



## **ISSUE FOCUSED MINISTRY QUESTIONNAIRE**

### **INTRODUCTION AND DESCRIPTION OF MINISTRY**

Issue focused ministry is a type of inner healing prayer ministry that is designed to focus on a single issue that is negatively impacting your life. Please fill out the following pages in order to provide your minister with information that will guide them in determining the root of your issue.

Our goal is to connect you with Jesus and to follow the leading of the Holy Spirit. We want you to encounter the Lord in his power and presence and for him to address any unbelieving areas in your heart.

*2 Corinthians 3:17 “Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom.”*

It is our heart’s desire to show you the Father’s heart. We want you to be transformed by the truth of God’s living and powerful word. We encourage you to let the light of His truth shine in your heart and break the chains that have held you back from reaching your destiny.

### **MINISTRY PROCESS**

- The ministry receiver will complete the **Personal Questionnaire** and sign and date the **Waiver of Liability and Confidentiality**.
- Once you have submitted your completed PQ, one of our prayer ministers will contact you upon receipt of your PQ.
- The ministry receiver will have a pre-ministry interview with the prayer ministers at a scheduled time prior to the day of ministry.

- A \$50 administrative fee will be required to cover the cost of the pre-ministry interview as well as a copy of the *Healing & Freedom* book.
- Ministry receivers are required to read *Healing & Freedom* prior to their ministry appointment.
- Each session will typically last 3-4 hours.
- Submit your completed PQ to the following email:  
Email: [kerri@un-chained-heart.org](mailto:kerri@un-chained-heart.org) (PDF file only please)
- We ask that you prayerfully consider a suggested donation of \$50/hour for the ministry process. Since UHM is a 501(c)(3) tax-exempt, non-profit organization all donations are tax deductible.
- Any cancellations that are necessary need to be made no less than 24 hours or you will be charged a \$25 cancellation fee.
- If additional ministry is recommended, your minister(s) will discuss with you the possibility for referral.

### **Personal Information**

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

City/State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Marital Status (please circle): Single Married Separated Divorced Widowed Remarried

Currently living with (please circle): Parents Spouse Alone Other

### **Marital Background**

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

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

Please rate your marriage (please circle): Dissatisfied Average Satisfied Very Satisfied

If your current issue involves your spouse, is he/she willing to receive 1-2 ministry sessions? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Is your spouse saved? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Is this your first marriage (please circle)? Yes No If not, please explain:

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**Please fill out the chart below with info for all children and stepchildren.**

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 Saviour?

Yes\_\_\_\_\_ No\_\_\_\_\_ When? \_\_\_\_\_

Please briefly share the experience you had when accepting Christ:

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Have you received the baptism of the Holy Spirit? (This is not water baptism.)

Yes\_\_\_\_\_ No\_\_\_\_\_ When? \_\_\_\_\_

Please describe your current relationship with the Lord:

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Please list all previous, and current, church affiliations:

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### **Description of Your Current Issue**

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

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2. Does this issue seem like a familiar theme/experience in your life? \_\_\_\_Yes \_\_\_\_No  
If yes, please explain below the first time you have experienced/felt this.

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3. How is your life currently affected by this issue?

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4. How do you feel about yourself because of this issue?

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5. What is the core belief you have developed because of this issue?

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6. What is the most painful or difficult thing for you about this issue?

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7. On a scale of 1-10, how painful is this issue (10 being very painful)? \_\_\_\_\_

8. How are others that you love, and those closest to you, being affected by this issue?

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9. When did the issue begin/what age? Is it an ongoing issue?

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10. Please list any noted similarities between the current issue and painful situations from your past. How does this issue feel familiar? Please also note any recent situations that may relate.

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11. If this issue is not resolved, what are you concerned will happen?

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

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13. Please list any word curses spoken to/about you, either currently or in the past, that could relate to this issue. (example: "You will never succeed." "You are dumb.")

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14. Please list any curses (or thoughts) you have spoken about yourself that relate to the issue. (Example: "I am so stupid.")

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15. Please list any judgements or vows you have made against anyone else that might relate to the issue. (example: Men/women are untrustworthy and will always let me down")

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### **Ancestors/Family Background**

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

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2. What are the ethnic backgrounds of your ancestors?

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3. What are the church backgrounds of your ancestors?

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4. In what geographic areas have they primarily lived?

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5. Were they involved in unfair business practices?

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6. Were they involved in the occult? If so, in what way? (Ex....)

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7. Most family members (please circle one) were / were not saved.

8. Please list any other information about family/ancestors that is relevant to your current issue.

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### **Parents' Background**

Parents are (circle): Married Separated Divorced Remarried

Are your parents saved? Dad: yes/no Mom: yes/no

Rate your parents' marriage (please circle): Unhappy Average Happy Very Happy

If your parents are/were separated/divorced, how old were you at the time of the separation/divorce? \_\_\_\_\_

Growing up you lived with (please circle):

Father   Mother   Step Parent   Foster Parent   Other

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

Mother deceased (please circle)? Yes   No   How old were you at the time of death? \_\_\_\_\_

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

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

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

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. \_\_\_\_\_

Please fill in the blanks:

I often felt that my mother \_\_\_\_\_

I often felt that my father \_\_\_\_\_

### **Family Patterns**

1. Please share any common negative emotions or behaviors that you have seen to be a trend in your family line that may also be present in your life. (ex: shame, guilt, fear, rejection, denial, religious, controlling, rebelliousness, people pleasing, etc)

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### **Open Doors, Family Sin Patterns**

Please identify the sin patterns that your ancestors, and/or you, are involved in that relates to your issue. Please mark “**S- self**” if it is something you directly have experienced. Please mark “**A- ancestors**” if it is something your parents, grandparents, or great grandparents experienced. Please mark “**R- related**” if you feel like this is something directly related to the current issue. Please answer these as honestly as you can. It is vital for complete freedom.

A	S	R		A	S	R		A	S	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonic Torment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occult Involvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression/Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/In-Law Issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce/Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perfectionism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drugs, Legal/Illegal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Traumatic Stress Disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse Spiritual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premarital Issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pride
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addictions/Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Secretts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebellion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Favoritism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rejection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fears/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religiouss Issues/Legalism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger/Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financiaal Issues/Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Bondage/Issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bitterness/Criticalness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Freemasonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shame/Guilt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bound/Hindered Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender Identity Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Problemss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Idolatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strife/Division
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide Thoughts/Attempts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicaton, Little or Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Intimacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Issues/Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unbelief/Doubt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cult Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfulfilled Lives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unforgivemenssss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cyber Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unworthiness/Inferiority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Death, Premature Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victimization/Passivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deception/Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Age/Gothic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deceptive Buisness Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Wanted/Outsider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawal



## **Ungodly Beliefs About Myself**

Please check the ungodly beliefs that directly relate to your current issue.

### **Theme: Rejection, Not Belonging**

- ☐ I don't belong. I will always be left out.
- ☐ My feelings are not important. No one cares what I feel.
- ☐ No one will love me or care about me as I truly am.
- ☐ I will always be alone. I will never find the man/woman for me.
- ☐ \_\_\_\_\_

### **Theme: Unworthiness, Guilt, Shame**

- ☐ I am not worthy to receive anything from God.
- ☐ When something goes wrong, it is my fault. I am the problem.
- ☐ I am a bad person. If people knew the real me, they would reject me.
- ☐ If I wear a mask, people won't find out that I am a bad person and reject me.
- ☐ Due to the mistakes I've made, I have missed God's plan for my life.
- ☐ \_\_\_\_\_

### **Theme: Doing to achieve self worth, value, recognition**

- ☐ I will never get credit for the things I do.
- ☐ My value is only in the things I do. I am only valuable because I do good things for others or because of my achievements.
- ☐ Even when I do my best or give my best, it is never good enough. I will never be able to meet the standard.
- ☐ \_\_\_\_\_

### **Theme: Control (to avoid hurt)**

- ☐ I have to plan every minute of every day of my life. I am not able to relax.
- ☐ The perfect life is one where no conflict is allowed and so there is peace.
- ☐ I can avoid conflict that would risk losing others' approval by being passive and not addressing issues.
- ☐ The best way to avoid more hurt, rejection, etc., is to remove myself from others.
- ☐ \_\_\_\_\_

### **Theme: Physical**

- ☐ I am not attractive. God short changed me.
- ☐ I am doomed to have certain physical issues. They are just part of what I have inherited.
- ☐ I am going to end up sick just like \_\_\_\_\_ (mom/dad/grandparents).
- ☐ \_\_\_\_\_

### **Theme: Personality Traits**

- ☐ I will always be \_\_\_\_\_ (angry, shy, envious, insecure, afraid, etc.)
- ☐ I will never be \_\_\_\_\_ (accepted, lovable, happy, safe, free, etc.)
- ☐ \_\_\_\_\_

### **Theme: Identity**

- ☐ If I were a boy/girl, my parents would have loved and valued me more.
- ☐ Men (women) have it better/easier.
- ☐ I will never be known or appreciated for my real self.
- ☐ I will never change and be as God created me to be.
- ☐ I am not competent/complete as a man (woman).
- ☐ \_\_\_\_\_

**Theme: Miscellaneous**

- ☐ I have wasted a lot of time and energy, costing me some of my best years.
- ☐ Turmoil/Chaos is normal for me.
- ☐ I will always have problems with money.
- ☐ \_\_\_\_\_

**Ungodly Beliefs About Others**

Please check the ungodly beliefs that directly relate to your current issue.

**Theme: Safety/Protection**

- ☐ I have to be careful about what I say because it may be used against me.
- ☐ I have to guard and hide my emotions and feelings to protect myself.
- ☐ I cannot give anyone the satisfaction of knowing that they have hurt me. I will not allow myself to be vulnerable, humiliated, or shamed.
- ☐ The best way to stay safe is to (avoid/overpower) other people.
- ☐ I will always have to be strong to protect and defend myself.
- ☐ It's not safe for me to submit myself to anyone.
- ☐ \_\_\_\_\_

**Theme: Retaliation**

- ☐ The best way to respond to someone offending me is to punish them by withdrawing and/or cutting them off.
- ☐ I will make sure that \_\_\_\_\_ hurts as much as I do.
- ☐ \_\_\_\_\_

**Theme: Victim**

- ☐ Those in authority over me will always humiliate me and violate me.
- ☐ I will always be used and abused by others.
- ☐ My value is completely based on others' judgment/perception of me.
- ☐ I am completely under someone's authority. I don't have a will or choice of my own.
- ☐ I will not be known, understood, loved, or appreciated for being me by those close to me.
- ☐ The significant people in my life are not available for me and will not be available for me when I need them.
- ☐ \_\_\_\_\_

**Theme: Hopelessness/Helplessness**

- ☐ I am all alone. If I get into trouble or need help, there isn't anyone to rescue me.

- ☐ I have messed up my life so much that there is no use going on.
- ☐ I am a victim of my environment and there is no hope for change.
- ☐ I am without anyone.
- ☐ Something is wrong with me./I am too messed up.
- ☐ \_\_\_\_\_

**Theme: Defective in Relationships**

- ☐ I will never be able to fully give or receive love. I don't know what love is.
- ☐ I can't let others close to me. It's too risky. They may break my heart like others have before.
- ☐ If I fail to please someone, I won't receive their pleasure and acceptance.
- ☐ I must strive (perfectionism) to do whatever possible to try to please others.
- ☐ I will never be a priority to those who are in authority over me.
- ☐ \_\_\_\_\_

**Theme: God**

- ☐ God loves others more than he loves me.
- ☐ I am only valuable to God for what I do. My life is just a means to an end.
- ☐ No matter how much I aim to please God, I'll never be able to do enough nor do it well enough to please God.
- ☐ God is judging me when I relax. I have to stay busy working for him or He will punish me.
- ☐ God has let me down before and I believe he may do it again. I am not able to trust Him or feel secure with Him.
- ☐ \_\_\_\_\_

**Final Comments**

Please share any further information that you would like the ministers to know in order to help them understand you and the issue for which you are seeking ministry.

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**COMMITMENT, REFERRAL, AND WAIVER OF LIABILITY AND  
CONFIDENTIALITY**

## **EXPECTATIONS OF YOUR COMMITMENT**

I understand that it is expected that I have the sincere desire and commitment to overcome the issues that are hindering me. I understand that I am expected to fully cooperate with my ministers and with the Holy Spirit in order to receive ministry. I understand that I may be asked to pray, fast, or do some outside “homework” in addition to the ministry I will be receiving. I understand that I may also be asked to be accountable to my minister(s) for some specific areas as well as some specific behaviors in my life.

## **REFERRAL**

If my ministers are not equipped or able to minister to the particular issue or if I need additional ministry, my minister may refer me to appropriate help.

## **WAIVER OF LIABILITY**

I understand that I will be seeing ministers who are able to listen, support, encourage, advise, pray and minister to me to help me overcome the issue I am facing and to assist growth in my walk with the Lord. I accept/understand that my ministers may not be a licensed or professional pastor or counselor.

## **WAIVER OF CONFIDENTIALITY**

I understand that all of the statements that I make to my ministers (and to any assistant present) are of a confidential nature. This includes all written information as well. I am aware that legally and ethically this information may not be disclosed without my written consent.

However, I waive my right to “complete” confidentiality in the following situations:

\*I accept that my ministers may consult with my pastor and/or other designated representatives for the purpose of providing me with more effective ministry relating to my issue.

\*I acknowledge that my ministers are required by law to report to the appropriate person, agency, or civil authority any harm, or potential harm, that a person may attempt or desire to do one’s own self or to others.

\*I acknowledge that my ministers are required by law to report any reasonable suspicion of physical or sexual abuse that has been done or that is currently being done to a minor.

\*I accept that my ministers reserve the right to make such reports as mandated by law whether or not they notify me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Confidentiality and that I accept the stated conditions and limits of confidentiality.

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

Printed Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

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

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

Minister's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Assistant Minister's Name:\_\_\_\_\_ Phone:\_\_\_\_\_