beliefs that you may have. (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. The best way to avoid more hurt, rejection, etc., is to isolate myself.  
 \_\_\_ 6. \_\_\_\_\_

### 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. I can avoid conflict that would risk losing others' approval by being passive and not doing anything.  
 \_\_\_ 5. God doesn't care if I have a "secret life," as long as I appear to be good. (Deception about doing.)  
 \_\_\_ 6. \_\_\_\_\_

### Theme: Control (to avoid hurt)

- \_\_\_ 1. I have a 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. \_\_\_\_\_

### 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. It is impossible to lose weight (or gain weight). I am just stuck.  
 \_\_\_ 4. I am not competent/complete as a man (woman).  
 \_\_\_ 5. \_\_\_\_\_

### Theme: Personality Traits

- \_\_\_ 1. I will always be \_\_\_\_\_ (angry, shy, jealous, insecure, fearful, etc.)  
 \_\_\_ 2. \_\_\_\_\_

### Theme: Identity

- \_\_\_ 1. I should have been a boy (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. \_\_\_\_\_

### 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

Read the following statements, and check the ones that you relate to or agree with. Ask the Holy Spirit to show you other Ungodly Beliefs that you may have. (By the way, all of us have Ungodly Beliefs!)

**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. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated or shamed.
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Theme: Retaliation**

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

**Theme: Victim**

- 1. Authority figures will humiliate me and violate me.
- 2. Others will just use and abuse me.
- 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. \_\_\_\_\_
- 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. \_\_\_\_\_
- 3. \_\_\_\_\_

**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. Therefore, I must strive even more (perfectionism). I must do whatever is necessary to try to please you.
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**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 or 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 abandon me.
- 5. God has let me down before. He may do it again. I can't trust Him or feel secure about Him.
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**PARENTS' BACKGROUND**

Parents: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Saved?: Father \_\_\_\_ Mother \_\_\_\_

Rate your Parents' marriage: Unhappy \_\_\_\_ Average \_\_\_\_ Happy \_\_\_\_ Very happy \_\_\_\_

If Parents are 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 \_\_\_\_\_.

You lived with: Father \_\_\_\_ Mother \_\_\_\_ Step-parent \_\_\_\_ Foster parent \_\_\_\_ Other Family Member \_\_\_\_

What kind of relationship did/do you have with your Parents and or Step-Parent(s)?

On a scale of 1 to 10, indicate how much each Parent loves you. Give examples of how they showed their love.

Father deceased? Yes \_\_\_\_ No \_\_\_\_ How old were you at the time? \_\_\_\_\_

Mother deceased: Yes \_\_\_\_ No \_\_\_\_ How old were you at the time? \_\_\_\_\_

**MARITAL BACKGROUND**

Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Saved?: \_\_\_\_\_

Spouse's Religious Affiliation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please rate your marriage: Dissatisfied \_\_\_\_ Average \_\_\_\_ Satisfied \_\_\_\_ Very Satisfied \_\_\_\_

If your current problem involves your spouse, is s/he willing to also receive 1-2 ministry sessions?

Yes \_\_\_\_ No \_\_\_\_ Uncertain \_\_\_\_

Is this your first marriage: \_\_\_\_ If not, 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 and Cause of death

**SPIRITUAL/RELIGIOUS BACKGROUND**

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

Please tell what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received the Baptism of the Holy Spirit? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Describe your relationship with the Lord: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all previous church affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINAL COMMENTS:**

Please share anything else which you feel would help your Cell/Small Group Leader understand you and your current problem/situation better. \_\_\_\_\_

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**LEADER'S NOTES**

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Please contact PHW for information on how to obtain additional copies of this *Ministry Preparation Questionnaire*, other Issue-Focused Ministry Publications (850-835-4060, [office@cellgroups.org](mailto:office@cellgroups.org)).



**Commitment, Referral  
and  
Waiver of Liability and Confidentiality  
Church Office Copy**

**EXPECTATIONS OF YOUR COMMITMENT**

It is expected that you have a sincere desire to overcome whatever problems are hindering you and that you will cooperate fully with your Cell/Small Group Leader and with the Holy Spirit in order to facilitate receiving God’s help. Your Cell/Small Group Leader may ask you to pray, fast or do some outside “homework” in conjunction with your ministry. S/he may also ask you to be accountable to him/her for some specific areas of your life or for some specific behaviors.

**REFERRAL**

If your Cell/Small Group Leader is not equipped or able to minister to your particular need, or if you need longer term ministry, s/he may, in conjunction with the Pastors and/or their designated representative, refer you to appropriate help.

**WAIVER OF LIABILITY**

I understand that I will be seeing a Cell/Small Group Leader 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 s/he is not a licensed or professional pastor or counselor.

**WAIVER OF CONFIDENTIALITY**

I am aware that all statements that I shall make to the Cell/Small Group Leader (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 Group Leader may give a verbal summary report of the ministry to his/her Oversight person.
- I accept that my Group Leader may consult with the Church Pastors, Oversight Pastor, Church Counselors or others in a caring position, concerning his/her ministry to me, with the purpose of providing me with more effective ministry.
- I accept that the Church Pastors, and/or their designated representative, will be informed of any ongoing, willful sin in my life.
- I acknowledge that Pastors, Counselors, Cell/Small Group Leaders, or 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, 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 and Cell/Small Group Leaders at Prayers Ministries, Inc., dba River of Life Community 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: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Leader’s Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Witness: \_\_\_\_\_



**Biblical Counseling to Restore the Foundations in Your Life**  
**This is a service offered by Prayers Ministries, Inc.**

**HEALING STREAMS MINISTRY**

Healing Streams Ministry provides the following services:

- \* Biblical Counseling
- \* Restoring the Foundations
- \* Family and Marriage Counseling
- \* For a complete list of services please pick up a brochure.

This ministry is not to be used as a substitute, nor does it replace, professional psychological care or therapy. Do not stop taking your medication unless advised by your physician.

Compassion and time are given to those who are hurting and desire wholeness in Christ.

All sessions are 50 minutes long. A \$60 donation is requested for services rendered. Church members in good standing are requested to donate \$25 per session.

By signing below, I attest that I have read and understand the preceding statements. I also agree to hold Prayers Ministries, Inc., dba River of Life Community Church, and its agents harmless and free from any and all claims arising from the ministry services provided.

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Signature

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Printed Name

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Address

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City, State and ZIP Code

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Telephone Number



**Biblical Counseling to Restore the Foundations in Your Life**

**This is a service offered by Prayers Ministries, Inc.**

**Healing Streams Ministry**  
Release of Counseling Information

I understand that at any time, Dr. Janet Cook, PhD., can request, from my RTF Minister, information that has been shared in a ministry session.

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Signature

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Date