

# Mount Horeb House Ministries

## Follow-Up Survey

Dear Former Prayer Recipient,

To help us better serve those who seek prayer ministry at Mount Horeb House we ask for your help by filling out the following survey. Your name is optional.

### Section 1 - Demographics

1. You are between the ages of:

<input type="radio"/> 5 – 18
<input type="radio"/> 19 – 30
<input type="radio"/> 31 – 40
<input type="radio"/> 41 – 55
<input type="radio"/> 56 – 65
<input type="radio"/> 66 – 75
<input type="radio"/> 76 – 90

2. Marital status:

<input type="radio"/> Single
<input type="radio"/> Married
<input type="radio"/> Divorced
<input type="radio"/> Widowed

3. Sex:

<input type="radio"/> Male
<input type="radio"/> Female

4. Ethnicity:

<input type="radio"/> African American
<input type="radio"/> Asian
<input type="radio"/> Caucasian
<input type="radio"/> Hispanic

## Section 1 – Demographics (Continued)

### 5. Education:

<input type="radio"/>	<b>High School Diploma/GED</b>
<input type="radio"/>	<b>Some College</b>
<input type="radio"/>	<b>Bachelors Degree</b>
<input type="radio"/>	<b>Masters Degree</b>
<input type="radio"/>	<b>Doctorate/PHD</b>

### 6. Church affiliation:

<input type="radio"/>	<b>Baptist</b>
<input type="radio"/>	<b>Methodist</b>
<input type="radio"/>	<b>Church of Christ</b>
<input type="radio"/>	<b>Catholic</b>
<input type="radio"/>	<b>Episcopal</b>
<input type="radio"/>	<b>Presbyterian</b>
<input type="radio"/>	<b>Lutheran</b>
<input type="radio"/>	<b>Pentecostal/Charismatic</b>
<input type="radio"/>	<b>Evangelical Free</b>
<input type="radio"/>	<b>Assemblies of God</b>
<input type="radio"/>	<b>Non-denominational</b>
<input type="radio"/>	<b>Other</b>

## Section 2 - Ministry

### 7. Reason you sought ministry: (You may select more than one.)

<input type="radio"/>	<b>Addictive Behaviors</b>
<input type="radio"/>	<b>Anger Issues</b>
<input type="radio"/>	<b>Anxiety</b>
<input type="radio"/>	<b>Panic Attacks</b>
<input type="radio"/>	<b>Relational Issues</b>
<input type="radio"/>	<b>Childhood Sexual Abuse</b>
<input type="radio"/>	<b>Sexual Addictions</b>
<input type="radio"/>	<b>Obsessive Compulsive Issues</b>
<input type="radio"/>	<b>Other</b>

8. You were referred by:

<input type="radio"/> Someone who received ministry at Mount Horeb House
<input type="radio"/> Relative
<input type="radio"/> Friend
<input type="radio"/> Pastor/Minister
<input type="radio"/> Counselor
<input type="radio"/> Website
<input type="radio"/> Other

9. How many sessions did you receive?

<input type="radio"/> 1 – 5
<input type="radio"/> 6 – 10
<input type="radio"/> 11 – 15
<input type="radio"/> 16 – 20
<input type="radio"/> 21 - More

10. How would you describe the memories that you went to where lie-based thinking was present?

<input type="radio"/> Completely resolved/peaceful and calm
<input type="radio"/> Significantly less painful
<input type="radio"/> No change

11. Compared to other helping professions or ministries, how helpful was your experience at Mount Horeb House?

<input type="radio"/> The most beneficial of anything I have tried
<input type="radio"/> Very helpful
<input type="radio"/> Helpful
<input type="radio"/> Somewhat helpful
<input type="radio"/> Not helpful

12. Concerning the reason (problem) you sought ministry, how has that problem changed?

<input type="radio"/> Significant positive change
<input type="radio"/> Some change
<input type="radio"/> No change
<input type="radio"/> Negative change

**13. Has your ministry experience deepened your relationship with God?**

<input type="radio"/>	Deepened enormously
<input type="radio"/>	Deepened significantly
<input type="radio"/>	Deepened
<input type="radio"/>	No change
<input type="radio"/>	Worsened

**14. Have you experienced changes which have impacted your personal relationships?**

<input type="radio"/>	Significant positive change
<input type="radio"/>	Some positive change
<input type="radio"/>	No change
<input type="radio"/>	Some negative change
<input type="radio"/>	Significant negative change

**15. Would you refer someone else for ministry at Mount Horeb House?**

<input type="radio"/>	Yes
<input type="radio"/>	No

**We appreciate any comments or suggestions you would like to express:**

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**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (Optional)**

**We sincerely appreciate your feedback. Please mail to:  
P.O. Box 293722  
Kerrville, TX. 78029**

**Thank you,  
Dan Geroy, Executive Director**

**Revised 5-11-09**