Road to Freedom

Week 1 Personal Questionnaire

Instructions

The Personal Questionnaire serves to help probe into the past and have a look at your current life status in multiple areas. It provides an overall picture of who you are and where you have come from in a relatively short amount of time. It has been created from several professional sources for the purposes of this online and coaching class on emotional healing. Answer as best you can. **Please mark the questionnaire with your first name, last initial,and date only.** This may take time to complete and, this is fine.

For online study only, print off and keep for yourself. For Mastermind or One-On-One Coaching, please print off, complete the best of your ability, and email to marian@marianpoeppelmeyer.com. ALL IS CONFIDENTIAL. Again, first name, last Initial and date of completion only. All the information will help guide your Road to Freedom.

First Name and last initial: ________________________ Date: __________

Age: _____ Sex: ______ Education (highest level)______________________

Currently working? Y or N Currently a student? Y or N

Marital Status:________ How long have you been married?_____

Any previous marriages and how long you were married?
Please list and why each ended -- Death? Y or N Divorce? Y or N

First Name, Last Initial: ______________________________

Current Family History

Children:

Name ________________________________ Age: _____

Name ________________________________ Age: _____

Name ________________________________ Age: _____

Name ________________________________ Age: _____

Name ________________________________ Age: _____

Any Pressing Concerns About the Immediate Family?

PANDEMIC and COVID19

On a Scale of 1 to 10, with 1 being "not much" and 10 being the worst, how much has the Pandemic, Lockdown, and COVID19 affected you & your family?

1 2 3 4 5 6 7 8 9 10

What have you seen occur within your family dynamics during this time?

What have you observed about yourself during the lockdown? Ability to Cope? Higher temper? Frustration? or, not at all?

First Name, Last Initial: ______________________________

What's Going On? (Briefly describe situation or what you would like Freedom from?)

When did these problem(s) begin and how often do they occur?

What steps have you taken to resolve it?

Any previous or current counseling (as opposed to coaching)? Explain briefly:

First Name, Last Initial: ______________________________

Any problems with any of the following, please check:

____ sleep difficulties
_____ nightmares
_____ appetite (increase or decrease)
_____ anxious thoughts
_____ hopeless thoughts
_____ frequent crying, weeping, or tearfulness
_____ increased conflict or agitation with relationships
_____ difficulty focusing on tasks
_____ increase in alcohol/drug use
_____ mood swings
_____ thoughts of harming self or others

Which of the following have you experienced during your childhood?

____ broken home
_____ removed from home
_____ unhappy childhood
_____ loneliness
_____ excessive fear
_____ physical disabilities
_____ other learning problems
_____ sexual encounters
_____ frequent illnesses
_____ night terrors
_____ stammering
_____ nail biting
_____ sleep walking
_____ bed wetting
_____ learning disabilities
_____ molestation
_____ incest
_____ serious illnesses

Please rate your childhood life:

Very Happy _____ Happy _____ Average ______ Unhappy _____
Have very few childhood memories _____

Have you had any significant losses in your life? Briefly describe.

First Name, Last Initial: ______________________________

Family of Origin History

Biological Parents

Still living? Father Y or N (date of death)______________
Mother Y or N (date of death)______________

If they are both living, are they still living together? Y or N

Rate your parents' marriage:
Happy ______ Average ______ Poor _____

Religious affiliation: Father ___________________________
Mother___________________________

Marital Status: Married...How many years? _____
Separated...How old were you? _____
Divorced...How old were you? _____
Never married..._____
Widowed...Before marriage: Father Y or N
Mother Y or N
During marriage: Father Y or N
Mother Y or N
Relationship with each other when married or still married:
Good _____ Bad _____ Indifferent _____

Step Parents/Remarriages: Please briefly share additional important information regarding your parents' marital history:

If raised by someone else, such as grandparent or foster, please briefly share.

First Name, Last Initial: ______________________________

Family of Origin History, continued

Here is a list of possible family dynamics and issues. Indicate if your mother, father, or step parent or guardian who raised you has had any problems with these areas:

Divorce ____
Drugs ____
Mental Illness ____________________________________
Alcohol ____
Suicide ____
Physical Abuse ___________________________________
Chronic illness or limitations _________________________
Incest ____
Other Addictions _________________________________
Other ____

Any Key Event in their lives (such as disaster, war, illness, etc:
____
____

First Name, Last Initial: ______________________________

Overview of Medical History - Due to the sensitivity of this question AND HIPPA, answer and submit this page at your discretion.

Have there been medical surgeries, traumas and/or hospitalizations? Why? Age?

____

____

Hospitalization for emotional illness? _____ Why? ______________________________

____

Currently under the care of a doctor? _____ A psychiatrist? ______________________

Taking any medications? Please list. (Medications and their side effects may contribute to any emotional upheaval; we do not suggest anyone stop taking any prescriptions!).

____

Subject to depression? _____ Frequency:________ Duration: __________________

____

Any other significant medical concerns or history that has greatly impacted your life: ____

____

Please complete the following so that proper coaching may be available:

Any addictions or cravings that you find difficult to control? (Sweets, drugs, alcohol, tobacco, food, etc.) ____

____

Alcoholic? _____ If so, how long? _____

Street drugs? ___________ If so, how long? _________________

Have you ever misused prescription drugs? _____ If so, how long? _________________

If drug and alcohol free, how long have you been in recovery/free? _____________

Explain any history of drug or alcohol use or abuse within your family. How did it impact your life?

First Name, Last Initial: ______________________________

Mental, Emotional, and Trauma History

What major traumas have you had in your life?

Did you cope with them? How did you survive them?

Which of the following have you struggled with or had difficulty controlling? this list is not exhaustive and you may add others.

Doubts	Compulsive thoughts	Blasphemous thoughts
Chronic Pain	Dizziness	Fear of Death
PMS (women)	Headaches	Fear of losing mind
Anger	Loneliness	Fear of suicide
Anxiety	Depression	Fear of hurting loved ones
Insecurity	Obsessive thoughts	Frustration
Worthlessness	Hatred	Lustful thoughts
Fantasy	Daydreaming	Other, list below

Spiritual History

Church affiliation: Present ____________________________ Past _________________________

What place did religion occupy in your home as a child?

What place does it occupy today?

Were you taught as a child to pray? Y or N

Do you pray regularly? Every day ____ 2-3 times a week _____ 1x per week _____
Hardly ever _____

 First Name, Last Initial: ______________________________

SPIRITUAL LIFE AND HISTORY, continued

When and how did your Christian life begin?

How often do you attend church (institutional, house church, home group)
1x a week _____ 2-3x's a week _____ 4-5x's a week _____ 1-2x's per month ____
Other __________

Do you have regular devotions? Y or N If yes, how often? ___________

Is Bible reading meaningful to you? Y or N or Sometimes

Do you find prayer difficult? Y or N or Sometimes

What were your ideas of God as child?

How have any of these changed (how you view God) throughout your years?

Have you ever been involved in a cult? Y or N or don't know
Name of cult ____

First Name, Last Initial: ______________________

SPIRITUAL LIFE AND HISTORY, continued

Occult Involvement

Below is a list of occult involvement Please check all that apply and add any. These are areas which may have impacted you on a deeper spiritual level than you realize and are important to recognize if there were harmful doors opened in your life. Ex: I personally repented of many and received great freedom early in my Christian walk.

	Self	Family	Friends
Tarot cards			
Ouija Board			
Horoscopes			
Astrology			
Seances			
Black/white magic			
Fortune Telling			
Palm Reading			
Mind Travel			
Astral Projection			
Hypnosis			
Dungeons & Dragons/Role			
Paganism-rituals			
Consulting Medium(s)			
Consulting Psychics			
Conjuring Spirits			
Middle Eastern Religions			
New Age Religions/practices			
Superstitious			
OTHER, explain below			

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