

# Getting to Know You

Pre and Post self-inventory about your relationship with God, Others and Self

There is no right or wrong answer. Just respond with the first thought that comes into your mind as you think about each particular item TODAY.

## RELATIONSHIP WITH GOD

*It is in relationships we are wounded and its in relationships we are healed.*

What would you say, is your relationship to God:

  1     2     3     4     5     6     7     8     9    10  

Impossible to please..... possible to please?

  1     2     3     4     5     6     7     8     9    10  

Emotionally distant ..... ever present?

  1     2     3     4     5     6     7     8     9    10  

Disinterested ..... interested in what you do or say?

  1     2     3     4     5     6     7     8     9    10  

Unreliable ..... reliable as someone to confide in?

  1     2     3     4     5     6     7     8     9    10  

One who would abandon after a while ..... stick with you through it all?

## RELATIONSHIP WITH OTHER PEOPLE

*To the degree we are in relationships with other people we are in relationship with God.*

Indicate the degree (1 is low, 5 is high) of **stress** or **conflict in your relationships as you see it with:** (Explain if you wish).

\_\_\_ marriage

\_\_\_ divorce/separation

\_\_\_ authority figures

\_\_\_ sexual issues

\_\_\_ children

\_\_\_ parents

\_\_\_ singleness

\_\_\_ child custody issues

\_\_\_ family

\_\_\_ siblings

\_\_\_ grandparents

\_\_\_ in-laws

\_\_\_ OTHER

## RELATIONSHIP WITH YOURSELF

*You are custom designed, one of a kind, do you celebrate that?*

**To what degree do you have: (score 1 to 5, 5 is the highest)**

- |  |   |
|--|---|
| <input type="checkbox"/> unforgiveness or bitterness | <input type="checkbox"/> disabled                       |
| <input type="checkbox"/> low self-esteem             | <input type="checkbox"/> chronic illnesses              |
| <input type="checkbox"/> loneliness                  | <input type="checkbox"/> work/career/workaholic         |
| <input type="checkbox"/> depression                  | <input type="checkbox"/> weight control/eating disorder |
| <input type="checkbox"/> mood swings                 | <input type="checkbox"/> drug addiction                 |
| <input type="checkbox"/> sexual issues               | <input type="checkbox"/> alcoholism                     |
| <input type="checkbox"/> grief or loss               | <input type="checkbox"/> insomnia                       |
| <input type="checkbox"/> anxiety or fear             | <input type="checkbox"/> anger                          |

**Have you ever in your life been...Y or N?**

- sexually abused?
- emotionally abused?
- physically abused?
- spiritually abused-church related hurts?

Make a list of the pain and fear in your life and who caused it.

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What is hindering/blocking you from moving forward in your circumstance/situation?

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Name \_\_\_\_\_ Date Pre-test \_\_\_\_\_ Date Post-Test \_\_\_\_\_