

PRE-GROUP QUESTIONNAIRE FOR NANCY'S GRACE GROUPS

<http://www.nancysgracegroups.com>

This small group ministry is designed to promote a safe environment for individuals to share their stories. In order to facilitate placing you in the group that best meets your needs, please respond to the following questions. Your answers will be kept confidential and shared only with staff placing you into a small group and your small group leaders. Please return your questionnaire on or before the first group meeting.

P L E A S E P R I N T

Name: _____ Sex: Female Male Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____ Church Affiliation: _____

Marital Status: _____ Children: No Yes - # of children: _____

How did you hear about this ministry? _____

(1) Have you ever participated in a small group ministry for survivors of abuse?

No Yes If yes, indicate your role in the group: Member Leader

List types/names of other small group experiences: _____

Did you find this experience effective? _____

(2) Where you abused in any of the following manners? *If yes, please indicate the relationship of the abuser to you.*

Domestic/Spouse Abuse? No Yes Relationship: _____

Emotional? No Yes Relationship: _____

Physical? No Yes Relationship: _____

Satanic Ritual Abuse? No Yes Relationship: _____

Sexual? No Yes Relationship: _____

Spiritual? No Yes Relationship: _____

Verbal? No Yes Relationship: _____

(3) At what age did you first talk about your abuse? _____

Whom did you talk to and what was their response? _____

(4) Have you received any lay or professional counseling? No Yes

If yes, for what issues? _____

How long have you been/were you in counseling? _____

Have you discussed your plans to attend the group with your counselor? No Yes

- (5) What other helps have you pursued in your healing, if any?
 Pastor? Books? Seminar? Other? _____
- (6) Are you aware of being or have you ever been diagnosed as being dissociative? No Yes
Explain if necessary: _____

- (7) What are your personal expectations for this group? _____

- (8) If you are a returnee of a group using this material, please include the names of your former leaders: _____

Additional comments or questions: _____

Groups meet once a week for 12 weeks at various locations in the area.

REGISTRATION FEE: \$30.00 (*covers the cost of the manual used during group sessions*). Please send your check with registration or bring it to the first group meeting. Registration forms must be submitted to reserve your spot in the group.

Mail to: Nancy L. Keefer
1275 Quarry Road
Mifflinburg, PA 17844

Upon receipt, we will contact you with details of dates/times for meetings.

For more information, contact Nancy Keefer:

- ✓ by phone: (570-966-3824), or
- ✓ by email: nancy@nancysgracegroups.com

DISCLAIMER: This small group ministry is not intended to substitute for mental health, medical, pastoral, legal or other professional services. If expert assistance is required, the services of a competent professional should be sought.