



**PRE- GROUP QUESTIONNAIRE**

**Biblical Healing Group:** \_\_\_\_\_ (please fill in)

**Please print clearly**

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

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation: \_\_\_\_\_ Church affiliation (if any): \_\_\_\_\_

1. Have you ever participated in a biblical healing group before? Yes \_\_\_\_ No \_\_\_\_

If so, what type? \_\_\_\_\_

2. Describe any past recovery work you have done regarding this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. On a scale of one to five (one being very little and five being very much) how ready are you to take a critical look at your life? (please circle) 1...2...3...4...5

Comments: very little very much

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your understanding of the purpose and nature of a group?

Comments:

\_\_\_\_\_  
\_\_\_\_\_

5. What are your goals for joining the group? How do you think this group will help you achieve them? Comments:

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6. What would be some concerns you may have about joining the group? Comments:

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7. Please describe your relationship with God. What role does He play in your healing journey? Comments:

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8. Biblical healing groups at Elisha House are based on application of the Bible to your specific area of struggle. How familiar are you with the Bible?

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9. List two people you could call on to be a support to you during your time in the group.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_