



## BETRAYAL & BEYOND SURVEY

*Thank you for taking the time to fill out this confidential survey. Your openness will help us more fully understand your emotional and spiritual needs.*

### Please Print

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

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

Church Affiliation: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced

Spouse's Name: \_\_\_\_\_

Please list the names and ages of your children:

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

Please list the names of any close friends or family that are also attending this Betrayal & Beyond class:

\_\_\_\_\_

- Please **check** all the issues/feelings you are presently experiencing or with which you have recently struggled.
- Of those you checked, **circle** the **two** most pressing concerns for you now.

- Depression
- Anxiety/Fear
- Anger
- Guilt/Shame
- Low Self-Esteem/Lack of Confidence
- Perfectionism or Obsessive Behavior
- Substance Abuse (alcohol, drugs)
- Eating Disorder or Weight Problems (anorexia, bulimia, binge eating or overeating)
- Addictions (other than those listed above, such as gambling, smoking, sex, work)
- Problems Obtaining or Keeping a Job
- Relationship Problems (marriage, dating, family, friends)
- Spousal Abuse/Violence

**Note: Please bring this completed survey to the first class or complete the survey before you leave the first class. Return it to your class leader.**



