



YEHOVAH RAPHA: “I AM YOUR HEALER” APPOINTMENT WITH BERASHITH MINISTRY

NAME / Naam: _____

SURNAME / Van: _____

PHONE NUMBER / Telefoon nr: _____

EMAIL / E-Pos: _____

GENDER / Geslag: _____

AGE / Ouderdom: _____

SPOUSE / Eggenoot: _____

CHILDREN AND AGES / _____

Kinders en Ouderdomme: _____

Physical Address / Fisiese Adres: _____

CITY OR TOWN LIVING / Stad of dorp woonagtig: _____

PLEASE EMAIL THE COMPLETED QUESTIONNAIRE AS A PDF FILE TO:

EPOS ASSEBLIEF DIE VOLTOOIDE VRAELYS IN PDF-VORM NA:

BERASHITHMINISTRY@ICLOUD.COM

MAIN REASON(S) FOR VISITING? / Hoofrede(s) vir u besoek?



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HEALING OF THE WOUNDED SOUL

GENESING VAN DIE GEWONDE SIEL

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Hierdie vraelys is die eiendom van Berashith Bediening. Duplisering of verspreiding van die vraelys sonder toestemming is verbode. Die voltooide vraelys sal met die uiterste vertroulikheid hanteer word.

PREREQUISITES / VOORVEREISTES

- Please complete the questionnaire by answering all the questions. Where not applicable, clearly indicate **N/A.** / *Vul asseblief die vraelys so volledig moontlik in. Waar vrae nie van toepassing is nie, merk asseblief duidelik N.V.T*
- Ensure that your **FAMILY TREE** is fully completed. **Full names, surnames and maiden names of All Family Members** are needed. / *Maak asseblief seker dat die **STAMBOOM** volledig voltooi is. Volle Name, vanne en nooiensvanne van alle Familielede word benodig.*
- Incomplete questionnaires cannot be processed unless the complete information is available. / *Onvolledige vraelyste kan slegs verwerk word wanneer alle nodige inligting beskikbaar is.*
- **It is very important to thoroughly study all the preparatory work that will be sent to you beforehand. Neglecting to do so may hinder or delay your healing and deliverance session. Read all the repentance prayers out loud.** / *Dit is baie belangrik om al die voorbereidingswerk wat vooraf aan u gestuur sal word deeglik te bestudeer. Versuim hiervan kan u genesings- en bevrydingsessie belemmer en vertraag. Lees al die belydenisgebode hardop.*
- Please note that a **TWO**-day session is necessary to address all issues. / *Let daarop dat 'n **TWEE**-dag sessie nodig is om alle kwessies te hanteer.*

Date / Datum: _____

Signature / Handtekening: _____

PLEASE NOTE / NEEM KENNIS:

Our services are offered FREE of charge.

Any donation(s) afterwards (*as the Holy Spirit leads you*) will be welcomed to cover expenses. As the Apostle Paul states: **"In the same way, the Lord ordered that those who preach the Good News should be supported by those who benefit from it."** 1 Corinthians 9:14 NLT

Ons dienste word GRATIS aangebied.

Enige donasie(s) agterna (*soos die Heilige Gees jou lei*) sal verwelkom word om kostes te dek. Soos die Apostel Paulus sê: **"Net so het die Here beveel dat diegene wat die Goeie Nuus verkondig, ondersteun moet word deur diegene wat daarby voordeel trek."** 1 Korintiërs 9:14 NLV

BERASHITH MINISTRY

FNB Account: 62439583627

Branch Code: 230534



SPIRITUAL BACKGROUND AND RELATIONSHIP WITH YHWH /

GEESTELIKE AGTERGROND EN VERHOUDING MET YHWH

Are you Born Again? Explain / *Is jy Wedergebore? Verduidelik:* _____

Were you immered after being born again? Explain / *Is jy onderdompel na jou wedergeboorte? Verduidelik:*

Have you been baptised in and by the Holy Spirit (Laying on of hands)? / *Is jy in en deur die Heilige Gees gedoop (Handeoplegging)?:* _____

Did you receive your Heavenly Tongue? / *Het jy jou Hemelse Taal ontvang?* _____

Were you sprinkled with water during child baptism? Explain / *Is jy met water besprinkel tydens die babadoop? Verduidelik:*

Are you currently part of any church denomination? Explain / *Is jy tans deel van enige kerkdenominasie? Verduidelik:*

Do you believe that when you die today that you will be in Heaven? / *Glo jy dat as jy vandag sou sterf jy in die Hemel sal wees?*

RELATIONSHIPS / VERHOUDINGS

Give a detailed describtion of your relationship with God and with people. / *Gee 'n volledige beskrywing van jou verhouding met God en met mense.*

God / God

Who and what is He for you? / *Wie en wat is Hy vir jou?*

Yourself / Jouself _____



Your Spouse / Jou Eggenoot _____

Your Children / Jou Kinders _____

Your Father / Jou Pa _____

Your Mother / Jou Ma _____

Your Family (brothers and sisters) / Jou Familie (broers en susters) _____

Your Friends / Jou Vriende _____

People around you / Mense om jou _____

Do you have any **accusations** towards yourself, God, or any other person? / *Het jy enige **beskuldigings** teen jouself, God, of enige ander persoon?* _____

Do you have any **hatred and / or resentment** towards yourself, towards God and or any other person? / *Het jy enige **haat en / of wrok** teenoor jouself, teenoor God en of teenoor enige ander persoon?* _____

Give the names of all the people that you hate or hated the most and have resentment towards / *Gee die name van die mense wat jy die meeste haat of gehaat het en waarteenoor jy wrokke het.*



TRAUMA / TRAUMA

Ask the Holy Spirit to reveal to you the three main trauma events that you experienced during the following time frames: / *Vra die Heilige Gees om aan jou die drie mees traumaties gebeurtenisse te openbaar wat jy ervaar het tydens die volgende tydperke:*

Childhood / Kinderjare _____

School / Skool _____

Youth / Jeug _____

Adulthood / Volwassenheid _____

Was your conception planned? / *Was jou konsepsie beplan?* _____

Were you born out of wedlock? / *Was jy 'n buite-egtelike kind?* _____

Did your parents want a child of another gender? / *Wou jou ouers 'n kind van 'n ander geslag gehad het?* _____

Were you a welcome child? / *Was jy 'n welkome kind?* _____

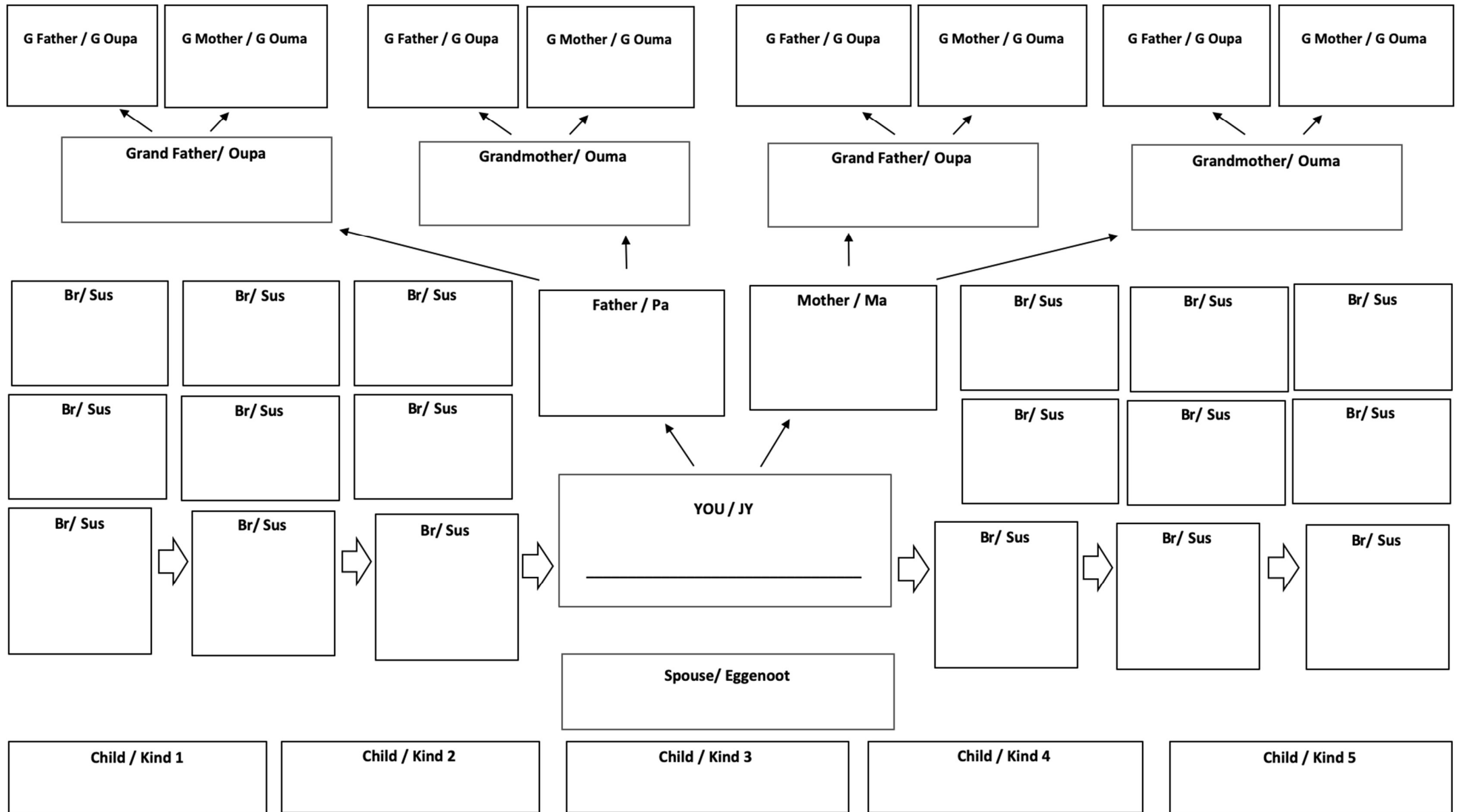
Did your father take up his responsibility as spiritual leader in the house? / *Het jou pa sy verantwoordelikheid as geestelike leier in die huis opgeneem?* _____

Who 'wore the pants' in the house when you were growing up? / *Wie het die 'broek gedra' in die huis toe jy grootgeword het?* _____



GENEALOGY / STAMBOOM

Fully Complete and insert FULL NAMES and SURNAMES of each person. / *Voltooi volledig en toon VOLLE NAME en VANNE van elke persoon aan*



Also fill in all relevant MAIDEN NAMES. / *Vul ook alle relevante NOOIENSVANNE in.*

**HISTORY OF FAMILY AND BLOODLINE SICKNESSES AND DISEASES /****GESKIEDENIS VAN FAMILIE- EN BLOEDLYNSIEKTES EN PESTE**

Clearly mark all sicknesses and diseases in your family history and bloodline as follows:

Merk duidelik alle siektes en peste in jou Familiegeskiedenis en Bloedlyn as volg:

O – Own Life / *Eie Lewe*

F – Father Side/ *Pa kant*

M – Mother Side / *Ma kant*

ABORTION	ARTERIES	CELIAC DISEASE (Gluten allergy and intolerance)
ABSCESSSES	ARTERIOSCLEROSIS	CELLULITE
ABSENCE SEIZURES	ARTICULATIONS OR JOINTS	CEREBELLUM
ACATHISIA	ARTHRITIS	CERVICITIS
ACCIDENT	ASCITES	CERVIX (Neck of the uterus)
ACID REFLUX OR HEARTBURN	ASTHMA	CHICKEN POX
ACIDOSIS	ASTIGMATISM	CHILBLAINS
ACNE	ATRESIA	CHIN
ACROMEGALY	AUTISM	CHLAMYDIA
ADDICTIONS	AUTOIMMUNE DISEASE	CHLOASMA (Pregnancy mask)
ADENOID GLANDS		CHOLESTEROL
AEROGASTRIA	BACK	CHRONIC DISEASE
AEROPHAGIA	BALDNESS	CIRRHOISIS
AGEUSIA	BITES	CLAUSTROPHOBIA
AGORAPHOBIA	BLADDER	CLAVICLE
AIDS	BLEEDING	COCCYX
ALCOHOLISM	BLEPHARITIS	COLD OR CATARRH
ALKALOSIS	BLISTERS	COLD BRITTLENESS
ALLERGIES	BLOOD	COLIBACILLOSIS
ALOPECIA	BONE FRACTURE	COLITIS
ALZHEIMER	BONE MARROW OR CORE	COLON
AMENORRHEA	BONES	COLOR BLINDNESS
AMNESIA	BOREDOM	CONCUSSION
AMPUTATION	BRAIN	CONGENITAL DISEASE (or disorder)
ANAPHYLACTIC SHOCK	BREASTS	CONJUNCTIVITIS OR PINK EYES
ANEMIA	BROMHIDROSIS (Fetid body odor)	CONSTIPATION
ANGINA	BRONCHIAL TUBES	CONTUSION
ANGUISH	BULIMIA	COR PULMONALE
ANIMAL BITES	BURNOUT	COUGHING
ANKLES	BURNS	CRAMPS
ANKYLOSING SPONDYLITIS	BUST OR CHEST	CROHN'S DISEASE
ANUS	BUZZES	CRURALGIA
ANOREXIA		CUTANEOUS PAPILLOMA
ANXIETY	CALLOSITIES OR CORNS	CYST
APHASIA	CANCER	CYSTIC FIBROSIS
APPENDICITIS	CARIES	CYSTITIS
APNEA	CATARACTS (Blurred vision)	
ARMS	CAVUM	



DANDRUFF	GASTRITIS	IMPOTENCE
DEAFNESS	GASTROENTERITIS	INCONTINENCE (Bladder)
DEPRESSION	GENITALIA	INDIGESTION
DIABETES	GLAUCOMA	INFECTION
DIARRHEA	GLOSSITIS	INFERTILITY
DUPUYTREN DISEASE	GOITER	INFLUENZA OR FLU
DYSMENORRHEA	GONORRHEA	INJURIES (Accidents)
	GOUT	INSOMNIA
	GRINDING	INTERMITTENT CLAUDICATION
EARS (Problems)	GYNAECOLOGICAL LOSSES	INTESTINAL GASSES (Flatulence)
EARWAX		INTESTINES (Colon, Diarrhea)
ECCHYMOSIS	HAIR problems	ITCHING (Skin)
ECZEMA (atopic dermatitis)	HALITOSIS (Bad breath)	
ELBOWS	HANDS (Wrists)	JAUNDICE
ECCHIMOSIS OR BRUISING	HASHIMOTO DISEASE (Thyroids)	JAW
EMPHYSEMA	HEAD (Headaches and Migraines):	
ENDOMETRIOSIS	HEART	KIDNEYS (Problems)
ENURESIS	HEART ATTACK	KNEES
EPIDEMIC	HEMATURIA (Bladder)	KYPHOSIS
EPILEPSY	HEMITHORAX	
EQUILIBRIUM OR BALANCE,	HEMORRHOIDS	LACHRYMAL GLANDS (Eyes)
ERUCTATION OR BURPING	HEPATITIS (Liver)	LARYNX
ERYTHEMA	HEREDITARY DISEASE	LEGS
ESOPHAGUS	HERNIA	LEUKEMIA (Blood cancer)
EXOPHTHALMOS (eyes)	HERNIATED DISK (Hernia)	LEUKORRHEA
EYES problems	HERPES (Zoster)	LIGAMENTS
	HICCUP	LIPOMA
FACE	HOARSENESS OR APHONIA	LIPS (Cold sore)
FAINTS	HYPERACTIVITY	LIVER:(Jaundice, Hepatitis)
FALLOPIAN TUBES	HYPERHIDROSIS (excessive sweating)	LORDOSIS
FEET	HYPEROPIA (Farsightedness)	LOUSES (Pediculosis)
FEMORAL HERNIA	HYPERTENSION (High blood pressure)	LUMBAGO
FEVER	HYPERTHYROIDISM	LUNGS (Bronchitis, Pneumonia, Tuberculosis)
FIBROMYALGIA	HYPOGLYCEMIA (Pancreas)	LUPUS
FINGERS	HYPOTENSION	LYMPH NODES (Hodgkin's)
FLATUS	HYPOTHYROIDISM (Thyroids)	LYMPHATIC SYSTEM (Lymphoma, Lymph nodes)
FLEAS	HIPS	LYMPHOMA (Lymph nodes)
FLUID RETENTION	HODGKIN LYMPHOMA	
FOREARM		MELANOMA (Skin cancer):
FOREHEAD	ICHTHYOSIS (Skin)	MENINGITIS
FRIGIDITY	ILIAC CREST	MENOPAUSE (Problems)
	IMMUNE SYSTEM	MENSTRUATION (Problems)
GALLBLADDER	IMPATIENCE	MIGRAIN (Head and Cephalaea)
GALLSTONES	IMPETIGO	MOLARS (Teeth)
GANGRENE		



MONONUCLEOSIS (Lymph nodes, Liver, Spleen)	PNEUMONIA (Lungs)	TENDONS
MOSQUITO BITES (Parasitic bites)	POLIOMYELITIS	TENSION CEPHALEA
MOUTH	PREGNANCY (Problems)	TESTICLES
MOUTH SORES	PREMATURE EJACULATION	TETANUS
MULTIPLE SCLEROSIS	PRESBYOPIA (Eyes)	THROAT (Pharynx)
MUMPS	PROSTATE	THROMBOSIS
MUSCLES (Cramps)	PSORIASIS (Skin)	THYMUS
MYCOSIS	PUBIS (Pubalgia, Sports hernia or Pubis osteopathy)	THYROIDS
MYOPIA (Nearsightedness)	PURPURA	TICS (Involuntary twitches)
	PYORRHEA	TOES (Feet)
NAILS		TONGUE (Mouth)
NARCOLEPSY	RADIUS (Forearm)	TONSILS (Pharynx)
NAUSEA	RASH	TORTICOLLIS
NECK (Torticollis and Vertebrae)	RHEUMATISM (Bones, Arthrosis, Arthritis)	TRANSPIRATION (Sweating)
NEPHRITIC COLIC (Kidney)	RHEUMATOID ARTHRITIS (Arthritis)	TRIGLYCERIDES (Cholesterol)
NEPHRITIS (Kidney)	RIBS (Bones).	TUBERCULOSIS
NERVOUS BREAKDOWN		TWINS (Brothers)
NEURALGIA	SALPINGITIS (Fallopian tubes)	ULCERS (Stomach)
NIGHTMARES	SCIATICA	UMBILICAL HERNIA
NODULES (Thyroids)	SCLERODERMA (Skin)	URETHRITIS (Bladder)
NOSE	SCOLIOSIS	URINARY INFECTION (Bladder)
	SEBACEUS GLANDS	URTICARIA OR HIVES (Skin)
OBESITY	SENILITY	UTERUS (Endometriosis, Fallopian tubes)
OSTEOARTHRITIS (Articulations, Arthritis)	SEXUAL PERVERSIONS	UTERINE FIBROID (Uterus)
OSTEOPOROSIS (Menopause and Bones)	SEXUALLY TRANSMITTED DISEASES OR INFECTIONS	
OTITIS (Earache)	SHIVERS	VAGINAL YEAST INFECTION
OVARIES	SHOULDER (Problems)	VAGINITIS –VULVITIS-
OVERWEIGHT (Obesity)	SPINE (Coccyx, Sacrum)	VULVOVAGINITIS
	SPLEEN	VARICELLA OR CHICKENPOX
PAIN	SPRAIN (Ankles)	VARICOSE ULCER
PALATE	STERNUM	VARICOSE VEINS
PANCREAS (Diabetes)	STOMACH (Acid reflux, Gastritis, Ulcer)	VERSCOLOR PITYRIASIS (Skin)
PARALYSIS	STOMATITIS (Mouth)	VERTEBRAE (Spine, Sacrum and Coccyx)
PARASITIC (Fleas, Lice)	STRABISMUS, DIPLOPIA (Eyes).	VERTIGO
PARKINSON’S DISEASE OR PD	STRESS	VITILIGO (Skin)
PELVIS (Uterus)	STULTIFICATION	VOCAL CORDS
PENIS	SUPRARENAL GLANDS	VOMITS (Nausea)
PERITONEUM		WARTS
PHARINX	TEETH AND MOLARS	WRINKLES
PHLEBITIS (Blood, Thrombosis, Varicose veins)	TEMPERATURE OR FEVER	WRISTS (Hands)
PIMPLES		ZOSTER



OTHER sicknesses not on the above list (Explain): / ANDER siektes nie op die boonste lys (Verduidelik):

Any further explanation of sicknesses and diseases in your life, your family, and/or bloodline (Explain): / Enige ander verduideliking oor siekte en peste in jou lewe, jou familie, en/of bloedlyne (Verduidelik):

GENERAL HEALTH / ALGEMENE GESONDHEID

Indicate your psychological condition: Good or Bad? / Dui jou psigiese toestand aan: Goed of Sleg?

Any hormonal problems / Enige hormonale probleme: _____

Any other medical problems / Enige ander mediese probleme: _____

Indicate any hereditary diseases / Meld enige oorerflike siektes: _____

NB! Medications / Medikasies

Make a complete list of all **medication** previously (past five years) and currently in use. Specify the condition the medication is used for. / Maak 'n volledige lys van vorige (afgelope vyf jaar) en huidige **medikasie** in gebruik. Spesifiseer die toestande waarvoor die medikasies gebruik word.

Any addictions? / Enige verslawings?

Alcohol / Alkohol

Smoking / Rook

Perfectionism / Perfeksionisme

Pornography / Pornografie

Food – overeating / Kos – ooreet

Gambling / Dobbel

Sex / Seks

Other / Ander

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Specify other: / Spesifiseer ander: _____



Have you ever been diagnosed with or treated for any of following? / Is jy ooit gediagnoseer met of behandel vir een van die volgende toestande?

Psychosis, hallucinations / <i>Psigose, hallusinasies</i>		OCD – Obsessive Compulsive Disorder	
Dyslexia / <i>Disleksie</i>		ADHD – Attention Deficit Hyperactivity Disorder	
Schizophrenia / <i>Skisofrenie</i>		Dementia / <i>Demensie</i>	
Post-Traumatic Stress / <i>Post Traumatiese Stress</i>		Paranoia / <i>Vervolgingswaan</i>	
Mental Retardation / <i>Verstandelike Vertraagdheid</i>			
Neurasthenia, Nervousness / <i>Neurastenie, Semuweeswakte</i>			
Bipolar disorder (manic depression) / <i>Bipolêre gemoedsversteuring (maniese depressie)</i>			
DID / MPD (disassociative identity disorder / multiple personality disorder)			

Other / Ander:

Indicate which of the above-mentioned also occurred in the family or your bloodline? / *Watter van bogenoemde toestande kom by jou familie of bloedlyn voor?* _____

UNHOLY SOUL TIES / ONHEILIGE SIELSBANDE

Report any sexual impurity in your ancestry / *Meld enige seksuele onreinheid in jou voorgeslagte:* _____

Were you or any of your ancestors involved in / Was jy of enige van jou voorouers betrokke by:

Sex with animals / <i>Seks met diere</i>	<input type="checkbox"/>	Sex with family members / <i>Seks met familieledede</i>	<input type="checkbox"/>
Sex in front of other people / <i>Seks voor ander mense</i>	<input type="checkbox"/>	Sex with children / <i>Seks met kinders</i>	<input type="checkbox"/>
Exposing oneself / <i>Ontblotings</i>	<input type="checkbox"/>	Sex with dolls or toys / <i>Seks met poppe of speelgoed</i>	<input type="checkbox"/>
Pornography / <i>Pornografie</i>	<input type="checkbox"/>	Sex with prostitutes / <i>Seks met prostitute</i>	<input type="checkbox"/>

Are you or were you involved in any sexual activities before your marriage? / *Is of was jy betrokke in voorhuwelikse seks?*

Explain / Verduidelik: _____

Are you or were you involved in any extramarital sexual relationship during your married life? / *Is of was jy betrokke by enige seksuele verhoudings behalwe met jou huweliksmaat tydens getroude lewe?*

Explain / Verduidelik: _____

Did you get married early because of premarital sex/pregnancy? / *Moes jy vroeg trou agv voorhuwelikse seks/swangerskap?*

Expand / Brei uit: _____



If unmarried, are you currently sexually active? / *Indien ongetroud, is jy tans seksueel aktief?* _____
 Are you willing to break such relationships? / *Is jy bereid om sodanige verhouding(s) te verbreek?* _____
 Have you ever been sexually molested, raped, or sodomized? / *Is jy al ooit seksueel gemolesteer, verkrag of gesodomiseer?*

By whom / *Deur wie?* _____
 How many times / *Hoeveel keer* : _____
 Have you ever molested or raped anybody? / *Het jy al ooit iemand seksueel gemolesteer of verkrag?* _____

Explain / Verduidelik: _____

Are you sexually 'cold' or afraid of physical contact? / *Is jy seksueel koud of bang vir fisieke kontak?* _____
Explain / Verduidelik: _____

Do you experience sexual dreams or attacks in your sleep (with people or strange creatures)? / *Ervaar jy seksuele drome of aanvalle in jou slaap (met mense of vreemde wesens)?* _____
Explain / Verduidelik: _____

Are you sometimes overwhelmed by thoughts of sexual lust? / *Word jy soms oorval deur gedagtes van seksuele wellus?*

With Whom? / *Met wie?* _____

Are you a compulsive masturbator who satisfies yourself when you are alone? / *Is jy 'n kompulsiewe masturbeerder wat jouself bevredig wanneer jy alleen is?* _____ Expand / *Brei uit:* _____

Do you sometimes experience gay or lesbian desires? / *Ervaar jy soms gay/lesbiese begeertes?* _____

Have you ever been involved in homosexual relationships? / *Was jy al in homoseksuele verhoudings betrokke?* _____

With Whom / *Met wie?* _____

Have you ever visited a massage parlour where you were sexually stimulated? / *Het jy al 'n masseersalon besoek waar jy seksueel gestimuleer is?* _____ Expand / *Brei uit:* _____

Men / Mans:

Have you begotten any child who has been aborted / *Het jy 'n kind verwek wat geaborteer is?* _____

With Whom / *By wie?* _____

Do you have any illegitimate children? / *Het jy enige buite-egtelike kinders?* _____

With Whom / *By wie?* _____



Women / Dames:

Have you ever had an abortion? / *Het al 'n aborsie gehad?* _____ How many? / *Hoeveel?* _____

When? / *Wanneer?* _____

Who is the father(s)? / *Wie is die vader(s)?* _____

Do you have any illegitimate children? / *Het jy enige buite-egtelike kinders?* _____

With Whom / *By wie?* _____

FEAR AND ANXIETY / VREES EN ANGS

Give a detailed description of all your FEARS. / *Gee 'n volledige beskrywing van al jou VRESE.*

Do you get irrational anxiety attacks? How often? And what triggers it? / *Kry jy irrasionele angsaanvalle? Hoe gereeld? En wat 'trigger' dit?* _____

Explain / Verduidelik _____

Do you regularly get nightmares? What do you dream about? / *Kry jy gereeld nagmerries? Wat droom jy dan?*

Do you get outbursts of rage? When do you get them and why? / *Kry jy woede uitbarstings? Wanneer kry jy dit en hoekom?*

Were you or any of your ancestors angry with God? Why? / *Was jy of jou voorsate al kwaad vir God? Hoekom?*

Have you and your family asked for forgiveness for your anger towards God? Have you forgiven Him? / *Het julle Hom al om vergifnis gevra vir jul woede teenoor Hom? Het julle Hom ook vergewe?* _____

Have you ever been treated unfairly or been exploited? / *Is jy al ooit onregverdig behandel, uitgebuit of tenagekom?*

As a... / As 'n... :

Child / *Kind?* _____

Youth / *Tiener?* _____

Adult / *Volwassene?* _____

Explain / Verduidelik:



Do you struggle with feelings of **Bitterness, Unforgiveness and Resentment** towards someone who has hurt you? /

*Sukkel jy met gevoelens van **Bitterheid, Onvergewensgesindheid en Wraak** teenoor iemand wat jou tenagekom het? _____*

Whom / *Wie?* _____

Why / *Waarom?* _____

Are or were you **angry** at yourself? / *Is of was jy **kwaad** vir jouself?* _____

Why / *Waarom?* _____

Have you ever forgiven these people and yourself, or not? / *Het jy al ooit hierdie mense en jouself vergewe, of nie?*

Explain / Verduidelik

If not, why not? / *Indien nie, waarom nie?*

Any **Suicidal Thoughts** or attempts? How many times? / *Enige **Selfmoordgedagtes** of pogings? Hoeveel keer?*

Have you ever wanted to commit **murder** or revenge, or do you get thoughts of murder and revenge? / *Wou jy al moord pleeg of wraak neem, of kry jy **moord-** of wraakgedagtes?*

OTHER / ANDER

Any accidents, sicknesses, death, trauma or other problems not yet addressed in the questionnaire? / *Enige ongelukke, siekte, dood, trauma of ander probleme wat nog nie in die vraelys aangespreek is nie?*

