

Women's Ministry Spiritual Gifts Evaluation

Personal Information

Full Name

Email

Phone Number

Instructions

Read each statement and mark your response in the column that most closely describes you. Leave blank if not applicable.

Evaluation Statements

Statement	Always True	Often True	Sometimes True	Rarely True
I enjoy organizing and coordinating group activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel compelled to comfort and encourage others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sensitive to the needs of people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable teaching others about spiritual topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often take initiative in helping others in practical ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or Additional Information