

# Personal Past Reflection Inventory

This section is for you, **Not** to be turned in with your completed application

We recognize that a person's past is a very tender subject due to the painful experiences that many have had. However, these past experiences can greatly hinder the Discipleship Process and your own transformation. **The inventory that follows is for YOU. It is not something you will be turning in with your application.** As you work through the inventory, we encourage you to be extremely honest in your answers in order for you to assess how these issues are affecting you and your relationship with God in the present. A past problem in an area does not necessarily exclude you from CDS. In fact, we all have a past but Jesus wants to redeem our past and give us absolute freedom in every area of our life.

During the interview process one member of the CDS staff, of the same gender as the applicant, will be exploring these areas with you. The topics of the inventory will be explored to the degree that you feel comfortable in order for us to most effectively help you find God's best for your life. In the interview, the information shared will be held in the strictest confidence and will not be recorded.

1. Have you used any narcotics, hallucinogens or drugs not prescribed by a physician in the past 2 years?
2. Do you currently drink alcoholic beverages? How frequently?
3. Do you currently use tobacco products? How frequently?
4. What are your thoughts in general on consuming alcohol and tobacco products?
5. Would you be willing to abstain from using alcohol and tobacco for the duration of the school?
6. Have you been treated for a drug or alcohol problem in the past two years?
7. Do you tend to experience strong anxiety, such that it affects your mental state of mind or creates worry and concern that is distracting for you?
8. Have you ever struggled with cutting yourself?
9. Have you ever struggled with panic attacks?
10. Have you ever struggled with suicidal thoughts?

11. Have you had any prolonged problems with depression or mood swings in the past two years?
12. Have you struggled with an eating disorder (anorexia, bulimia, or excessive or uncontrolled overeating)?
13. Have you ever been physically or sexually abused, or raped?
14. Have you ever suffered from another type of abuse?
15. Have you been the perpetrator of physical or sexual abuse, or rape?
16. Have you struggled with episodes of rebellion in the last two years? (specifically defiance of authority figures, not open to accountability, defiance of rules or laws, illegal activities). Have you ever asked yourself or God, why?
17. Have you had premarital sex?
18. Have you had an extra-marital physical relationship?
19. Have you had a homosexual relationship or struggled with same sex attraction?
20. Do you have guidelines in place for yourself now, in the area of physical purity to ensure minimal temptation?
21. Have you had a relationship in the past two years that would not be considered above reproach (i.e. sexual purity)?
  - A. What does that look like for you?

|   |  |
|---|--|
| <input type="checkbox"/> Heavy kissing      | <input type="checkbox"/> Fondling                          |
| <input type="checkbox"/> Sexual intercourse | <input type="checkbox"/> Involvement with a married person |
  - B. Singles: Have you dated anyone else since the last occurrence? Do you feel like this relationship is above reproach now?
  - C. Married: Does your spouse know of your infidelity? If your spouse is aware of your infidelity, how is it currently affecting your relationship with your spouse?
23. Female: Have you ever had an unmarried pregnancy?

Male: Have you ever been responsible for a woman's unmarried pregnancy?

24. Self Awareness: Do you struggle with any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Comparison  | <input type="checkbox"/> Insecurity/Low Self-Worth          |
| <input type="checkbox"/> Addiction to _____  | <input type="checkbox"/> Materialism                        |
| <input type="checkbox"/> Envy/Jealousy   | <input type="checkbox"/> Anger                              |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Rebellion                          |
| <input type="checkbox"/> Greed   | <input type="checkbox"/> Fear                               |
| <input type="checkbox"/> Self-Justification  | <input type="checkbox"/> Control                            |
| <input type="checkbox"/> Manipulation  | <input type="checkbox"/> Coarse Joking                      |
| <input type="checkbox"/> Lying   | <input type="checkbox"/> Co-dependency                      |
| <input type="checkbox"/> Idolatry  | <input type="checkbox"/> Pride/self-righteousness           |
| <input type="checkbox"/> Unforgiveness   | <input type="checkbox"/> Lust (Thoughts, Pornography, etc.) |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Hatred                             |
| <input type="checkbox"/> Homosexuality   | <input type="checkbox"/> Gluttony                           |
| <input type="checkbox"/> Passivity   | <input type="checkbox"/> Pornography                        |
| <input type="checkbox"/> Sexual temptation   | <input type="checkbox"/> Masturbation                       |
| <input type="checkbox"/> Fantasy   | <input type="checkbox"/> Workaholism                        |
| <input type="checkbox"/> Difficulty applying your purity guidelines or convictions |   |

Take time to reflect on the inventory you have just completed. Seek God with this question: **How have the things of my past influenced my spiritual life?**