

# QUESTIONNAIRE

This self-help recovery group is designed to promote a safe confidential environment for survivors of child abuse to explore their past, and to work towards healing. The information shared in this form is kept confidential, and only the group leaders will see this.

*Please print:*

Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Children: No \_\_\_ Yes \_\_\_ # \_\_\_\_\_ Age(s) \_\_\_\_\_

How did you hear about this ministry? \_\_\_\_\_

1. Have you ever been in a small group for survivors of abuse? Yes \_\_\_ No \_\_\_ Circle one: Member / Leader

When? \_\_\_\_\_ Where? \_\_\_\_\_ How would you evaluate its effectiveness? \_\_\_\_\_

Other small group experience? \_\_\_\_\_

2. Were you abused in any of the following ways?

Domestic/Spousal Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Emotional Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Physical Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Satanic Ritual Abuse Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Sexual Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Spiritual Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

Verbal Yes \_\_\_ No \_\_\_ If yes, age: \_\_\_\_\_ Relationship of abuser to you \_\_\_\_\_

3. At what age did you first talk about your abuse? \_\_\_\_\_ To whom did you talk? \_\_\_\_\_

What was their response? \_\_\_\_\_

How did you feel? \_\_\_\_\_

4. Have you received any lay or professional counseling? Yes \_\_\_ No \_\_\_ When: Currently \_\_\_\_\_ Past \_\_\_\_\_

For what issues? \_\_\_\_\_

Name of Counselor last seen \_\_\_\_\_

Contact Information: Phone number(s) to be used: \_\_\_\_\_

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How long have you been, or were you, in counseling? \_\_\_\_\_

Have you discussed your participation in this recovery group with your Counselor? Yes \_\_\_\_ No \_\_\_\_

If yes, what is his/her opinion? \_\_\_\_\_

5. What other help have you pursued in your healing, if any: i.e. Pastor, books, seminars, friend?

6. Are you aware of being, or have you been diagnosed as being dissociative? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, if necessary: \_\_\_\_\_

7. What are your personal expectations of this experience? \_\_\_\_\_

8. If you are a returnee of a group using this material, please indicate the names of your former group leaders:

9. Have you read the "Wounded Heart?" Yes \_\_\_\_\_ No \_\_\_\_\_

10. Any additional comments you would like to share? \_\_\_\_\_

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**Disclaimer:**

This is a self-help recovery group.

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