**SPIRIT-SOUL CONNECTIVITY INTAKE ASSESSMENT**

**(SSCIA)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly state your reason for enrolling in the Trauma-Healing Workshop:**

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**AREAS OF CONCERN**

**Briefly describe** any current issues of distress or difficulties that you are experiencing and have desire to benefit from participating in this Trauma-Healing Workshop.

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**Spiritual Engagement and Connectivity**

* Are you a member of Open Fire? **No Yes**
* Are you serving in Open Fire? **No Yes, if yes, where are you serving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Have you started the Growth Track at Open Fire? **No Yes**
* Have you taken the Personality Test to see where you fit? **No Yes**
* Who is your accountability minister at Open Fire? **No Yes**
* Are you consistent in giving tithes and offering? **No Yes**
* How consistent are you in engaging in Monday Evening Empowerment? **No Yes**
* How consistent are you in engaging in Tuesday Night Bible Study? **No Yes**
* How consistent are you in engaging in Prayer meetings at Open Fire? **No Yes**
* Do you come to the altar for prayer? Not just engage in praise and worship but receive prayer during altar calls? **No Yes**
* How consistent are you in studying the word of God? **No Yes**
* Do you have a consistent prayer life? **No Yes**
* Are you a New Believer in Christ? **No Yes, if yes, how long have you been born again? \_\_\_\_**
* Do you feel that you are fluent with Bible scriptures and passages? **No Yes**
* Do you feel that you have good understanding of interpretation and meaning of the Word of God? **No Yes**
* Do you take notes during sermons and study and review the notes after services? **Yes No**
* Do you believe in the Baptism of the Holy Spirit and Speaking in Tongues? **No Yes**
* How would you describe your relationship with God? **Casual or Intimate – Please circle the one that applies.**
* Do you rate yourself with: **No Faith Weak Faith Strong Faith Inconsistent Faith**

**EMOTIONAL STRONGHOLDS**

* Do you struggle with **Fear?** **Yes No**
* Do you struggle with **Insecurity? Yes No**
* Do you struggle with **Rejection? Yes No**
* Do you struggle with **Abandonment Issues? Yes No**
* Do you struggle with **Jealousy and Envy? Yes No**
* Do you struggle with **Shame? Yes No**
* Do you struggle with **Guilt? Yes No**
* Do you struggle with **Poor Self-Esteem? Yes No**
* Do you struggle with **Inconsistency or instability? Yes No**
* Do you struggle with **Pride or Arrogance? Yes No**
* Do you struggle with **Self-Defeating or Self- Sabotaging Behaviors? Yes No**
* Do you struggle with **Dependency on Others? Yes No**
* Do you struggle with being **Judgmental of Others? Yes No**
* Do you struggle with **Self-Control Issues? Yes No**
* Do you struggle with **Procrastination? Yes No**
* Do you struggle with **Unhealthy or Toxic Relationships? Yes No**
* Do you struggle with **Anger issues? Yes No**
* Are you easily **Frustrated or Agitated? Yes No**
* Are you **impatient**? **Yes No**
* Do you have **healthy Coping Skills? Yes No**
* Do you have **Trust issues? Yes No**
* Do you struggle with **Identity Confusion, Gender Confusion or Sexual Orientations?** **Yes No**
* Do you struggle with **Sexual Perversion or Sexual Addiction? Yes No**
* Do you struggle with **Isolation or Alienation? Yes No**
* Do you struggle with **Family Addiction? Yes No**
* Do you struggle with **Poor Interpersonal Skills? Yes No**
* Do you struggle with **Chaotic Family setting, which is described as violent, crisis driven, dishonesty, deceitful, undesirable behaviors, enmeshment of the family, or parental conflicts? Yes No**