PSAP Coaching Questionnaire

**Christ-Centered Recovery from Sexual Addiction Designed for Personal Reflection and Therapeutic Disclosure Developed by the Genesis Connection:** [**www.GenesisConnection.net**](file:///E:\Dropbox\!PDF\!Jim\Full%20Disclosure\www.GenesisConnection.net) **Date: June 2025**

**Welcome to 'My Story of Healing:  
A Christ-Centered Disclosure Inventory.'**

This is not just a form—it’s a journey. A journey of truth-telling, courage, and restoration. The questions that follow are designed to help you uncover the roots, patterns, and impacts of your sexual behaviors—not to shame you, but to free you. We believe that healing begins when secrecy ends, and that wholeness is possible when truth is spoken in love. This tool is intended to guide you through that process with care, structure, and grace. It may stir up pain, memory, or even resistance. That’s okay. All of those responses are part of the healing path. You do not have to complete this all at once. Go slowly. Take breaks. Pray. Reflect. Be honest, not perfect. You are not being tested—you are being invited. This tool has been designed for use in Christ-centered recovery, alongside a trained coach, counselor, or group facilitator. It may be used to support therapeutic full disclosure, personal inventory, or spiritual healing work. You are not alone. Your story matters. Your wounds matter. Your healing matters. Thank you for your bravery. Let’s begin.

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# 1. Behavior History and Frequency

1. When did you first engage in sexually acting out behavior? Click or tap here to enter text.
2. What was the specific behavior, and how did it evolve over time? Click or tap here to enter text.
3. How frequently did this behavior occur during different life phases (e.g., adolescence Choose an item., early adulthood Choose an item., marriage Choose an item.)?
4. Did the intensity or risk level of behaviors escalate? Yes  No
5. What types of pornography did you view? Did the content change over time? Click or tap here to enter text.
6. Did you engage with real people (affairs, escorts, etc.)? If so, how many and under what contexts? Click or tap here to enter text.
7. Were your behaviors exclusively sexual, or were there emotional entanglements as well? Sexual Only  Emotional  Both
8. Did you ever pay for sex, directly or indirectly? Yes  No
9. Have you ever filmed or photographed yourself or others sexually? Yes  No
10. Have you participated in anonymous sexual encounters? Yes  No
11. Have you crossed state or national borders to engage in sexual behavior? Yes  No
12. Did you ever involve others unknowingly (e.g., hidden cameras, deception)? Yes  No
13. Have you ever tried to look up a girl’s skirt or down her dress? Yes  No
14. Did you ever act out while your partner was nearby or unaware (e.g., in the same house)? Yes  No
15. Did you use work time or resources for these behaviors? Yes  No
16. Did you act out during travel or work trips? Yes  No
17. Have you engaged in any form of sexting or sexual texting? Yes  No
18. Have you ever masturbated compulsively or to avoid emotional pain? Yes  No
19. Have you been sexually inappropriate with someone who was emotionally or professionally subordinate? Yes  No
20. Have you ever used others sexually during times of distress (e.g., after an argument or disappointment)? Yes  No
21. Have your behaviors ever caused financial harm (e.g., subscriptions, sex work, destroyed property)? Yes  No
22. Did you ever engage in sexual behavior with family members or close relatives? Yes  No
23. Have you participated in orgies, gang bangs, or group sex? Yes  No
24. Did you ever engage in sexual behavior with minors? Yes  No  or individuals who were under the influence? Yes  No
25. Have you used sex toys, and if so, what types and in what contexts? Click or tap here to enter text.
26. Did you ever engage in sexual behavior while under the influence of drugs or alcohol? Yes  No
27. Have you ever been sexually assaulted or abused, and if so, how has this impacted your behaviors? Click or tap here to enter text.
28. Did you ever engage in sexual behavior with strangers or casual acquaintances? Yes  No
29. Have you ever been diagnosed with a sexually transmitted infection (STI), and if so, how did you handle it? Click or tap here to enter text.
30. Did you ever engage in sexual behavior in public or semi-public places? Yes  No
31. Have you ever been caught or nearly caught engaging in sexual behavior? Yes  No
32. Did you ever engage in sexual behavior with individuals of the same sex, even if you identify as heterosexual? Yes  No
33. Have you ever been to a strip club, and if so, how often and what was your behavior there? Click or tap here to enter text.
34. Did you ever engage in sexual behavior with individuals of a different race or ethnicity, and how did you feel about it? Click or tap here to enter text.
35. Have you ever been to a sex shop, and if so, what did you purchase and how did you feel? Click or tap here to enter text.
36. Did you ever engage in sexual behavior with individuals who were emotionally vulnerable or dependent on you? Yes  No
37. Have you ever been to a swingers' club or attended a swinger's event? Yes  No
38. Did you ever engage in sexual behavior with individuals who were significantly older or younger than you? Yes  No
39. Have you ever been to an erotic massage parlor or received similar services? Yes  No
40. Have you ever read adult sexual fantasy (erotica) that uses explicit language? Yes  No
41. Have you ever composed or written adult sexual fantasy (erotica) that uses explicit language? Yes  No
42. Have you ever used AI (artificial intelligence) to engage in erotic or sexual behaviors? Yes  No
43. Have you ever dialed a 900 number and listened to sex talk? Yes  No
44. Did you ever engage in sexual behavior with individuals who were in a committed relationship? Yes  No
45. Have you ever engaged in “Peeping Tom” or voyeurism activity? Yes  No
46. Are you or have you considered yourself to be an exhibitionist or engage in explicit exhibitionism (exposing your genitals to an unsuspecting person for the purpose of sexual arousal or gratification)? Yes  No
47. Have you ever been a nudist or been to a nudist beach, colony, or event? Yes  No
48. Have you ever been to a BDSM (bondage, discipline, dominance, submission, sadism, and masochism) club or attended a BDSM event? Yes  No
49. Did you ever engage in sexual behavior with individuals who were not aware of your relationship status? Yes  No
50. Have you ever been to a sex party or attended a sex-positive event? Yes  No
51. Did you ever engage in sexual behavior with individuals who were not aware of your sexual history? Yes  No
52. Have you ever been to a porn studio or attended a porn shoot? Yes  No
53. Did you ever engage in sexual behavior with individuals who were not aware of your sexual preferences? Yes  No
54. Have you ever been to a sex convention or attended a sex expo? Yes  No
55. Did you ever engage in sexual behavior with individuals who were not aware of your sexual boundaries? Yes  No

# 2. Triggers and Emotional Context

1. What emotional states most often precede acting out? Click or tap here to enter text.
2. Were you lonely ? Angry ? Ashamed ? Rebellious ? Other ? Click or tap here to enter text.
3. Were you trying to celebrate  or self-soothe ? Both
4. Was boredom a factor? Yes  No
5. Did you ever use sex as a reward after stress or success? Yes  No
6. Did you act out following relational conflict? Yes  No
7. What kinds of stress or transitions tend to trigger you? Click or tap here to enter text.
8. Do anniversaries or holidays bring up specific triggers? Yes  No
9. Did you ever act out after seeing sexual content in media? Yes  No
10. Were there non-sexual triggers (e.g., fatigue, rejection)? Click or tap here to enter text.
11. What day(s) and time(s) were most vulnerable for you? Click or tap here to enter text.
12. How did your schedule or routines accommodate acting out? Click or tap here to enter text.
13. How did sleep, nutrition, and exercise affect your vulnerability? Choose an item.
14. Did being in a certain physical environment (hotel, home alone, etc.) influence you? Click or tap here to enter text.
15. Were there specific clothing styles, voices, or mannerisms that triggered fantasy? Click or tap here to enter text.
16. Did you feel more vulnerable after social rejection or perceived failure? Yes  No
17. What recurring thoughts or internal scripts would you hear right before acting out? Click or tap here to enter text.
18. Did your triggers change over time? Yes  No
19. Do you notice body-based cues (e.g., restlessness, arousal, numbness) that precede acting out? Click or tap here to enter text.
20. Do your triggers include spiritual disconnection or moral injury? Yes  No
21. What specific thoughts or images trigger your sexual behaviors? Click or tap here to enter text.
22. Were there any traumatic events in your past that triggered your sexual behaviors? Click or tap here to enter text.
23. Did you ever act out sexually in response to a significant life change, such as a move, job loss, or birth of a child? Yes  No
24. Were there any cultural or societal factors that influenced your sexual behaviors? Click or tap here to enter text.
25. Did you ever act out sexually in response to a significant achievement or milestone? Yes  No
26. Were there any political or historical events that triggered your sexual behaviors? Click or tap here to enter text.
27. Did you ever act out sexually in response to a significant loss or failure? Yes  No
28. Were there any economic or financial factors that influenced your sexual behaviors? Click or tap here to enter text.
29. Did you ever act out sexually in response to a significant health issue or diagnosis? Yes  No
30. Were there any environmental or ecological factors that triggered your sexual behaviors? Click or tap here to enter text.
31. Did you ever act out sexually in response to a significant relationship milestone, such as an anniversary or breakup? Yes  No
32. Were there any technological or digital factors that influenced your sexual behaviors? Click or tap here to enter text.
33. Did you ever act out sexually in response to a significant spiritual or religious experience? Yes  No
34. Were there any artistic or creative factors that triggered your sexual behaviors? Click or tap here to enter text.
35. Did you ever act out sexually in response to a significant dream or fantasy? Yes  No
36. Were there any philosophical or ideological factors that influenced your sexual behaviors? Click or tap here to enter text.
37. Did you ever act out sexually in response to a significant conversation or argument? Yes  No
38. Were there any scientific or medical factors that triggered your sexual behaviors? Click or tap here to enter text.
39. Did you ever act out sexually in response to a significant piece of media, such as a movie, book, or song? Yes  No
40. Were there any athletic or physical factors that influenced your sexual behaviors? Click or tap here to enter text.
41. Did you ever act out sexually in response to a significant weather event or natural disaster? Yes  No
42. Were there any culinary or gastronomic factors that triggered your sexual behaviors? Click or tap here to enter text.
43. Did you ever act out sexually in response to a significant holiday or cultural event? Yes  No
44. Were there any musical or auditory factors that influenced your sexual behaviors? Click or tap here to enter text.
45. Did you ever act out sexually in response to a significant scent or fragrance? Yes  No
46. Were there any visual or artistic factors that triggered your sexual behaviors? Click or tap here to enter text.
47. Did you ever act out sexually in response to a significant taste or flavor? Yes  No
48. Were there any tactile or textural factors that influenced your sexual behaviors? Click or tap here to enter text.
49. Did you ever act out sexually in response to a significant emotion, such as joy, sadness, or anger? Yes  No

# 3. Cognitive Distortions and Rationalizations

1. What lies did you tell yourself to make the behavior seem acceptable? Click or tap here to enter text.
2. Did you believe you were owed this because of hardship or sacrifice? Yes  No
3. Did you think “everyone does this”? Yes  No
4. Did you feel it was “better than cheating”? Yes  No
5. Did you believe your partner would never find out? Yes  No
6. Did you spiritualize or justify your actions (e.g., “God understands”)? Yes  No
7. Did you believe you were a victim of circumstance? Yes  No
8. Did you minimize the risk of being caught? Yes  No
9. Did you believe that people you engaged with consented freely? Yes  No
10. Did you view your actions as harmless or victimless? Yes  No
11. Did you label your behaviors with euphemisms? Yes  No
12. Did you have moral or spiritual dissonance while engaging in the act? Yes  No
13. Did you use anger or resentment toward your partner to justify acting out? Yes  No
14. Did you tell yourself you had already gone too far to stop? Yes  No
15. Did you rationalize that this was a temporary phase? Yes  No
16. Did you believe that your sexual behaviors were a form of self-care or self-love? Yes  No
17. Did you think that your sexual behaviors were a way to connect with a higher power or spiritual entity? Yes  No
18. Did you believe that your sexual behaviors were a form of protest or rebellion against societal norms? Yes  No
19. Did you think that your sexual behaviors were a way to explore your identity or express your individuality? Yes  No
20. Did you believe that your sexual behaviors were a form of art or creative expression? Yes  No
21. Did you think that your sexual behaviors were a way to gain power or control over others? Yes  No
22. Did you believe that your sexual behaviors were a form of escapism or distraction from reality? Yes  No
23. Did you think that your sexual behaviors were a way to punish yourself or seek penance? Yes  No
24. Did you believe that your sexual behaviors were a form of meditation or mindfulness practice? Yes  No
25. Did you think that your sexual behaviors were a way to honor or worship a deity or spiritual figure? Yes  No

# 4. Secrecy, Compartmentalization, and Disclosure Avoidance

1. How did you hide your behaviors? Click or tap here to enter text.
2. Did you clear your browser, use incognito mode, or secret devices? Yes  No
3. Did you create secret accounts or usernames? Yes  No
4. Did you develop routines for when and where you acted out? Yes  No
5. Did you lie to cover up where you were or what you were doing? Yes  No
6. Did you ever manipulate your partner’s emotions to avoid suspicion? Yes  No
7. Were there close calls where you were almost caught? Yes  No
8. Did you use shame or guilt to discourage your partner from asking questions? Yes  No
9. How did you decide what to disclose or conceal? Click or tap here to enter text.
10. What did you fear would happen if the truth were known? Click or tap here to enter text.
11. Have you partially disclosed and later revised your story? Yes  No
12. Did you forget or suppress parts of your behavior? Yes  No
13. Have you confessed things only when cornered? Yes  No
14. Did you get defensive or evasive when questioned? Yes  No
15. Did you gaslight or distort facts to avoid being found out? Yes  No
16. Have you broken past promises of honesty? Yes  No
17. Did you enlist others to cover for you? Yes  No
18. Have you deleted or destroyed evidence? Yes  No
19. Have you purposely deleted your browsing or internet history/activity to avoid detection? Yes  No
20. Do you still feel tempted to omit information? Yes  No
21. How did secrecy shape your view of yourself? Click or tap here to enter text.

# 5. Developmental History and Early Exposure

1. At what age did you first see pornography or sexual images? Click or tap here to enter text.
2. What was your response at the time? Click or tap here to enter text.
3. How were you introduced to sexual knowledge (family, peers, abuse)? Click or tap here to enter text.
4. Did you receive healthy sexual education? Yes  No
5. Were you shamed or ignored when asking questions about sex? Yes  No
6. Did anyone sexualize or abuse you during childhood? Yes  No
7. Did you witness inappropriate sexual behavior? Yes  No
8. Were you exposed to pornography or adult material in your home? Yes  No
9. How did your caregivers handle boundaries and privacy? Click or tap here to enter text.
10. Were there secrets or betrayals in your family? Yes  No
11. Was there chaos or neglect in your early environment? Yes  No
12. Did your family model emotional regulation? Yes  No
13. Were you encouraged to express vulnerability or was it suppressed? Click or tap here to enter text.
14. What role did religion play in shaping your sexual beliefs? Click or tap here to enter text.
15. Were you ever pressured into sexual experiences as a youth? Yes  No
16. Did you engage in early compulsive masturbation? Yes  No
17. Did you act out sexually with peers in unhealthy ways? Yes  No
18. Were you ever bullied, rejected, or excluded? Yes  No
19. Did you develop a “false self” to earn acceptance? Yes  No
20. Did you associate arousal with danger , shame , or secrecy ? Other  No

# 6. Impact and Accountability

1. How do you believe your behaviors have affected your partner? Click or tap here to enter text.
2. How do you think they have shaped your children (directly or indirectly)? Click or tap here to enter text.
3. Have you damaged your partner’s self-image or trust in others? Yes  No

Describe: Click or tap here to enter text.

1. Have your behaviors affected finances, time, or safety? Yes  No

Describe: Click or tap here to enter text.

1. Have you experienced job or reputation consequences? Yes  No

Describe: Click or tap here to enter text.

1. How has your spiritual life been impacted? Click or tap here to enter text.
2. Have you affected friends, community, or church members? Click or tap here to enter text.
3. What harms do you feel most remorseful about? Click or tap here to enter text.
4. Are there ways your behaviors affected people you didn’t consider at the time? Click or tap here to enter text.
5. How do you respond when hearing about your impact? Click or tap here to enter text.
6. Do you tend to overestimate or underestimate your impact? Choose an item.
7. Have you asked for forgiveness without expecting it? Yes  No
8. Have you made amends, or are you planning to? Yes  No
9. Are you willing to accept the full relational cost of your actions? Yes  No
10. What would full ownership look like for you? Click or tap here to enter text.

# 7. Internal World: Fantasy, Coping, and Emotional Avoidance

1. What recurring sexual fantasies do you have? Click or tap here to enter text.
2. Do your fantasies involve control , submission , rescuing , being desired , or being anonymous , or other ?

Describe: Click or tap here to enter text.

1. Have you used fantasy to escape emotional pain? Yes  No
2. Were your fantasies ever more important than real connection? Yes  No
3. Do you use arousal to self-soothe? Yes  No
4. What do you believe about your own desirability or masculinity? Click or tap here to enter text.
5. Do you fear being known or vulnerable? Yes  No
6. Are you emotionally avoidant in non-sexual situations? Yes  No
7. Do you use humor, sarcasm, or intellect to deflect emotion? Yes  No
8. Do you often feel disconnected from your own body? Yes  No
9. Are there emotions you consider unacceptable (e.g., fear, grief)? Click or tap here to enter text.
10. Do you have a harsh or shaming inner critic? Yes  No
11. Do you tend to isolate or overwork to avoid feelings? Yes  No
12. Do you struggle to name what you feel in a given moment? Yes  No
13. Do you idealize or objectify others in fantasy? Yes  No
14. Are your fantasies influenced by past trauma or unmet needs? Yes  No
15. Have you explored your deeper emotional needs with a counselor? Yes  No
16. Are you afraid of rejection even in your marriage? Yes  No
17. Do you confuse intensity with intimacy? Yes  No
18. Are you comfortable with non-sexual physical affection? Yes  No

# 8. Motivations for Change and Recovery

1. Why are you choosing to disclose and seek help now? Click or tap here to enter text.
2. What outcomes are you hoping for? Click or tap here to enter text.
3. Are you motivated by fear , love , shame , hope , or Other ?

Describe: Click or tap here to enter text.

1. Are you open to total honesty, even if it risks loss? Yes  No
2. What support systems do you currently have? Click or tap here to enter text.
3. Are you willing to engage in counseling or recovery groups? Yes  No
4. What boundaries are you implementing? Click or tap here to enter text.
5. How do you measure progress beyond “not acting out”? Click or tap here to enter text.
6. What does integrity mean to you now? Click or tap here to enter text.
7. Are you willing to be accountable without control? Yes  No
8. Do you recognize relapse warning signs? Yes  No
9. Do you see this journey as a long-term process? Yes  No
10. Have you surrendered outcomes you can’t control? Yes  No
11. Are you prepared to support your partner’s healing too? Yes  No
12. Do you understand the difference between sobriety and recovery? Yes  No
13. What spiritual practices are you exploring? Click or tap here to enter text.
14. Are you reading or learning regularly about growth and healing? Yes  No
15. Are you open to feedback from others? Yes  No
16. What are your current areas of resistance? Click or tap here to enter text.
17. What is the vision you have for who you want to become? Click or tap here to enter text.

# 9. Sexual Beliefs, Identity, and Scripts

1. What did you learn growing up about what it means to be a man sexually? Click or tap here to enter text.
2. Did you internalize messages about sex being dirty , forbidden , sacred , or other ?

Describe: Click or tap here to enter text.

1. How did religious teachings affect your view of sexual desire? Click or tap here to enter text.
2. Do you believe sex is something to be earned , owed , or exchanged ?
3. Were you taught that expressing sexual needs is shameful? Yes  No
4. Do you feel entitled to sex from your partner? Yes  No
5. Have you confused sexual performance with personal worth? Yes  No
6. Do you feel sexually inadequate or ashamed? Yes  No
7. How do you respond when your sexual needs aren’t met? Click or tap here to enter text.
8. Have you used sex to establish dominance or prove masculinity? Yes  No
9. Do you believe you must hide parts of yourself to be loved? Yes  No
10. What gender stereotypes have shaped your sexual identity? Click or tap here to enter text.
11. Have you acted out sexually in ways that contradict your core values? Yes  No
12. Have you experienced internal conflict around sexual orientation or identity? Yes  No
13. Have you fetishized certain roles, races, or dynamics? Yes  No
14. Have you believed that love and sexuality must always be intense or dramatic? Yes  No
15. Have you equated emotional closeness with sexual attraction? Yes  No
16. Do you feel entitled to certain experiences to "make up" for the past? Yes  No
17. Have you felt invisible or overlooked, and used sex to compensate? Yes  No
18. What are your current beliefs about healthy sexuality? Click or tap here to enter text.

# 10. Partner-Specific Dynamics and Relational Fallout

1. How did you view your partner during periods of acting out? Click or tap here to enter text.
2. Did you compare your partner unfavorably to others? Yes  No
3. Did you blame your partner for your sexual dissatisfaction? Yes  No
4. Have you withheld affection or sex as punishment or control? Yes  No
5. Did you objectify your partner rather than see their full humanity? Yes  No
6. Did you see your partner as a threat to your autonomy? Yes  No
7. Have you been emotionally unavailable even when physically present? Yes  No
8. Did you seek emotional connection outside your relationship? Yes  No
9. Were you dishonest about past sexual history with your partner? Yes  No
10. Did you pressure your partner sexually? Yes  No
11. Did you accuse them of being too needy or too distant? Yes  No
12. Have you failed to ask about their needs or desires? Yes  No
13. Have you invalidated their feelings when they were hurt? Yes  No
14. Did you expect quick forgiveness without full ownership? Yes  No
15. Have you downplayed your partner’s trauma? Yes  No
16. What have you learned about your impact on your partner’s sense of safety? Click or tap here to enter text.
17. How did you respond when your partner confronted you? Click or tap here to enter text.
18. Have you used anger, withdrawal, or manipulation to deflect from the truth? Yes  No
19. What has been the hardest thing to admit about how you’ve treated your partner? Click or tap here to enter text.
20. What does rebuilding safety and trust require of you? Click or tap here to enter text.

# 11. Spiritual Conflict and Moral Dissonance

1. How have your behaviors conflicted with your values or beliefs? Click or tap here to enter text.
2. Did you avoid spiritual communities out of guilt or fear? Yes  No
3. Have you used religion to shame yourself or others? Yes  No
4. Did you ever think God had abandoned you? Yes  No
5. Did you ever use grace or forgiveness as a reason not to change? Yes  No
6. Have you compartmentalized your faith from your sexuality? Yes  No
7. Have you felt spiritually numb or cut off? Yes  No
8. Have you confessed just enough to feel relieved, but not fully honest? Yes  No
9. Have you projected your guilt onto others? Yes  No
10. Did your religious upbringing emphasize behavior over belonging? Yes  No
11. How has your spiritual journey been affected by your secrets? Click or tap here to enter text.
12. Have you struggled to pray or meditate since acting out? Yes  No
13. How do you think God views you in your brokenness? Click or tap here to enter text.
14. Have you found spiritual mentors or support in your recovery? Yes  No
15. What kind of spiritual healing or restoration are you hoping for? Click or tap here to enter text.

# 12. Post-Behavior Effects and Emotional Aftermath

1. What emotions do you typically feel after acting out (e.g., shame, numbness, relief)? Click or tap here to enter text.
2. Do you experience a “crash” afterward? Yes  No
3. How long do those post-behavior effects last? Choose an item.
4. Do you isolate or withdraw after acting out? Yes  No
5. Do you seek to reconnect with your partner afterward? Why or why not? Click or tap here to enter text.
6. Do you experience intrusive thoughts, guilt, or depression? Yes  No
7. Have you ever self-harmed or considered suicide after acting out? Yes  No
8. Do you try to quickly “make up” for the behavior with extra kindness or intimacy? Yes  No
9. Do you forget or minimize what you did the next day? Yes  No
10. Do you try to justify the behavior afterward to feel better? Yes  No
11. What physical effects do you experience (fatigue, tension, etc.)? Click or tap here to enter text.
12. Do you use substances to escape from post-acting-out emotions? Yes  No
13. Do you feel haunted by certain memories or images? Yes  No
14. Do you fear being “found out” long after the event? Yes  No
15. How do you view yourself during those moments of regret? Click or tap here to enter text.

# 13. Relapse, Slips, and Maintenance Challenges

1. Have you experienced relapses during recovery? Yes  No
2. What were the warning signs that led up to the relapse? Click or tap here to enter text.
3. Did you tell anyone right away, or did you delay disclosure? Immediate  Delayed
4. What is your current sobriety date? Click or tap here to enter text.
5. Have you used technicalities to justify a “slip” (e.g., “It wasn’t as bad”)? Yes  No
6. Do you know your most common risk factors or vulnerabilities? Click or tap here to enter text.
7. Do you fear relapse more than you fear dishonesty? Yes  No
8. Have you used recovery tools consistently, or only in crisis? Consistent  Crisis Only
9. How do you respond to the shame of relapse? Click or tap here to enter text.
10. Do you try to “white-knuckle” sobriety rather than seek support? Yes  No
11. What’s your strategy for moments of high temptation? Click or tap here to enter text.
12. Who is in your circle of accountability, and do they know the whole story? Click or tap here to enter text.
13. Do you need to revisit or clarify your bottom lines? Yes  No
14. How do you respond to success—does pride or complacency ever become a trigger? Yes  No
15. What does perseverance look like for you in this season? Click or tap here to enter text.

# 14. Early Spiritual Awareness

1. When do you first remember having thoughts or questions about God or spirituality? Click or tap here to enter text.
2. What were those early spiritual thoughts or experiences like for you? Click or tap here to enter text.
3. Did your family discuss God, faith, or spiritual matters when you were growing up? Yes  No
4. Were you exposed to a specific religious tradition in childhood? If so, what was it and how did it shape you? Click or tap here to enter text.
5. Did you ever feel a sense of wonder, fear, or curiosity about spiritual things as a child? Yes  No
6. Were there moments you felt close to God or a higher power early in life? Yes  No
7. Did you experience shame or confusion about spiritual matters as a young person? Yes  No
8. Were there people (family, friends, teachers) who influenced your early spiritual beliefs? Click or tap here to enter text.
9. Did you ever pray or seek God during difficult moments in your childhood or adolescence? Yes  No
10. How did your early understanding of God affect your view of yourself? Click or tap here to enter text.
11. Were there spiritual experiences that felt confusing or contradictory to you? Yes  No
12. Did you ever feel rejected or judged by a religious community growing up? Yes  No
13. How did your early spiritual thoughts influence your moral or ethical decisions? Click or tap here to enter text.
14. Were there moments you felt God was distant or absent? What were those like? Click or tap here to enter text.
15. How do you view those early spiritual experiences now, in light of your faith journey? Click or tap here to enter text.
16. Did you ever associate spirituality with rules, performance, or earning approval? Yes ☐ No ☐
17. Were there specific Bible stories or teachings that resonated with you early on? Click or tap here to enter text.
18. Did you ever feel a sense of purpose or calling tied to your spiritual thoughts? Yes  No
19. How did your early spiritual awareness shape your understanding of sin or brokenness? Click or tap here to enter text.
20. Looking back, do you see God’s presence in those early moments, even if you didn’t recognize it then? Click or tap here to enter text.

# 15. Philosophies and Worldviews on Humanity

1. What beliefs about human nature did you learn growing up (e.g., from family, culture, or media)? Click or tap here to enter text.
2. Were you exposed to non-Christian philosophies (e.g., humanism, atheism, New Age) about what it means to be human? Yes  No
3. Did you ever adopt views that humans are inherently good, flawed, or meaningless? How did these views affect you? Click or tap here to enter text.
4. How did these philosophies influence your understanding of your own worth or purpose? Click or tap here to enter text.
5. Did you ever believe that personal fulfillment comes from self-effort, pleasure, or achievement? Yes  No
6. Were there philosophies that made you feel free or trapped in your behaviors? Click or tap here to enter text.
7. Did you encounter teachings that separated spirituality from sexuality? How did they impact you? Click or tap here to enter text.
8. How did these worldviews shape your view of sin, guilt, or shame? Click or tap here to enter text.
9. Did you ever feel these philosophies offered answers that Christianity didn’t seem to provide? Yes  No
10. Were there moments you questioned these philosophies in light of your struggles? Yes  No
11. How did these beliefs about humanity affect your relationships with others? Click or tap here to enter text.
12. Did you ever use these philosophies to justify your sexual behaviors or choices? Yes  No
13. How do these past worldviews compare to the truth of your identity in Christ (2 Corinthians 5:17)? Click or tap here to enter text.
14. Were there specific books, teachers, or media that shaped your views on humanity? Click or tap here to enter text.
15. Were there moments you sought answers from these philosophies during times of pain or confusion? Yes  No
16. How has your understanding of human nature shifted as you’ve grown in faith? Click or tap here to enter text.
17. What lies about humanity do you still need to surrender to God’s truth (John 8:32)? Click or tap here to enter text.

# 16. Introduction to the Gospel

1. When were you first introduced to the good news of Jesus Christ? Click or tap here to enter text.
2. Who shared the gospel with you, and what was the context (e.g., church, friend, event)? Click or tap here to enter text.
3. What was your initial reaction to hearing about Jesus’ life, death, and resurrection? Click or tap here to enter text.
4. Did you feel drawn to , resistant to , or confused  by the gospel message?
5. How did the gospel message compare to your existing beliefs at the time? Click or tap here to enter text.
6. Were there specific Bible verses or teachings about Jesus that stood out to you? Click or tap here to enter text.
7. Did you understand the concept of grace—that salvation is a free gift (Ephesians 2:8-9)? Yes  No  Explain: Click or tap here to enter text.
8. How did hearing the gospel affect your view of your own sin or brokenness? Click or tap here to enter text.
9. Were there barriers (e.g., shame, doubt, pride) that kept you from embracing the gospel? Click or tap here to enter text.
10. Did you feel a sense of hope or relief when you first heard about Jesus’ love for you? Yes  No
11. How did the gospel message influence your thoughts about your sexual behaviors? Click or tap here to enter text.
12. Were there moments you revisited the gospel later in life? Yes  No . If yes, what prompted those moments? Click or tap here to enter text.
13. Did you ever reject or misunderstand the gospel? Yes  No . If so, why? Click or tap here to enter text.
14. How did the people who shared the gospel with you demonstrate Christ’s love (or fail to)? Click or tap here to enter text.
15. What role did the gospel play in your early decisions about faith or spirituality? Click or tap here to enter text.
16. Did you ever feel the gospel was “too good to be true”? Yes  No . Why or why not? Click or tap here to enter text.
17. How did the gospel shape your understanding of forgiveness and redemption? Click or tap here to enter text.
18. Were there specific sermons, books, or conversations that clarified the gospel for you? Click or tap here to enter text.
19. How do you now understand the gospel in relation to your identity in Christ? Click or tap here to enter text.
20. What does it mean to you today that Jesus died for your sins and rose again (Romans 5:8)? Click or tap here to enter text.

# 17. Evangelism Questions

1. If God asked you, “Why should I let you into My heaven?” what would you say? Click or tap here to enter text.
2. How did you first learn to answer this question, and who taught you? Click or tap here to enter text.
3. Does your answer rely on your own actions  or on Christ’s finished work  (John 19:30)?
4. How confident are you in your answer, and why? Choose an item.
5. Have you ever felt your answer needed to include your good deeds or efforts? Yes  No
6. How does your answer reflect your understanding of grace (Ephesians 2:8-9)? Click or tap here to enter text.
7. What emotions come up when you think about standing before God? Click or tap here to enter text.
8. How has your answer to this question changed over time? Click or tap here to enter text.
9. Do you believe your sexual behaviors affect your standing before God? Why or why not? Click or tap here to enter text.
10. How does Romans 8:1-4 shape your answer? Click or tap here to enter text.
11. Have you ever shared your answer to this question with others? Yes  No  What was that like? Click or tap here to enter text.
12. Does your answer give you peace  or cause anxiety ? Why? Click or tap here to enter text.
13. How does knowing you are justified by faith (Romans 5:1) affect your response? Click or tap here to enter text.
14. Have you ever doubted your salvation because of your behaviors? Yes  No  If yes, how did you resolve this? Click or tap here to enter text.
15. What does it mean to you that Jesus is your advocate before the Father (1 John 2:1)? Click or tap here to enter text.
16. How does your answer align with the truth that you are a new creation (2 Corinthians 5:17)? Click or tap here to enter text.
17. Do you feel your answer reflects a performance-based  or grace-based  faith?
18. How would you explain your answer to someone else struggling with sin? Click or tap here to enter text.
19. What Scriptures support your confidence in entering God’s heaven? Click or tap here to enter text.
20. How does your answer inspire you to live differently today? Click or tap here to enter text.

# 18. Conversion Experience and Identity in Christ

1. When and how did you first accept Jesus Christ as your Savior? Click or tap here to enter text.
2. What circumstances or events led to your conversion experience? Click or tap here to enter text.
3. How did you feel during and after your decision to follow Christ? Click or tap here to enter text.
4. Did you understand at the time that you received a new identity in Christ (2 Corinthians 5:17)? Yes  No
5. How did your conversion change your view of yourself and your behaviors? Click or tap here to enter text.
6. Were there specific Scriptures that spoke to you during your conversion? Click or tap here to enter text.
7. Did you experience a sense of freedom or relief after accepting Christ? Yes  No  Describe it. Click or tap here to enter text.
8. How did your conversion impact your relationships with others? Click or tap here to enter text.
9. Have you ever doubted the reality of your conversion? Yes  No  If so, why? Click or tap here to enter text.
10. How do you now understand your old self as “crucified with Christ” (Galatians 2:20)? Click or tap here to enter text.
11. What does it mean to you that you are no longer a slave to sin (Romans 6:6-7)? Click or tap here to enter text.
12. How has your conversion influenced your approach to sexual temptation or addiction? Click or tap here to enter text.
13. Were there mentors, pastors, or friends who supported you during your conversion? Click or tap here to enter text.
14. How do you live out your new identity in Christ in daily life? Click or tap here to enter text.
15. What lies about yourself did you believe before your conversion, and how have they changed? Click or tap here to enter text.
16. How does the Holy Spirit’s presence in you (Romans 8:9-11) shape your recovery? Click or tap here to enter text.
17. Have you experienced moments of spiritual renewal since your conversion? Yes  No
18. How do you remind yourself of your new nature when facing temptation? Click or tap here to enter text.
19. What does it mean to you to “walk by the Spirit” (Galatians 5:16) in your journey? Click or tap here to enter text.
20. How has your conversion given you hope for lasting freedom from sexual addiction? Click or tap here to enter text.