



Life

TRANSFORMATION
CENTERSM

HOPE ENCOUNTER

CONFIDENTIAL PERSONAL INVENTORY

This inventory needs to be completely filled out and brought to the Pre-encounter

The purpose of this inventory is to determine if the Encounter is a good fit for you, or if another track of Hope Life Transformation Ministry would be better.

HOPE ENCOUNTER PERSONAL INVENTORY

NAME _____ AGE _____

ADDRESS _____

PHONE _____ DATE _____

PERSONAL:

Marital Status: single married divorced remarried
 widowed single living with someone

Current Profession: _____

Education: highest grade completed _____

Degree(s) earned _____

Please Answer the Following Briefly:

1. What is your church background?

2. Is Hope your home church Yes No

3. Were you baptized as a child? Yes No

4. Were you baptized as an adult Yes No

5. Explain briefly your conversion experience. If you came to Christ as a teenager or older, was your life really changed?

6. Use one word to describe who Jesus Christ is to you?

7. What does the death of Jesus mean to you?

8. Is repentance part of your Christian life? Yes No

9. What is your prayer life like?

10. Do you read the bible? Yes No

11. Do you have assurance of salvation? Yes No

12. Do you have a problem with doubt and unbelief in every day Christian living?

13. Are you satisfied with your Christian walk? Yes No

14. If not how would you like to see it improve?

15. Have you been to a Hope Encounter in the past? Yes No

16. What would you like to experience at this Encounter?

CATEGORY A (circle all answers that apply)

1. How your relationship with your parents:

Good bad indifferent (circle one)

a. Explain briefly:

b. Any special problems with your father?

Was your father (circle): passive strong/manipulative neither

Were you friends? Yes No Sort of

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Describe briefly your relationship with your father.

d. How was your relationship with step family growing up?

c. Any special problems with your mother?

e. How is your relationship with step family now?

Was your mother (circle): passive strong/manipulative neither
Were you friends? Yes No Sort of
Describe briefly your relationship with your mother.

- 3. Were you a planned child? Yes No don't know
- 4. The right sex? Yes No don't know
- 5. Conceived out of wedlock? Yes No don't know
- 6. Were you adopted? Yes No don't know
- 7. If adopted do you know anything about your birth parents?

- d. Are your parents still living? Father Yes No
Mother Yes No
- e. Are they Christians? Father Yes No
Mother Yes No
- f. Divorced? Yes No
- g. what age were you when they divorced? _____
- h. Remarried? Father Yes No
Mother Yes No

8. If you have brothers or sisters give sex, age and where you are in the birth order. Sex _____ Age _____

2. How is your relationship with stepparents?

9. How was your relationship with them growing up?

10. What is it like now?

- a. Are they Christians?
- b. Step brothers?
- c. Step sisters?

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11. What country were you born in?

12. Have you lived in other countries? Yes No
If yes list them:

CATEGORY B

1. Are you a critical person? Yes No Maybe

2. Do you feel emotionally immature? Yes No Not really

3. Describe your self-image (circle where applicable):

low self-image	feel insecure
confident	loved
condemn myself	hate myself
feel worthless	believe I am successful
I am a failure	accepted
feel inferior	feel secure
question my identity	worthy
punish myself (if so how?)	

4. Was yours a happy home during childhood? Yes No

a. Briefly describe.

5. Do you find it easy to communicate with persons close to you?

I have real difficulty I am unwilling

I have some problems at times it's easy

6. Have you experienced mental or emotional abuse? Yes No

7. Are you a perfectionist Yes No

8. Were (are) your parents perfectionists? Yes No

9. Do you come from a proud family? Yes No

10. Do you personally have a problem with pride? Yes No

11. Do you have or have you had problems with (circle):

impatience	irritability	racial prejudice
moodiness	rebellion	violent thoughts or acts
stubbornness	anger/temper	temptation to murder
swearing	blasphemies	using obscenities

12. Do you use "cleaned up" versions of swear words? Yes No
(example, fricken)

13. Are you easily frustrated? Yes No
Do you show it or bury it?

14. Are you: an anxious person a worrier get depressed

15. Have you personally ever had psychiatric counseling? Yes No

a. hospitalization? Yes No

b. shock treatment? Yes No

c. psychoanalysis? Yes No

16. Are you on medication? Yes No

What for?

17. Do you have a chronic illness or allergies? Yes No

Please list them.

18. Do you have any physical limitations? Yes No

Please list them.

HOPE ENCOUNTER PERSONAL INVENTORY

19. Have you had any severe accidents or traumas that stand out in your mind? Yes No

Explain:

20. Do you suffer from: (circle where applicable)

Apathy	hardness of emotion	confusion
Doubt	financial disaster	unbelief
Infirmities	frequent sickness	mockery
Comprehension difficulty		skepticism
Recent loss	addiction(s)	

21. Do you have mental fantasies of escapism? Yes No

22. Have you ever thought of committing suicide? Yes No
Why?

23. Have you tried to commit suicide? Yes No

Why?

24. Have you used illegal drugs? Yes No

25. Do you use recreational drugs regularly? Yes No

26. Do you have a criminal record? Yes No

What for?

26. Do you have a fear or fears that control your actions or decisions? Yes No

CATEGORY C

1. Do you have the following toward anyone:

a. Unforgiveness

Whom and why:

b. Resentment

Whom and why:

c. Bitterness

Whom and why:

d. Hatred

Whom and why

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CATEGORY D

1. Have you been involved in any religions not Christian? Yes No
2. Do you own any books or objects used in non-Christian worship? Yes No
3. Have you been involved in any organizations that involved secret vows or pacts or secret initiation? Yes No
4. Have you watched or participated in games: involving fantasy or the occult or suicide or murder? Yes No
5. Have you watched or participated in séances or games which conjure ghosts or spirits? Yes No
6. Have you ever had an imaginary friend or a spirit guide offering you guidance or companionship? Yes No
7. Do you have re-occurring night terrors? Yes No
Please briefly describe

Do you have any other problems you feel this inventory hasn't addressed? (Please explain as fully as you can. Try to pinpoint when they began and if it was connected with trauma of some sort, if you were victimized or if you invited the problem in.)

CATEGORY E

1. Have you been physically abused? Yes No
2. Have you been physically abusive? Yes No
3. Have you been sexually abused? Yes No
4. Have you been sexually abusive? Yes No
5. Have you been molested? Yes No
6. Have you been the molester? Yes No
7. Have you been sexually promiscuous? Yes No
8. Have you been involved in bestiality? Yes No
9. Have you been raped? Yes No
10. Have you raped someone? Yes No
11. Have you had thoughts or actions of pedophilia? Yes No
12. Have you been involved in abortion? Yes No
13. Have you used pornography? Yes No
14. Have you been sexually attracted to the same sex as yourself? Yes No
15. Have you had a same sex sexual encounter? Yes No
16. Have you ever felt you are not the right gender? Yes No