

## **DO WHAT JESUS DID Interview Questionnaire**

### **STATEMENT OF CONFIDENTIALITY**

All information provided to us is kept strictly confidential and will be used solely for the purpose of assisting you in your walk with our Lord and Savior Jesus Christ. We request your phone number and email address to allow us to maintain contact with you. If you are not comfortable with sharing this information then feel free to let us know.

We are a lay deliverance ministry that works with people who have or believe they have demonic bondage and/or oppression. We are not a counseling ministry. Anyone who determines they would be better served by counseling should seek the services of a licensed professional.

## PERSONAL SPIRITUAL PROFILE

© Bob Larson 2010

### Short Form Version *Private and Confidential*

This Profile is copyrighted and may not be reproduced in any form without the written permission of Bob Larson and the Spiritual Freedom Church International, Inc. © Bob Larson 2008. *All information supplied in this form is voluntarily given. The respondent has the right to refuse answering any questions and such refusal will not prejudice the interpretation of the information supplied.*

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

Marital Status:  Married  Single  Separated  Divorced

Cultural / Ethnic Background: \_\_\_\_\_

#### SPIRITUAL INFORMATION

1. Salvation/Christian confession:  No  Yes - if yes, when? \_\_\_\_\_

2. Describe your relationship with God:  Excellent  Could use improvement  Poor

3. What spiritually hinders your life? \_\_\_\_\_

#### FAMILY HISTORY

Describe your relationship with your parents, stepparents, siblings when you were *a child*.

Biological Father:  Good  Bad  Indifferent

Biological Mother:  Good  Bad  Indifferent

Stepfather:  Good  Bad  Indifferent

Stepmother:  Good  Bad  Indifferent

Siblings:  Good  Bad  Indifferent

Were you a wanted/planned child?  Yes  No  Don't Know

Were you the sex your parents wanted?  Yes  No  Don't Know

Were you conceived out of wedlock?  Yes  No  Don't Know

Were you adopted?  Yes  No  Don't Know

U.S. Office: Bob Larson • P.O. Box 36-A • Denver, Colorado 80236 • 303-980-1511

Overnight address: 575 Union Blvd., Suite 110, Lakewood, CO 80228

CANADIAN OFFICE: Bob Larson • P. O. Box 50098, Marlborough CRO • Calgary, AB T2A 7P1 • 403-945-4550

<http://www.boblaron.org> • email: [bob@boblaron.org](mailto:bob@boblaron.org)

**SPIRITUAL EVALUATION- OCCULT PRACTICES**

If you have participated please put X in the box . If further explanation is needed, please do so on the line.

- Astral projection \_\_\_\_\_
- Astrology/horoscopes \_\_\_\_\_
- Automatic writing/painting \_\_\_\_\_
- Channeling \_\_\_\_\_
- Fortune telling \_\_\_\_\_
- Incantations \_\_\_\_\_
- Light as a feather \_\_\_\_\_
- Magic - white/black \_\_\_\_\_
- Ouija board \_\_\_\_\_
- Palm reading \_\_\_\_\_
- Seances \_\_\_\_\_
- Spells \_\_\_\_\_
- Tarot cards \_\_\_\_\_
- Witchcraft/Wicca \_\_\_\_\_
- Water witching/dowsing \_\_\_\_\_

**SPIRITUAL EVALUATION – NEW AGE/PSYCHIC PRACTICES**

If you have participated please put X in the box . If further explanation is needed, please do so on the line.

- Auras \_\_\_\_\_
- Ascended Masters \_\_\_\_\_
- Clairvoyance/precognition \_\_\_\_\_
- Firewalking \_\_\_\_\_
- Hypnosis \_\_\_\_\_
- Levitation \_\_\_\_\_
- Meditation/Mantras/Chants \_\_\_\_\_
- Mind control \_\_\_\_\_
- Parapsychology \_\_\_\_\_
- Past Life Therapy \_\_\_\_\_
- Psychic consultation \_\_\_\_\_
- Psychic healing \_\_\_\_\_
- Psychokinesis \_\_\_\_\_
- Remote viewing \_\_\_\_\_
- Spirit guides \_\_\_\_\_
- Tantric yoga \_\_\_\_\_
- Telekinesis \_\_\_\_\_
- Telepathy \_\_\_\_\_
- Trances \_\_\_\_\_
- Transcendental Meditation \_\_\_\_\_
- Voodoo \_\_\_\_\_
- Yoga \_\_\_\_\_

**RELIGIOUS LITERATURE**

If you have read or studied, please put X in the box . If further explanation is needed, please do so on the line.

- Bhagavad-Gita \_\_\_\_\_
- Book of Mormon \_\_\_\_\_
- Carlos Castaneda \_\_\_\_\_
- Course in Miracles \_\_\_\_\_
- Dianetics \_\_\_\_\_
- Edgar Cayce books \_\_\_\_\_
- Koran \_\_\_\_\_
- Morals and Dogma \_\_\_\_\_
- Necronomicon \_\_\_\_\_
- Satanic Bible \_\_\_\_\_
- Science and Health \_\_\_\_\_
- Teachings of Buddha \_\_\_\_\_
- Urantia Book \_\_\_\_\_

**RELIGIOUS BELIEFS, CULTS. & SECRET SOCIETIES**

If you have participated please put X in the box . If further explanation is needed, please do so on the line.

- Atheism /Agnosticism \_\_\_\_\_
- Bahai'ism \_\_\_\_\_
- Buddhism/Zen \_\_\_\_\_
- Church of Satan \_\_\_\_\_
- DeMolay (young male Freemasons) \_\_\_\_\_
- Eastern Star (female Freemasons) \_\_\_\_\_
- Eckankar \_\_\_\_\_
- Est/The Forum \_\_\_\_\_
- Hare Krishna \_\_\_\_\_
- Hinduism \_\_\_\_\_
- Islam \_\_\_\_\_
- Jehovah's Witnesses \_\_\_\_\_
- Kabbalism \_\_\_\_\_
- Ku Klux Klan \_\_\_\_\_
- Freemasonry \_\_\_\_\_
- Mormonism \_\_\_\_\_
- Nation of Islam \_\_\_\_\_
- Neo-Nazis/Skinheads \_\_\_\_\_
- Odinism \_\_\_\_\_
- Paganism \_\_\_\_\_
- Rainbow Girls \_\_\_\_\_
- Reincarnation \_\_\_\_\_
- Rosicrucianism \_\_\_\_\_
- Santeria \_\_\_\_\_
- Satanism \_\_\_\_\_
- Science of Mind \_\_\_\_\_
- Scientology \_\_\_\_\_
- Taoism \_\_\_\_\_
- Theosophy \_\_\_\_\_
- Unification Church (Moonies) \_\_\_\_\_
- Unity \_\_\_\_\_
- Voodoo \_\_\_\_\_

**PHYSICAL HEALTH ISSUES**

If you have this health issue please put X in the box . If further explanation is needed, please do so on the line

- Arthritis \_\_\_\_\_
- Cancer \_\_\_\_\_
- Chronic Fatigue Syndrome \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Fibromyalgia \_\_\_\_\_
- Gastrointestinal issues \_\_\_\_\_
- Heart disease \_\_\_\_\_
- High blood pressure \_\_\_\_\_
- Infertility \_\_\_\_\_
- Post Traumatic Stress Disorder \_\_\_\_\_

Other health issues: \_\_\_\_\_

**MENTAL HEALTH PROFILE**

If you or a family member have this mental health issue please put X in the box . If further explanation is needed, please do so on the line. If the X refers to a family member, please indicate who in the family.

- ADD/ADHD \_\_\_\_\_
- Anxiety Disorder \_\_\_\_\_
- Autism \_\_\_\_\_
- Bipolar \_\_\_\_\_
- Borderline \_\_\_\_\_
- Depression \_\_\_\_\_
- OCD (obsessive compulsive) \_\_\_\_\_
- Panic attacks \_\_\_\_\_
- Phobias (if yes please list) \_\_\_\_\_
- MPD/DID (multiple personalities) \_\_\_\_\_
- Schizophrenia \_\_\_\_\_

Other mental disorders: \_\_\_\_\_

Current medications: \_\_\_\_\_

- Psychiatric/psychological diagnosis if any: \_\_\_\_\_
- Seen psychiatrist? If yes, how often \_\_\_\_\_
- Shock treatment? \_\_\_\_\_

**EMOTIONAL/BEHAVIORAL PROFILE**

---

Please put X in the box  that best describes you .

- Do you have feelings of guilt?
- Do you have terrifying panic attacks?
- Have you ever acted like a child since becoming an adult?
- Have you experienced loss of time and didn't remember what happened ?
- Have you experienced sleep paralysis
- Are portions of your life missing from memory?
- Anxious
- Depressed
- Fearful
- Inferiority
- Insecurity
- Lonely
- Low self-esteem
- Nightmares
- Stressful
- Self-condemnation
- Suspicious
- Worthlessness

**Anger Issues**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bitterness      | <input type="checkbox"/> Hatred                | <input type="checkbox"/> Strife        |
| <input type="checkbox"/> Envy            | <input type="checkbox"/> Jealousy              | <input type="checkbox"/> Rage          |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Physical abuser       | <input type="checkbox"/> Revenge       |
| <input type="checkbox"/> Frustration     | <input type="checkbox"/> Physical abuse victim | <input type="checkbox"/> Unforgiveness |

**Death Issues**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abortion (you/spouse/other) | <input type="checkbox"/> Murder                | <input type="checkbox"/> Self harm/cutting          |
| <input type="checkbox"/> Intent to harm others       | <input type="checkbox"/> Thoughts of self harm | <input type="checkbox"/> Suicide attempt(s) # _____ |

**Aberrational behavior**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Anxiety attacks  | <input type="checkbox"/> Compulsive spending | <input type="checkbox"/> Shoplifting         |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Picking/tics        | <input type="checkbox"/> Tourette's Syndrome |

**Addictions**

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Gambling           | <input type="checkbox"/> Sex         |
| <input type="checkbox"/> Drugs      | <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Tobacco     |
| <input type="checkbox"/> Food       | <input type="checkbox"/> Sleep aids         | <input type="checkbox"/> Workaholism |

**Criminal Activity**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Arrested/imprisoned | <input type="checkbox"/> Rape                  | <input type="checkbox"/> Vandalism    |
| <input type="checkbox"/> Embezzlement        | <input type="checkbox"/> Selling illegal drugs | <input type="checkbox"/> Violent acts |

**SEXUAL HISTORY (given by permission)**

Please put X in the box  that applies to you.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adultery           | <input type="checkbox"/> Lustful thoughts | <input type="checkbox"/> Prostitution  |
| <input type="checkbox"/> Bestiality         | <input type="checkbox"/> Necrophilia      | <input type="checkbox"/> Raped         |
| <input type="checkbox"/> Internet/phone sex | <input type="checkbox"/> Perverted sex    | <input type="checkbox"/> Sadomasochism |
| <input type="checkbox"/> Molested           | <input type="checkbox"/> Promiscuity      | <input type="checkbox"/> Stripping     |
| <input type="checkbox"/> Molested someone   | <input type="checkbox"/> Pornography      | <input type="checkbox"/> Transvestism  |

**TRAUMA OCCURRENCE(S)**

1. List any episodes of abuse, trauma, major accidents, or any other events that deeply affected you.

a) Events from 0 to 5: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Events from 5 to 10: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Events from 10 to 15: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Events from 15 to 20: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Events after 20: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please put X in the box  that applies to you.

**DEMONIC ACTIVITY**

- Anti-Christ obsessions
- Blasphemous thoughts
- Curses placed on you/family
- Deny Jesus is God
- Deny the existence of Satan or demons
- Desire to curse God/Christ
- Desire to renounce God/Christ
- Hostility to/rejection of God
- Pact with the devil

**DEMONIC MANIFESTATIONS**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alien abduction            | <input type="checkbox"/> Mood changes               | <input type="checkbox"/> See visions             |
| <input type="checkbox"/> Change in voice            | <input type="checkbox"/> Near- death experience     | <input type="checkbox"/> Smell strange odors     |
| <input type="checkbox"/> Clawing inside             | <input type="checkbox"/> Obscene outbursts          | <input type="checkbox"/> Sudden sleepiness       |
| <input type="checkbox"/> Confused thought           | <input type="checkbox"/> Out-of-body experience     | <input type="checkbox"/> Thoughts invaded        |
| <input type="checkbox"/> Defile holy objects        | <input type="checkbox"/> Poltergeists               | <input type="checkbox"/> UFO sightings           |
| <input type="checkbox"/> Convulsions/seizures       | <input type="checkbox"/> Possessed by living person | <input type="checkbox"/> Unable to pray          |
| <input type="checkbox"/> Eyes turn red when angry   | <input type="checkbox"/> See dark shapes/shadows    | <input type="checkbox"/> Unable to read Bible    |
| <input type="checkbox"/> Fear anointing oil         | <input type="checkbox"/> See demons                 | <input type="checkbox"/> Unexplained accidents   |
| <input type="checkbox"/> Fear holy water/salt       | <input type="checkbox"/> See fairies                | <input type="checkbox"/> Unknown language spoken |
| <input type="checkbox"/> Feel a presence            | <input type="checkbox"/> See ghosts/apparitions     | <input type="checkbox"/> Unusual lights          |
| <input type="checkbox"/> Foam at the mouth          | <input type="checkbox"/> See monsters               | <input type="checkbox"/> Unusual sounds          |
| <input type="checkbox"/> Hear voices/hissing sounds | <input type="checkbox"/> See nature spirits         | <input type="checkbox"/> Unusual strength        |
| <input type="checkbox"/> Inability to move/speak    | <input type="checkbox"/> Spirit possession          | <input type="checkbox"/> Voices of dead heard    |

**ABNORMAL DEMONIC ACTIVITY**

- Succubus (demonic sexual intercourse with a female spirit)
- Incubus (demonic sexual intercourse with a male spirit)
- Feeling cold or having the room become very cold
- Altered states of consciousness without alcohol/other drugs
- Feel like external force affects/has power over you
- Feel like you're in or seeing a heavy mist/fog
- Unexplained electronic/mechanical equipment malfunction
- Feelings of pressure on chest/ feelings of suffocation
- Bites, scratches, or other physical attacks on your body
- Vomiting/coughing up phlegm in response to prayer
- Feeling like you were possessed by a dead person
- Feelings of being choked/unable to breathe when praying
- Hearing growling sounds inside your head or body
- Having feelings controlled by someone or something outside you
- Fear of, mocking of, revulsion toward Christian symbols, objects, music etc.
  - Hearing voices or having thoughts that:
    - Condemn you severely
    - Blaspheme God, Jesus of Nazareth, the Holy Spirit or Christians
    - Suggest/urge illegal/immoral/destructive activities
    - Drive you to commit suicide, homicide, abortion
    - Compel sexual assaults on others or perverse sexual acts
    - Speak against Christian pastors/counselors/lead



**DEMONIC MANIFESTATIONS**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alien abduction            | <input type="checkbox"/> Mood changes               | <input type="checkbox"/> See visions             |
| <input type="checkbox"/> Change in voice            | <input type="checkbox"/> Near- death experience     | <input type="checkbox"/> Smell strange odors     |
| <input type="checkbox"/> Clawing inside             | <input type="checkbox"/> Obscene outbursts          | <input type="checkbox"/> Sudden sleepiness       |
| <input type="checkbox"/> Confused thought           | <input type="checkbox"/> Out-of-body experience     | <input type="checkbox"/> Thoughts invaded        |
| <input type="checkbox"/> Defile holy objects        | <input type="checkbox"/> Poltergeists               | <input type="checkbox"/> UFO sightings           |
| <input type="checkbox"/> Convulsions/seizures       | <input type="checkbox"/> Possessed by living person | <input type="checkbox"/> Unable to pray          |
| <input type="checkbox"/> Eyes turn red when angry   | <input type="checkbox"/> See dark shapes/shadows    | <input type="checkbox"/> Unable to read Bible    |
| <input type="checkbox"/> Fear anointing oil         | <input type="checkbox"/> See demons                 | <input type="checkbox"/> Unexplained accidents   |
| <input type="checkbox"/> Fear holy water/salt       | <input type="checkbox"/> See fairies                | <input type="checkbox"/> Unknown language spoken |
| <input type="checkbox"/> Feel a presence            | <input type="checkbox"/> See ghosts/apparitions     | <input type="checkbox"/> Unusual lights          |
| <input type="checkbox"/> Foam at the mouth          | <input type="checkbox"/> See monsters               | <input type="checkbox"/> Unusual sounds          |
| <input type="checkbox"/> Hear voices/hissing sounds | <input type="checkbox"/> See nature spirits         | <input type="checkbox"/> Unusual strength        |
| <input type="checkbox"/> Inability to move/speak    | <input type="checkbox"/> Spirit possession          | <input type="checkbox"/> Voices of dead heard    |

**ABNORMAL DEMONIC ACTIVITY**

- Succubus (demonic sexual intercourse with a female spirit)
- Incubus (demonic sexual intercourse with a male spirit)
- Feeling cold or having the room become very cold
- Altered states of consciousness without alcohol/other drugs
- Feel like external force affects/has power over you
- Feel like you're in or seeing a heavy mist/fog
- Unexplained electronic/mechanical equipment malfunction
- Feelings of pressure on chest/ feelings of suffocation
- Bites, scratches, or other physical attacks on your body
- Vomiting/coughing up phlegm in response to prayer
- Feeling like you were possessed by a dead person
- Feelings of being choked/unable to breathe when praying
- Hearing growling sounds inside your head or body
- Having feelings controlled by someone or something outside you
- Fear of, mocking of, revulsion toward Christian symbols, objects, music etc.
  - Hearing voices or having thoughts that:
    - Condemn you severely
    - Blaspheme God, Jesus of Nazareth, the Holy Spirit or Christians
    - Suggest/urge illegal/immoral/destructive activities
    - Drive you to commit suicide, homicide, abortion
    - Compel sexual assaults on others or perverse sexual acts
    - Speak against Christian pastors/counselors/lead

**EXORCISM EVALUATION**

Person receiving ministry: \_\_\_\_\_ Date: \_\_\_\_\_

Person leading deliverance session: \_\_\_\_\_ DWJD of \_\_\_\_\_

Note taker: \_\_\_\_\_ (City)

**PRE-MINISTRY EVALUATION OF SESSION:** \_\_\_\_\_

---

---

---

**LEGAL RIGHTS IDENTIFIED:** \_\_\_\_\_

---

---

---

**STRONGHOLDS IDENTIFIED:** \_\_\_\_\_

---

---

---

**DEMONS IDENTIFIED:** \_\_\_\_\_

---

---

---

**MULTIPLE PERSONALITIES IDENTIFIED:** \_\_\_\_\_

---

---

---

**RESULTS OF MINISTRY/EVALUATION OF EXORCISM/DELIVERANCE:** \_\_\_\_\_

---

---

---

**INSTRUCTIONS GIVEN TO PERSON RECEIVING MINISTRY:** \_\_\_\_\_

---

---

---

**FOLLOW-UP PLANNED (IF APPLICABLE):** \_\_\_\_\_