

## Deliverance: Appendix 3

### *Maintaining Your Freedom*

It is important to understand that remaining free from Satanic bondages is not automatic. It requires vigilance and a sense of purpose on your part. Here are some things you can do to help maintain your freedom.

#### **1. Consciously allow Jesus to be Lord (whom you obey!) in all areas of your life**

#### **2. Maintain normal practices for a healthy spiritual life**

*Keep a daily quiet time.*

*It is helpful to keep a journal of your thoughts.*

*Read your Bible daily.*

*If possible, get into a live Christian fellowship.*

*Be continually filled with the Holy Spirit. (Ephesians 5:18.)*

#### **3. Take responsibility for your thought life**

*Don't expect others to fight your battles for you.*

*Don't be passive.*

*Don't drift back into old patterns that have caused you trouble before.*

#### **4. Walk in forgiveness as a lifestyle**

*Remember, forgiveness is a decision you make not a feeling.*

*It is important to forgive quickly. No matter how badly you feel hurt.*

*You may have to forgive someone several times for the same hurt or for different hurts.*

#### **5. Make restitution, if you should**

*If you cheated someone, repay him.*

*If you should apologize to someone, do so. (It is best to do this orally.)*

*If you need to ask forgiveness, ask it!*

#### **6. Change your lifestyle, if you should**

*If TV is a problem, stop watching it.*

*If a friend tries to lure you into sin, stop hanging out with him (her).*

*Consciously address changing bad habits you may have.*

*Gossip, criticism, over-eating, reading wrong literature, lying... (You can complete your list.)*

## **7. Learn how to combat temptation**

*Sing praise songs, reading Psalms.*

*Pray vigorously in your tongue.*

*Take authority over harassing spirits and send them away, In the name of Jesus.*

*When you feel vulnerable, ask others to pray for you.*

## **8. If you fall, repent quickly and get the door closed again**

## **9. Do “mini-deliverances” for yourself**

If you sense that you are having a problem again or are harassed or tempted, you can give yourself a “mini-deliverance”. Look at the door that may have led to your problem. Close it (forgive, repent, ask forgiveness, firmly renounce the action or attitude or spirit involved) and firmly break the power of any spirit involved, in the name of Jesus. Cast out or away any spirit involved in the name of Jesus.

***The following illustration is taken from a Neil Anderson publication***

One victim of incredible abuse shared this illustration: “It’s like being forced to play a game with an ugly stranger in my own home. I kept losing and wanted to quit. But the ugly stranger wouldn’t let me. Finally, I called the police (a higher authority) and they came and escorted the stranger out. He knocked on the door trying to regain entry, but this time I recognized his voice and didn’t let him in.”

## Deliverance: Appendix 4

### *Questionnaire*

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you been born again?  Yes  No

If so, briefly describe how and when you became a Christian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you attend church regularly?  Yes  No

Do you attend a small group?  Yes  No

Do you have a ministry?  Yes  No

Do you lead a Bible study?  Yes  No

Do you teach/preach often?  Yes  No

Do you pray for the sick?  Yes  No

Do you sing in a choir?  Yes  No

Do you serve in church?  Yes  No

Are you an intercessor?  Yes  No

Are you a worship leader?  Yes  No

### *Family Relationships*

Please answer the following questions. Where a choice is given, check the correct answer or answers:

#### *Your father*

Briefly describe your relationship with your father: \_\_\_\_\_

\_\_\_\_\_

Were you friends?  Yes  No

Was he... (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Warm                          | <input type="checkbox"/> Unfair                       |
| <input type="checkbox"/> Affectionate                  | <input type="checkbox"/> Restrictive                  |
| <input type="checkbox"/> Interested in your activities | <input type="checkbox"/> Favor your brothers, sisters |
| <input type="checkbox"/> Supportive                    | <input type="checkbox"/> Angry                        |
| <input type="checkbox"/> Encouraging                   | <input type="checkbox"/> Quarrelsome                  |
| <input type="checkbox"/> Spend time with you           | <input type="checkbox"/> Fight with your mother       |
| <input type="checkbox"/> Distant                       | <input type="checkbox"/> Sickly                       |
| <input type="checkbox"/> Absent a lot                  | <input type="checkbox"/> Complaining                  |
| <input type="checkbox"/> Aloof                         | <input type="checkbox"/> Unduly permissive            |
| <input type="checkbox"/> Punishing                     | <input type="checkbox"/> Honest                       |
| <input type="checkbox"/> Orally abusive                | <input type="checkbox"/> Manipulative                 |
| <input type="checkbox"/> Physically abusive            | <input type="checkbox"/> Controlling                  |

Was he proud of you?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Was he disappointed in you?  Yes  No

How did he show it? \_\_\_\_\_

\_\_\_\_\_

Was he ashamed of you?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Did he discipline you?  Yes  No

How? \_\_\_\_\_

\_\_\_\_\_

Did he have favorites among the children in your family?  Yes  No

If so, who were they? \_\_\_\_\_

\_\_\_\_\_

Was he critical of your attitude or ability?  Yes  No

If so, how did he show it? \_\_\_\_\_

\_\_\_\_\_

Did he make any disparaging comments to you about your attitude or ability?  Yes  No

If so, what comments can you remember? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did he hurt your feelings in any way not discussed above?  Yes  No

Explain. \_\_\_\_\_

\_\_\_\_\_

Did your father have habits or qualities you determined you would not have?  Yes  No

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have them?  Yes  No

*Your mother*

Briefly describe your relationship with your mother: \_\_\_\_\_

\_\_\_\_\_

Were you friends?  Yes  No

Was she... (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Warm                          | <input type="checkbox"/> Unfair                       |
| <input type="checkbox"/> Affectionate                  | <input type="checkbox"/> Restrictive                  |
| <input type="checkbox"/> Interested in your activities | <input type="checkbox"/> Favor your brothers, sisters |
| <input type="checkbox"/> Supportive                    | <input type="checkbox"/> Angry                        |
| <input type="checkbox"/> Encouraging                   | <input type="checkbox"/> Quarrelsome                  |
| <input type="checkbox"/> Spend time with you           | <input type="checkbox"/> Fight with your mother       |
| <input type="checkbox"/> Distant                       | <input type="checkbox"/> Sickly                       |
| <input type="checkbox"/> Absent a lot                  | <input type="checkbox"/> Complaining                  |
| <input type="checkbox"/> Aloof                         | <input type="checkbox"/> Unduly permissive            |
| <input type="checkbox"/> Punishing                     | <input type="checkbox"/> Honest                       |
| <input type="checkbox"/> Orally abusive                | <input type="checkbox"/> Manipulative                 |
| <input type="checkbox"/> Physically abusive            | <input type="checkbox"/> Controlling                  |

Did (do) you feel that she was generally pleased with you?  Yes  No

How did she show it? \_\_\_\_\_  
\_\_\_\_\_

Was she proud of you?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Was she disappointed in you?  Yes  No

How did she show it? \_\_\_\_\_  
\_\_\_\_\_

Was she ashamed of you?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Did she discipline you?  Yes  No

How? \_\_\_\_\_

\_\_\_\_\_

Did she have favorites among the children in your family?  Yes  No

If so, who were they? \_\_\_\_\_

\_\_\_\_\_

Was she critical of your attitude or ability?  Yes  No

If so, how did she show it? \_\_\_\_\_

\_\_\_\_\_

Did she make any disparaging comments to you about your attitude or ability?  Yes  No

If so, what comments can you remember? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did she hurt your feelings in any way not discussed above?  Yes  No

Explain \_\_\_\_\_

\_\_\_\_\_

Did your mother have habits or qualities you determined you would not have?  Yes  No

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have them?  Yes  No

*Your parents as a married couple*

How would you describe your parents' relationship with each other? \_\_\_\_\_

\_\_\_\_\_

- Were they affectionate with each other?  Yes  No
- Were they supportive of each other?  Yes  No
- Were they critical of each other?  Yes  No
- Did they quarrel or fight in your presence?  Yes  No
- Did they divorce?  Yes  No
- Did they blame you for their difficulties?  Yes  No
- If divorced, have they re-married?
- Father  Yes  No
- Mother  Yes  No

If so, describe your relationship with your step-parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have step-brothers or step-sisters?  Yes  No

If so, describe your relationship with them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Your brothers and sisters*

Briefly describe your relationships to your brothers and sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you get along well?  Yes  No

If not, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Were you proud of them?  Yes  No  
Were you ashamed of them?  Yes  No  
Were they proud of you?  Yes  No  
Were they ashamed of you?  Yes  No  
Did they do better than you in some ways?  Yes  No

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Were (are) you jealous of any of them?  Yes  No  
If so, why? \_\_\_\_\_

\_\_\_\_\_

Did any of them hurt your feelings in any way not discussed above?  Yes  No  
If so, explain. \_\_\_\_\_

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

*Your family's situation*

Was your family's income adequate?  Yes  No  
Were you ashamed of your family or a family member or of yourself in any way?  Yes  No

Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Area II. Other Relationships

### *Your school*

Describe your relationship with your schoolmates. \_\_\_\_\_

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Did (do) you have problems with any of your schoolmates?  Yes  No

Explain. \_\_\_\_\_

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Describe your relationship with your teachers. \_\_\_\_\_

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Did (do) you have problems with any of your teachers?  Yes  No

Explain. \_\_\_\_\_

---

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### *Military service*

Did (do) your officers treat you fairly?  Yes  No

If not, explain: \_\_\_\_\_

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Did (do) your officers hurt your feelings in any way?  Yes  No

If yes, explain: \_\_\_\_\_

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Did (do) you get along well with other military people?  Yes  No

If not, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Employment***

Did (do) your employers treat you fairly?  Yes  No

If not, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have (do) your employers hurt your feelings in any way?  Yes  No

If so, explain: \_\_\_\_\_

\_\_\_\_\_

Did (do) you get along well with other employees?  Yes  No

If not, explain: \_\_\_\_\_

\_\_\_\_\_

***Your marriage. [Complete this section if you are, or were, married.]***

Would you say your spouse is (was)... (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Warm                | <input type="checkbox"/> Angry                |
| <input type="checkbox"/> Affectionate        | <input type="checkbox"/> Orally abusive       |
| <input type="checkbox"/> Supportive of you   | <input type="checkbox"/> Physically abusive   |
| <input type="checkbox"/> Loving              | <input type="checkbox"/> Sickly               |
| <input type="checkbox"/> Encouraging         | <input type="checkbox"/> Fearful              |
| <input type="checkbox"/> Loyal               | <input type="checkbox"/> A worrier            |
| <input type="checkbox"/> Distant             | <input type="checkbox"/> Lazy                 |
| <input type="checkbox"/> Critical            | <input type="checkbox"/> Alcoholic            |
| <input type="checkbox"/> Uncommunicative     | <input type="checkbox"/> Neglectful of duties |
| <input type="checkbox"/> Unfair              | <input type="checkbox"/> Manipulative         |
| <input type="checkbox"/> Quarrelsome         | <input type="checkbox"/> Dishonest            |
| <input type="checkbox"/> Displeased with you | <input type="checkbox"/> Controlling          |

Do (did) you quarrel?  Yes  No

Fight?  Yes  No

Get silent with each other?  Yes  No

Criticize each other?  Yes  No

What are (were) the areas of tension in your relationship?

- |   |   |
|---|---|
| <input type="checkbox"/> Money            | <input type="checkbox"/> Clothes                |
| <input type="checkbox"/> Chores           | <input type="checkbox"/> Relatives              |
| <input type="checkbox"/> Sex              | <input type="checkbox"/> Your work              |
| <input type="checkbox"/> Raising the kids | <input type="checkbox"/> Your attitude          |
| <input type="checkbox"/> Entertaining     | <input type="checkbox"/> Your spouse's attitude |
| <input type="checkbox"/> Recreation       |   |

Do (did) you quarrel or fight in front of the children?  Yes  No

Does (has) your spouse hurt your feelings in things said or done?  Yes  No

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does (did) your spouse do his/her fair share of household and family duties?  Yes  No

If not, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Area III. Occult Involvement

Have you ever tried any of the following activities, seriously or in fun?

- |  |  |
|--|--|
| <input type="checkbox"/> Ouija boards    | <input type="checkbox"/> Séance              |
| <input type="checkbox"/> Tea leaves      | <input type="checkbox"/> Horoscopes          |
| <input type="checkbox"/> Levitation      | <input type="checkbox"/> Palm Reading        |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Other occult things |
| <input type="checkbox"/> Tarot Cards     |  |

Have you ever visited or attended:

- |   |  |
|---|--|
| <input type="checkbox"/> A Medium         | <input type="checkbox"/> A Fortune Teller      |
| <input type="checkbox"/> A Spiritist      | <input type="checkbox"/> Yoga Classes          |
| <input type="checkbox"/> A Heathen Temple | <input type="checkbox"/> Martial Arts Training |

Have you ever belonged to a secret society?  Yes  No

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

Do you now belong?  Yes  No

To which ones? \_\_\_\_\_

Have you ever belonged to a satanist cult?  Yes  No

If so, to which one or ones? \_\_\_\_\_

Do you now belong?  Yes  No

To which ones? \_\_\_\_\_

Have you made any vows to Satan or to a secret society?  Yes  No

Explain. \_\_\_\_\_

If so, are you willing to renounce them?  Yes  No

Have you ever been involved in witchcraft?  Yes  No

Explain. \_\_\_\_\_

Has any family member been involved in witchcraft?  Yes  No

Explain. \_\_\_\_\_

Have you ever belonged to a Masonic society?  Yes  No  
Have you ever belonged to DeMolay?  Yes  No  
Have you ever belonged to Rainbow girls?  Yes  No  
Have you ever belonged to Eastern Star?  Yes  No  
Do you now belong?  Yes  No  
If so, to which? \_\_\_\_\_  
\_\_\_\_\_

Do you have any grotesque or hideous Indian, African, or oriental items?  Yes  No  
Have you any object that has been worshipped?  Yes  No

#### Area IV. Sex Outside of Marriage

Have you committed fornication (sex before either of you married)?  Yes  No  
If yes, a few partners or many? \_\_\_\_\_

Was this at your initiative?  Yes  No  
Have you committed adultery (you or your partner married)?  Yes  No  
If yes, a few partners or many? \_\_\_\_\_  
\_\_\_\_\_

Was this at your initiative?  Yes  No  
Have you had homosexual relationships?  Yes  No  
If yes, a few partners or many? \_\_\_\_\_

Was this at your initiative?  Yes  No  
Do you now have a fornication, adulterous, or homosexual relationship?  Yes  No  
Are you willing to break all such relationships?  Yes  No  
Have you been involved with pornography?  Yes  No  
Are you now involved with pornography?  Yes  No  
How did you get involved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to stop completely?  Yes  No

- Do you masturbate frequently?  Yes  No
- Have you tried to stop?  Yes  No
- Do you consider this a compulsive habit?  Yes  No
- Do you have sexual fantasies?  Yes  No
- Have you ever molested, raped, or seduced anyone?  Yes  No
- Have you ever been molested, raped, or seduced?  Yes  No
- Have you ever had sexual contact with an animal?  Yes  No
- Is lust a problem for you?  Yes  No
- Have you had an abortion?  Yes  No
- Have you fathered a child that was aborted?  Yes  No

## Area V. Drugs

- Have you taken illegal drugs?  Yes  No
- If so, which ones? \_\_\_\_\_

\_\_\_\_\_

- Do you take illegal drugs now?  Yes  No
- If so, which ones? \_\_\_\_\_

\_\_\_\_\_

How did you get started? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Have you sold drugs?  Yes  No

## Area VI. Trauma

Have you had any traumatic experiences? (Death in family, divorce, dis-charge from work, divorce of parents, auto accident, fire, near-death, rape, death of a child, extreme humiliation, extremely unfair treatment, etc.?)

Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have nightmares, or hear voices?

Yes  No

If so, when did your nightmares or hearing voices begin? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you fear... (Check all that apply)

The dark

Loud noise

Being alone

Poverty

Crowds

Marriage

Small spaces

Job change

Heights

Public speaking

Illness

Socializing

Death

Failing in your job

Loss of job

Failing in social relationships

Flying

Failing in your marriage

When did you begin having these fears? \_\_\_\_\_

\_\_\_\_\_

Do you fear other things?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



When did these fears begin? \_\_\_\_\_

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## Area VII. Personal Qualities

Are you... (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> A perfectionist | <input type="checkbox"/> A gossip  |
| <input type="checkbox"/> A workaholic    | <input type="checkbox"/> Confused  |
| <input type="checkbox"/> Critical        | <input type="checkbox"/> Rejected  |
| <input type="checkbox"/> Reliable        | <input type="checkbox"/> Depressed   |
| <input type="checkbox"/> Honest          | <input type="checkbox"/> Hopeless  |
| <input type="checkbox"/> Have integrity  | <input type="checkbox"/> Despairing  |
| <input type="checkbox"/> Proud           | <input type="checkbox"/> Suicidal  |
| <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Jealous   |
| <input type="checkbox"/> Controlling     | <input type="checkbox"/> A braggart  |
| <input type="checkbox"/> Fearful         | <input type="checkbox"/> A complainer  |
| <input type="checkbox"/> A worrier       | <input type="checkbox"/> Dishonest   |
| <input type="checkbox"/> Nervous         | <input type="checkbox"/> A glutton   |
| <input type="checkbox"/> Lazy            | <input type="checkbox"/> Greedy  |
| <input type="checkbox"/> Careless        | <input type="checkbox"/> Self-righteous                                      |
| <input type="checkbox"/> Unreliable      | <input type="checkbox"/> Shy   |
| <input type="checkbox"/> A liar          | <input type="checkbox"/> Given to self-pity                                  |
| <input type="checkbox"/> A cheat         | <input type="checkbox"/> Inclined to mention unfavorable things about others |

Do you lie?  Yes  No

Tell fibs?  Yes  No

Do you steal?  Yes  No

Keep borrowed items?  Yes  No

Do you have in your possession property that belongs to someone else?  Yes  No

If so, what do you have, and why, and whose is it? \_\_\_\_\_

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