Your Name/Code	Date

Pastor Joshua Trevor

Student Copy

Instructions for Scoring: Diagnostics on the Physical Health of a Christian

#	Activity	No	Don't Know	Yes
1	Are you born again?			
2	Have you been baptized by immersion in water?			
3	Have you received the baptism of the Holy Spirit?			
4	Do you pray in tongues?			
5	Do you pray in tongues a lot?			

Line 1: Add number of items checked for Items 1 – 5 above _____ Multiply totals on Line 1 by 0 0 10

Part 1 Totals _____+__ = ____

#	Activity during a typical day	Never	Rarely	Some	Often	Always
6	Do you start your day with God?					
7	Do you start your day with Praise/Worship?					
8	Do you start your day with Prayer?					
9	Do you spend intimate time with God every day?					
10	Do you study the Word of God daily?					
11	During the course of a typical day, in making your					
	decisions, are you led by the Word of God?					
12	During the course of a typical day, in making your					
	decisions, are you consciously led by the Holy Spirit?					
13	Do you confess your sins as soon as you sin?					
14	Do you confess your sins at least daily?					
15	Throughout the day, do you pray in tongues?					
16	Do you receive Communion every day?					
17	Do you take Communion more than once/day?					
18	Do you fast on a regular basis?					
19	Do you keep one day as your Sabbath?					
20	Do you speak healing Scriptures daily?					
21	Do you pray Psalm 23 daily?					
22	Do you pray Psalm 91 daily?					
23	Do you teach or tell others about Jesus?					
24	Do you teach or tell others that Jesus heals?					
25	Do your words bring grace to the hearer?					
26	Do you esteem (regard) others higher than yourself?					
27	Do you see the glory of your King in others?					
28	Do you have a merry heart?					
29	Are you a peaceful person?					
30	Are you a patient person?					
31	Are you a tither?					
32	Do you give to the poor or needy?					
33	Do you drink at least 8 glasses of water per day?					
34	Do you balance your protein & carbohydrates?					
35	Do you have lots of fiber in your food?					
36	Do you exercise daily?					
37	Do you get lots of sleep?					
38	Do you plan your day so as to end it with God?					

Line 2: Add number of items checked for Items 6–38 _____ ___

Multiply scores on Line 2 by 0 1 3 5 7 **Part 2 Totals** ____ + ___ + ___ + ___ =

Grand Total, Overall Score: Add the total of Part 1 to the total of Part 2