

Spiritual Profile

This Spiritual Profile is a tool designed to help you evaluate your spiritual background and upbringing by identifying possible wrong patterns of thought and behavior. Many times wrong patterns of thought and behavior can be traced back through family lines or have been developed in time without recognition. This assessment is designed to help you identify these areas and personally prepare you for your upcoming Victory Weekend. The intended purpose of this exercise is to enhance your relationship with God and will not be disclosed to anyone unless you have questions or desire to process this information with your Victory Weekend small group leader.

If you would like to discuss your Spiritual Profile with a pastor or have questions please call or email Sarah Hurst, Pastor Derrick Wilson's assistant, at: 817-812-3600 or sarah.hurst@milestonechurch.com.

Please answer each question as truthfully as you can.

Family: Apart from God, your family is the most powerful, influential factor in regards to who you are today. Without a proper understanding of your family, it will be impossible for you to break free from the hurts and struggles of your past.

1. Who in your family is a follower of Christ?

2. Do you or any other person in your family practice the following?

	No Problem	Past	Pattern
Hinduism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Islam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baha'l faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Krishna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mormonism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you or any other person in your family participate in the following?

	No Problem	Past	Pattern
Calling on dead/spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horoscopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palm reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortune -telling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good luck charms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dungeons & Dragons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superstitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certain martial arts practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-body experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predicting the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ouija boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secret order groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of witch craft or sorcery (including white magic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cults of any type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship of any other than the one true God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transcendental meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fascination with occult movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Have you or any other person in your family experienced the following tragedies?

	No Problem	Past	Pattern
Plague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Ruin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you or any other person in your family struggle with the following sins?

	No Problem	Past	Pattern
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Immorality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adultery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you or any other person in your family experienced the following sins as a child?

	No Problem	Past	Pattern
Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rejection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal: Even though family is a major influence on who you are, it is also important for you to take personal responsibility for your own behavior. Taking ownership of your decisions is imperative if you are going to walk beyond where you are today.

1. What areas of obedience to the Word of God do you currently struggle with?

	No Problem	Past	Pattern
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tithing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community with believers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing in Christ-likeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supernatural work of the Holy Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you participate in any of the following sexual sins?

	No Problem	Past	Pattern
Premarital sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adultery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bestiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Fantasizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/Cyber Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibitionism (wanting others to see you naked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you struggle with any of the following addictive/destructive habits?

	No Problem	Past	Pattern
Sleeping disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Envy/Jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaking Promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Computer Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addiction to video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult movies/ Computer Porn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive Indulgences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction to TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seductive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selfishness/greed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorganization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive foolish talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you habitually experience any of the following emotions, thoughts, feelings, or dispositions?

	No Problem	Past	Pattern
Anxiety/fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitterness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfectionism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness/isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of inferiority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pride/superiority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationalizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indecisiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusually long periods of depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hatred of someone (who?) _____			
Unforgiveness (toward whom?) _____			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you experience any of the following spiritual encounters?

	No Problem	Past	Pattern
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonic visitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premonitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonic visions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful or unclean thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonic/driving thoughts in your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you experience any of the following problems preventing you from having a normal physical condition?

	No Problem	Past	Pattern
Chronic illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal organ problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major disease(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationships: Relationships are extremely important to God. Not only does God exist in relationship but he sent his Son to earth so that you might enjoy a relationship with him and others.

1. Describe each family member with three adjectives and their relationship with you. (Example: good, intimate, estranged, destructive, not applicable)

2. Describe your parents' relationship.

3. How was conflict handled in your family? Anger? Tensions?

4. How were gender roles and authority worked out in your family?

5. How well did your family do in talking about feelings?

6. How was sexuality talked or not talked about? What were the implied messages?

7. What was considered "success" in your family?

8. Describe your relationship with your spouse (if married).

9. Describe your relationship with your children (if applicable).

10. How would you describe yourself?

Curses, Vows, and Judgments:

1. Curses are words spoken against you by someone. They are usually the result of rebellion against authority (Gen. 3:14-17, Mark 11:20-21). Have you any knowledge of curses at work in your life, past or present? (teachers, bosses, public leaders, or spiritual leaders speaking negative words over your life such as, "You are cursed because of your dad.")

2. Vows, oaths and swearing are promises or pledges made (James 5:12). Have you any knowledge of vows or oaths at work in your life, past or present? (This includes words spoken by you. Example: "If it takes every penny I have, I'll get you back." Second example, "I'll go to hell rather than live with them.")

3. Judgments are negative conclusions about a person that are projected into his/her future. Usually these are precipitated by the person's condition or performance (Matt. 18:18). Do you know of any made against you, past or present? (Examples: "You are stupid." "You never do any thing right." "You'll never amount to anything." "You're lazy, ugly, and dumb.")

