

Exodus Ministries Resident Application

Thank you for your interest. Before you complete the application, please read the following information carefully.

What is Exodus Ministries?

Exodus Ministries is a non-denominational Christian Ministry established for the purpose of empowering formerly incarcerated mothers and their children to achieve a productive and fulfilling life through Jesus Christ. We are here to help rebuild and restore families. We offer assistance in job placement, budgeting, biblical studies, and life skills. Women selected for the program are given rent-free housing in our facility located at 4630 Munger Avenue in East Dallas. However, during their stay at Exodus, residents are required to find and maintain a job, attend budgeting classes, parenting/relationship classes, and a 12-step program weekly. Upon employment, the resident will be required to pay \$20.00 a week for utilities and save money in order to be self-sufficient at the end of their residency. Each resident is given personalized treatment in regards to other needs such as family counseling, and drug aftercare. Our Program is 12 months long.

Exodus is governed by a Board of Directors and employs a full time staff. Christian volunteers are involved as mentors, budgeting partners and childcare workers. Exodus strives to give a Christian perspective on all areas of life, with direction and principles based on biblical teachings and understanding.

Where will I live?

The apartments are one or two bedroom with a living room, a kitchen, a breakfast room, and one bathroom. Each apartment is fully furnished.

What are the requirements for me to be involved with Exodus Ministries?

- 1. You must have a desire to change. This is not a free housing program with no-strings attached. If you are not willing to abide by our rules, volunteer your time to the ministry, and work on changing your life, you will not be a good fit for Exodus.**
2. You must be capable of working a full-time job. Before you are employed you will give your time helping at Exodus. You must have children who will be living with you.
- 3. You must be drug and alcohol free during your stay at Exodus.**
4. Residents will attend all classes in Budgeting, Parenting/Relationship, 12-step program, Bible Studies, and all other scheduled classes.
5. Children must have constant parental supervision.
6. Each resident is expected to follow the rules & conditions (attached) and to respect other neighbors and residents.
7. Each resident is expected to be diligent in saving money.
8. Each resident is expected to secure a place to live by the end of her stay.
9. Each resident family will help with apartment and property up-keep.
10. You will be required to attend individual and group counseling.

How do I apply?

Anyone interested in Exodus Ministries must submit a written application. If you do not have an application, write to the Executive Director at Exodus Ministries at the address below to request an application. Applications are Very Important: Please submit two (2) written referrals from religious volunteers/chaplains and/or someone who knows you well on a separate sheet of paper and have the referrals forwarded to: Exodus Ministries, 4630 Munger Avenue #110, Dallas, Texas 75204 or fax to 214-827-0072.

We welcome your application and look forward to getting to know you!

Instructions for completing application:

Complete this application entirely and return to Exodus Ministries, 4630 Munger Ave., #110, Dallas, Texas, 75204. Answer each question completely and if a question does not apply, mark the space N/A. If your application is incomplete, you may lose your chance to be considered. Any false or untruthful information will immediately disqualify you. We pay special attention to your religious background and goals.

Any information you provide or we discover will be held in strict confidence.

***UNFORTUNATELY, WE CAN NOT ACCEPT COLLECT CALLS FROM INMATES**



Please complete only the top section of this page, and then the rest of the Application.

Name: _____

Name of Unit: _____ Housing: _____

Date of Release: _____ Parole or Probation? _____

TDCJ Number: _____

CRIMINAL BACKGROUND (List all convictions with the most current first)

DATE	CHARGE	SENTENCE	Time Served

THIS SECTION FOR STAFF USE ONLY

Date of Interview: _____

Results of Interview: _____

Move in Date: _____

Comments:

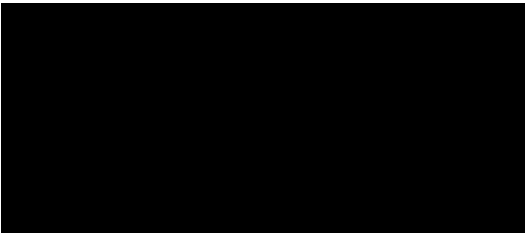


Rules and Conditions of Residents at Exodus Ministries

The following rules of conduct shall be in effect during the participation of any resident in the Exodus Ministries at 4630 Munger Avenue, Dallas, Texas 75204. Violation of any rule, at the sole discretion of the Board or Executive Director, may be cause for immediate dismissal from the building and the immediate termination from the program. ***Please initial each rule signifying that you have read and fully understand it.**

1. You and your family are residents of Exodus Ministries during the program. _____
2. Residents and their families are not tenants or leasees and have no rights of residential tenancy created by a landlord/tenant relationship under the law. You have no property rights whatsoever to the resident unit given to you during the course of the program. _____
3. The Board or staff may enter or inspect the resident's apartment at any time during the course of the program. _____
4. Residents and their child(ren) are expected to respect and follow directives of staff. All concerns should be directed to the Case Manager or Executive Director. _____.
5. Information from your application will be shared with a selected professional counselor. _____
6. In consideration of receiving a resident unit of Exodus Ministries with no obligation to pay rent, all residents agree and understand that they are considered to be residents of Exodus Ministries and that violation of any of the rules and conditions will result in termination of the relationship between Exodus Ministries and the resident. Upon request by the Board or Staff of Exodus Ministries, the resident will immediately leave the premises of Exodus Ministries and the failure of the resident to do so will constitute criminal trespassing as that term is defined in Penal Code s30.05. The refusal of the resident /trespasser to vacate the premises will subject her to arrest. _____
7. **Alcohol, drugs, and/or firearms are strictly prohibited.** You may not be on the premises with drugs or alcohol in your system even though they were consumed elsewhere. **Resident also agrees to random drug and alcohol testing at the discretion of the Exodus staff. Any visitor will be expected to abide by the same rules.** _____
8. Residents or their visitors are not allowed to smoke cigarettes in the apartments. Smoking is only allowed in designated smoking areas. - _____
9. Resident may not take any form of medication that will show up positive on a drug or alcohol test. _____
10. Any and all prescription medications must be approved by Executive Director or Case Manager. If unapproved medications are found in a resident's apartment, it could result in termination from the program. _____
11. No illegal activity of any kind will be permitted; this includes activities off the Exodus Ministries property. _____
12. Exodus is a program designed to help you re-establish and rebuild your relationship with your children. Therefore, **Sunday- Thursday curfew is 9:00 pm and Friday and Saturday 10:00 pm.** After your probationary forty-five (45) days, weekend passes may be issued by approval of the Executive Director/Case Manager. **You must return to Exodus from pass by 8:00pm Sunday.** A pass is required for overnight female guests at Exodus and to visit family overnight off-campus. _____
13. During your probationary forty-five (45) days period, you are to return to the property by 3:00 pm on Sunday. _____
14. Female visitors are allowed only between the hours of 5:00 pm and 9:00 pm on weeknights and from 1:00 p.m. to 9:00 p.m. on Saturday and Sunday with written permission from the Case Manager or Executive Director. Overnight guests can be female, immediate family members only. No visitors allowed on class nights. **Residents are not allowed non-family male guests over age 12. All male visitors over the age of 12, including family members, must schedule their visits to coordinate with staff monitoring.** _____
15. Absolutely **NO DATING, NO BOYFRIEND, OR LEAVING AND MEETING UP WITH MEN** is allowed while a resident at Exodus Ministries. Violation of this rule will result in immediate termination from the program.
16. Resident must supervise her children at all times. Residents are financially responsible for any damage caused by their child(ren). _____
17. Should a resident become pregnant during her stay at Exodus Ministries, it will result in a termination of the relationship between Exodus Ministries and the resident. Failure to disclose the resident's pregnancy upon entering the program at Exodus will also be grounds for termination of the relationship between Exodus Ministries and the resident. _____
18. Residents with a valid driver's license are not permitted to have vehicles until the last 45 days prior to graduation. The vehicle MUST be fully registered, insured and inspected and the driver must have a valid driver's license and a minimum of \$2,000 in savings. _____
19. Residents with cars cannot drive other residents without cars without the Executive Director's approval. Failure to comply will result in the owner of the car losing their rights to drive and have the car on Exodus property. _____
20. Parking of vehicles is allowed only in designated areas. _____
21. Any maintenance or repair, damage, or hazard to any Exodus property will be reported at once to Exodus staff. No structural changes may be made to any Exodus property, inside or outside. _____
22. All passageways and common areas will be kept free and clear of personal belongings. _____
23. All furnishings and other property on the premises that belong to Exodus will not be damaged or removed. _____

24. The resident's apartment will be kept neat and clean according to the attached apartment upkeep rules. _____
25. Upon graduation, residents must clean the apartment before moving out with all of the appliances left intact. _____
26. If resident is terminated or leaves on their own free will, they must clean the apartment before moving out with all of the furniture, appliances and apartment accessories left intact. _____
27. Fighting, violence or threats of violence of any kind is grounds for termination. _____
28. No cellphones, i-Pads, or Laptops for the first 45 days. If a family member is willing to pay for phone service for you after the first 45 days that would be allowed upon communication with Exodus Case Manager or Executive Director. _____
29. No pets of any kind are allowed. _____
30. No phone calls from the office except for job-related business or emergencies. Personal calls may be made after 4:00 p.m. with staff approval. _____
31. Residents must search for and maintain full-time employment and must obtain a job that enables them to be back on the premises by 4:00 pm. Examples of acceptable work hours are 8:00 a.m. – 4:00 p.m. or 9:00 a.m. – 3:00 p.m., Monday-Friday, No weekends. Class attendance is mandatory and absences from class will not be excused, except in EXTREME emergencies. **When you are not working you will be expected, when necessary, to volunteer your services to Exodus in any way the staff feels appropriate.** _____
32. **Cashing of checks is a direct violation of Exodus rules and could lead to termination from the program.** All paychecks and/or other income will be deposited into each resident's individual savings account. Residents will then be issued a check from Exodus to cover all expenses as budgeted for the coming week. All monies (**including paychecks, child-support checks, and any other monetary gifts from outside sources**) will be deposited into a savings account and cannot be withdrawn from the account unless budgeted for and/or the resident leaves the program. Upon leaving the program, money cannot be withdrawn fully until keys are turned into the office and the apartment is cleaned and inspected. A staff member will inspect the apartment prior to the issuing of a final check. _____
33. All residents agree to attend church (of the residents' choosing) and turn in a completed church questionnaire into the case manager on the Monday following. This and other forms should be turned in weekly. _____
34. Residents and their children must treat all Exodus staff, board members and volunteers with respect. An uncooperative or disrespectful attitude is grounds for termination from program. _____
35. Residents must secure and prepare for relocation no less than one month prior to move-out date. _____
36. The program is for 12 months. No resident will be allowed to stay beyond the course of the program unless agreed upon by the Executive Director. _____
37. Any time the resident is outside her apartment, she MUST be dressed appropriately. Sleepwear, slippers, and/or any revealing cloths are not acceptable forms of clothing outside of the resident's apartment. _____
38. A fee will be assessed anytime a resident is not present for a scheduled counseling session. Must be notified 24 hours in advance of cancellation to avoid fees. _____
39. The resident must maintain \$350 in their account at all times to cover the security deposit, **\$100 of which is non-refundable**. There will be additional charges if damage to the apartment has occurred. After a job is obtained, residents agree to pay \$20 per week for utilities. In consideration of accepting this application, the resident understands and agrees that a minimum of \$350 held in the resident's name or account at Exodus constitute a security deposit against resident's proper use and treatment of the Exodus facilities and acknowledges that such a security deposit may, on reasonable notice, be applied to reimburse Exodus or third parties for losses caused by resident or resident's invitees, at the sole reasonable discretion of the Executive Director. The security deposit shall not apply to reasonable and ordinary wear and tear. Upon termination, a check will be drawn within 2 business days from the resident's account after the result of a negative drug test. _____
40. The resident must provide complete and current medical history documentation during intake into Exodus Ministries. _____
41. In consideration of the services provided at no cost by Exodus Ministries, all residents must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against Exodus Ministries, Board of Directors, staff, or volunteers for negligence or any other reason, arising from or during the resident's use of any unit at 4630 Munger Avenue, Dallas, Texas, and hereby releases, by signing this application, Exodus Ministries, Board of Directors, staff, volunteers, and hosts, from any such claim, complaint, or suit. _____
42. Any jobs taken must be pre-approved by Staff prior to taking the job. Verification must be made regarding legitimacy of job, and ALL payment, cash or check, must be turned in to be placed in resident's account. _____



I understand the above rules, conditions and release. I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I further authorize any reference or ministry/church listed in this application to furnish Exodus Ministries any information (including opinions) that they may have regarding my acceptance. I authorize Exodus Ministries to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background as required by Exodus Ministries. I hereby authorize Exodus Ministries to conduct a criminal background inquiry. I understand that Exodus Ministries requires such an inquiry before allowing any person to live at Exodus among other families with children. In consideration of this receipt and evaluation of this application by Exodus Ministries (4630 Munger Ave. #110, Dallas, Texas 75204), I hereby release any reference, including individual, church, youth organization, charity, employer, both collectively and individually, from any and all liability for damages occurring as a result of Exodus Ministries' processing of this application.

Should my application be accepted, I agree to be bound by the rules and requirements of Exodus Ministries.

I further state that I HAVE CAREFULLY READ THIS DOCUMENT AND KNOW AND FULLY UNDERSTAND THE CONTENT AND I SIGN THIS RELEASE AS OF MY FREE ACT.

NAME (PRINT) _____ APPLICANT'S SIGNATURE _____ DATE _____

Application for Residency
All questions must be fully completed to be considered for our Program.

Date of Application: _____

Name of Applicant: _____ TDC#: _____

Date of Birth: _____ Social Security Number: _____ Legal U.S. Resident? Yes _____ No _____

Marital Status: Married _____ Single _____

Divorced/Separated _____ Race: African American _____ Caucasian _____ Hispanic _____ Other _____

Name of Present Institution or where most recently incarcerated: _____

Current Address: Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Children who will be living with you:

NAME	D.O.B.	SOCIAL SECURITY NUMBER

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Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Education History

Highest grade level achieved: _____ School Name: _____

Did you graduate from High School? Yes _____ No _____ Year: _____

If you did not graduate, did you receive a GED? Yes _____ No _____ Year: _____

Did you attend college or a trade school? Yes _____ No _____ What did you study? _____

Favorite subjects in school? _____

Hobbies: _____

Family Information

At what age did you move from your parents' home? _____ Parents' Address: _____

_____ City: _____

State: _____ Zip: _____ Phone: _____

With Whom and where were your children while you were incarcerated? _____

Address: _____ Phone: _____

Do you have legal custody of your children? Yes _____ No _____ When did they last live with you? Dates _____

Is there an open CPS case regarding your child(ren)? Yes _____ No _____

Transportation Information

Do you own a car? Yes _____ No _____ Year/Make/Model: _____

Tag Number: _____ State of Registration: _____

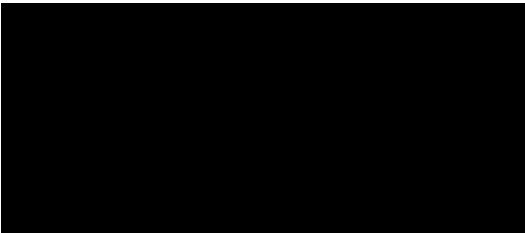
Are Tags Current? Yes _____ No _____

Driver's License #: _____ State: _____

Is License Current? Yes _____ No _____

State ID#: _____ Do you have liability insurance? Yes _____ No _____

Insurance Carrier: _____



Policy #: _____ Expiration Date: _____ Current State Inspection: Yes _____ No _____

Drug History

Have you smoked cigarettes in the last 10 years? Yes _____ No _____ Do you currently smoke? Yes _____ No _____

Present alcohol use? Yes _____ No _____ Present drug use? Yes _____ No _____

Drug(s) of choice? _____

List past drug use (including alcohol):

SUBSTANCE	LENGTH OF USE	TIME PERIOD	QUANTITY

Have you ever attended a drug rehabilitation center? Include programs while incarcerated. Yes _____ No _____

If yes, when: _____ Where? _____

In the past 10 years, have you (check all that apply):

_____ Sought or received advice or treatment for the use of alcohol or drugs?

_____ Used cocaine, heroin, or any other narcotic drug except as legally prescribed by a physician?

_____ Been treated for psychological or emotional problems with or without medication? Where and when? _____

What is the current status of your condition? _____

Medical History

What is the state of your physical/mental health? Excellent _____ Good _____ Fair _____ Poor _____ Declining _____

Do you have any physical or mental handicaps? Yes _____ No _____

If yes, what is your handicap? _____

List all current medications, doses taken, how often and reasons for taking them: _____

In the past 5 years:

Has any physician, psychiatrist, or other medical practitioner examined, advised, or treated you?

Yes _____ No _____ If yes, what were the circumstances? _____

Have you been a patient in a hospital, clinic, medical or mental health facility/program? Yes _____ No _____

If yes, please explain: _____

Have you ever been committed to a psychiatric hospital? Yes ___ No ___ When? _____ Where? _____

Have you had an EKG, X-Ray, MRI, Blood Work or other tests? Yes _____ No _____

If yes, what were the results? _____

Have you been advised to have any test or surgery which was not completed? Yes _____ No _____

If yes, please explain: _____

Have you ever requested or received benefits, payment, or pension because of any injury, sickness, or disability?

Yes ___ No ___

If so, what is the status? _____

Do you have a family history of diabetes, cancer, lung disease, heart disease, kidney disease, mental illness or suicide? Yes ___ No ___
(If yes, please circle all that apply)

In the past ten years, have you had any medical diagnosis or received medical treatment for Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related complex (ARC), HIV or any disorder of the immune system? Yes _____ No _____

If yes, please explain: _____

Other History

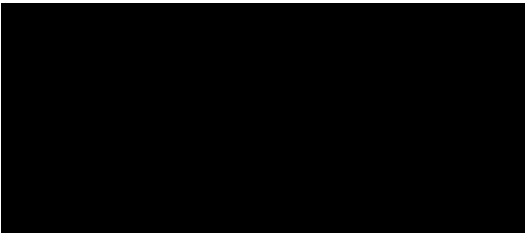
Do you have any addictions other than drugs/alcohol, for example, pornography, sexual addiction, co-dependency, etc.?

Yes _____ No _____

If yes, please explain _____

Current Situation

What is the reason for your current situation? _____



Employment Background

Most current place of employment: _____

Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

Job Title: _____ Pay Rate: _____

Duties: _____

Special Skills: _____

Dates of employment: _____ to _____ Pay Schedule: Weekly Bi-weekly Monthly

Reason for leaving: _____

What vocational training have you received? _____

List any courses taken in prison: _____

Employment information for the last five years including prison jobs:

DATES		NAME OF COMPANY	JOB TITLE & DUTIES
From	To		
From	To		
From	To		
From	To		
From	To		
From	To		

Financial Information

List all income received from child support, TANF(AFDC), Food Stamps, S.S, Falsifying information will lead to termination of program.

ITEM	AMOUNT	DAY RECEIVED	CASE NUMBER

List all debts.

ITEM	LENDER	AMOUNT OWED

Criminal Background

List all convictions with the most current first:

DATE	CHARGE	SENTENCE	TIME SERVED

When is your projected/mandatory release date? _____

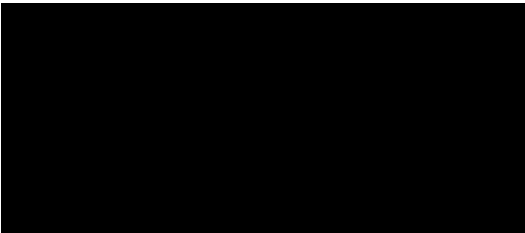
If you will be on **parole**, what is your parole plan? _____

If on **probation**, what are the conditions? _____

Are there any warrants out for your arrest? Yes ___ No ___ What county(ies)? _____

Outstanding tickets? _____

If yes, please explain: _____



Probation/Parole Officer: _____ Phone: _____

Religious Background

Please explain your religious upbringing: _____

Are you currently or have you ever been a church member? Yes ___ No ___ When/Where? _____

If yes, what denomination? _____ Do you consider yourself a Christian? Yes ___ No ___

How does your faith show in the life you lead? _____

What religious activities/programs have you participated in while incarcerated? _____

Chaplain's name: _____ Phone: _____

If you do not have a relationship with a mentor already, would you like one? Yes ___ No ___ If you already have a mentor, please provide name and written referral. _____ Phone: _____

**Please attach or have mentor forward written recommendation.*

Goals and Referrals

Describe your goals for the next six months (Please be specific): _____

Pease share brief testimony about your life with us. What was your eye opening experience? When and where did it happen?

Referred to Exodus by: _____ Contact phone: _____

Applicant Signature: _____ Date: _____

Children's Information

Name of child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite Toy:	Favorite fun activity:			Special needs: (Glasses, asthma, dental, etc.)	
List dates of last immunizations:	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:			Allergies: Yes _____ No _____ If Yes, please list:		
Name of child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite Toy:	Favorite fun activity:			Special needs: (Glasses, asthma, dental, etc.)	
List dates of last immunizations:	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:			Allergies: Yes _____ No _____ If Yes, please list:		

Name of child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite Toy:	Favorite fun activity:			Special needs: (Glasses, asthma, dental, etc.)	
List dates of last immunizations:	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:			Allergies: Yes _____ No _____ If Yes, please list:		

Client ID# _____
 Change Assessment Scale (URICA) :
 Drug Version

Date: ____/____/____
 Assessment Point: _____

EACH STATEMENT BELOW DESCRIBES A HOW A PERSON MIGHT FEEL WHEN STARTING THERAPY OR APPROACHING PROBLEMS IN THEIR LIVES. PLEASE INDICATE THE EXTENT TO WHICH YOU TEND TO AGREE OR DISAGREE WITH EACH STATEMENT. IN EACH CASE, MAKE YOUR CHOICE IN TERMS OF HOW YOU FEEL RIGHT NOW, NOT WHAT YOU HAVE FELT IN THE PAST OR WOULD LIKE TO FEEL. FOR ALL STATEMENTS THAT REFER TO YOUR "PROBLEM", ANSWER IN TERMS OF PROBLEMS RELATED TO YOUR ILLEGAL DRUG USE. THE WORDS "HERE" AND "THIS PLACE" REFER TO YOUR TREATMENT CENTER.

THERE ARE FIVE POSSIBLE RESPONSES TO EACH OF THE ITEMS IN THE QUESTIONNAIRE:

- 1=Strongly Disagree
- 2=Disagree
- 3=Undecided
- 4=Agree
- 5=Strongly Agree

CIRCLE THE NUMBER THAT BEST DESCRIBES HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Data Entry
1) As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5	
2) I think I might be ready for some self-improvement.	1	2	3	4	5	
3) I am doing something about the problems that had been bothering me.	1	2	3	4	5	
4) It might be worthwhile to work on my problem.	1	2	3	4	5	
5) I'm not the problem one. It doesn't make much sense for me to consider changing.	1	2	3	4	5	
6) It worries me that I might slip back on a problem I have already changed, so I am looking for help.	1	2	3	4	5	
7) I am finally doing some work on my problem.	1	2	3	4	5	
8) I've been thinking that I might want to change something about myself.	1	2	3	4	5	
9) I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	1	2	3	4	5	

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Data Entry
10) At times my problem is difficult, but I'm working on it.	1	2	3	4	5	
11) Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5	
12) I'm hoping that I will be able to understand myself better.	1	2	3	4	5	
13) I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5	
14) I am really working hard to change.	1	2	3	4	5	
15) I have a problem and I really think I should work on it.	1	2	3	4	5	
16) I'm not following through with what I had already changed as well as I had hoped, and I want to prevent a relapse of the problem.	1	2	3	4	5	
17) Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5	
18) I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5	
19) I wish I had more ideas on how to solve my problem.	1	2	3	4	5	
20) I have started working on my problem but I would like help.	1	2	3	4	5	
21) Maybe someone or something will be able to help me.	1	2	3	4	5	
22) I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5	
23) I may be part of the problem, but I don't really think I am.	1	2	3	4	5	
24) I hope that someone will have some good advice for me.	1	2	3	4	5	

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Data Entry
25) Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5	
26) All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5	
27) I'm struggling to prevent myself from having a relapse of my problem.	1	2	3	4	5	
28) It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5	
29) I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5	
30) I am actively working on my problem.	1	2	3	4	5	
31) I would rather cope with my faults than try to change them.	1	2	3	4	5	
32) After all I had done to try and change my problem, every now and then it comes back to haunt me.	1	2	3	4	5	