

Session 08.

WEEKLY WORK

TRAUMA CHECKLIST

- 01. Did you have any medical problems or hospitalization early in life. Yes No
- 02. I get easily lost in my work. Yes No
- 03. I have periods of sleeplessness. Yes No
- 04. I feel bad at times about myself because of shameful experiences in my past.
..... Yes No
- 05. I have trouble stopping certain actions even though they are unhelpful/destructive.
..... Yes No
- 06. My relationships are the same story over and over again. Yes No
- 07. I was adopted. Yes No
- 08. I am unable to recall details of painful experiences. Yes No
- 09. I avoid mistakes at all costs. Yes No
- 10. Unsettling thoughts or memories have come to mind out of the blue. Yes No
- 11. Sometimes I have outbursts of anger or irritability. Yes No
- 12. Sometimes I spoil opportunities for success. Yes No

- 13. There is something destructive I do over and over, starting early in my life. Yes No
- 14. I have difficulty concentrating. Yes No
- 15. Growing up I was separated from one or both parents or my siblings for a long time.
..... Yes No
- 16. My parents fought a lot verbally and/or physically. Yes No
- 17. We moved a lot when I was growing up. Yes No
- 18. I am a risk taker. Yes No
- 19. I stay in conflict with someone when I could have walked away. Yes No
- 20. I often feel sexual when I am lonely. Yes No
- 21. I feel loyal to people even though they have hurt me. Yes No
- 22. I feel I must avoid depending on people. Yes No
- 23. I use TV, reading, eating and hobbies as a way of numbing out. Yes No
- 24. I have a problem with putting off certain tasks. Yes No
- 25. I need lots of stimulation so that I don't get bored. Yes No

Enter the number of "yes" you marked _____

PERSONAL PROMISES

Based on what you learned in this session about personal promises and times when you've experienced God, identify two personal promises that help you remember who God created you to be.

01.

02.