

PREMARITAL COUNSELING QUESTIONNAIRE

This questionnaire is designed to help the counselor understand who you are, where you're at in your current relationship, and how you view love and marriage. You may find some of the questions a bit threatening. Please be assured that your answers will be held in strict confidence and will be used to help you establish a solid foundation for your marriage. The survey will only be useful to the extent that you answer the questions honestly and thoughtfully. **Please answer the questions by yourself, without discussing your answers with your partner.**

Date: _____

Name: _____

Address: _____ Phone: _____

Email: _____ Cell Phone: _____

Sex: Male _____ Female _____ Age: _____

High School Graduate? Yes No

College Degree? Yes No Major _____

Graduate Degree(s)? Yes No Field of Study _____

Current job/career: _____

Career goals: _____

When did you first start dating each other? _____

When did you become engaged? _____

Have you ever called off your engagement? Yes No

When do you plan to be married? _____

Using a scale of 1 = uncertain, 10 = completely certain, how certain are you that your fiancé is God's best choice for your life-partner?

1 2 3 4 5 6 7 8 9 10

SPIRITUAL HISTORY

1. Were you raised in a Christian family? Yes No
2. As a child, did your family attend church:
 Not at all Less than once a month
 About once a month Usually every week
3. What was your father's religious faith? _____
4. How strong was his faith? Very Moderate Not very
5. What was your mother's religious faith? _____
6. How strong was her faith? Very Moderate Not very
7. How important are spiritual things to you? Very Moderately Not very
8. In a normal week, how many days do you spend at least 15 minutes reading the Bible & Praying? _____
9. In your opinion, how important are spiritual things to your fiancé?
 Very Moderately Not very
10. How closely do the two of you agree on spiritual matters?
 Very much Generally
 Not very much Don't know (haven't discussed it)
11. What changes would you like to make in your own spiritual life?

12. What changes would you like your partner to make in his/her spiritual life?

13. Have you come to a place in your spiritual life where you can say for certain that if you were to die today, you would have eternal life?

_____ Yes

_____ Not sure

_____ No

14. If you were to die today and stand before God, and He should ask you, “Why should I let you into My heaven?” what would you say?

FAMILY BACKGROUND:

1. Were your parents ever: _____Divorced _____Separated _____Widowed
2. If so, how old were you?_____
3. Please list all brothers and sisters (first names) and their current ages.

4. How would you rate your parents' marriage? (High Light One)

*Very happy *Usually happy *Troubled at times *Very troubled

5. What were your parents' occupations?

Father: _____

Mother: _____

6. How would you rate your childhood? (Highlight One)

*Very happy *Usually happy *Troubled at times *Very troubled

7. How old were you when you left home permanently, or do you still live at home?

8. How do your parents view your proposed marriage and fiancé? (Highlight One)

_____Very positive _____Generally positive

_____Hesitant _____Opposed

If opposed, briefly explain;

PAST MARITAL HISTORY:

If you have never been married, lived with a person of the opposite sex as if you were married, or widowed, please go on to the next section. If any of the following applies to you, please answer each of the following questions as it pertains to your situation. For each marriage or living arrangement with a person of the opposite sex, please list your age and your partner's age when the marriage or living arrangement began, and how long it lasted. Please indicate the type of arrangement and how it ended.

For example, "Marriage - I was 21, my partner was 20, 4 years, divorce."
Did you have (or are you expecting) any children by any of these relationships? If so, give their sex and year of birth. Highlight any who are now living with you.

1. In your opinion, what were the major factors which led to the breakup of this/these relationships?

HISTORY OF YOUR PRESENT RELATIONSHIP:

1. List five specific qualities in your partner which attracted you to him/her.

- a. _____ b. _____
- c. _____ d. _____
- e. _____

2. Realizing that no one is perfect, list five things about your partner which you view as weaknesses.

- a. _____ b. _____
- c. _____ d. _____
- e. _____

3. If you could change your partner in one way, what would it be?

4. If you could change yourself in one way, what would it be?

5. What are the three things you and your partner most enjoy doing together?

- a. _____
- _____ b. _____
- _____ c. _____

6. Realizing that every couple in love wishes to express their feelings, please answer the following:

- a. We see each other: Daily ____
- b. 5-6 days/week ____
- c. 3-4 days/week ____

- d. 1-2 days/week _____ e. Less than once/week _____
7. We kiss each other:
Often _____ Once or twice when we're together _____
Rarely _____ Never _____
8. We sexually touch each other: Often _____ Occasionally _____ Rarely _____ Never _____
9. How do you feel about your level of physical involvement?
Good _____ Concerned _____ Guilty _____ Trapped _____

CONCEPTS THAT WILL AFFECT YOUR MARRIAGE:

1. Please give a one sentence definition of love:

2. Please give a one sentence definition of marriage:

3. What fears do you have about marriage?

4. List 3-5 factors you think are most important in a successful marriage:

5. Who and/or what has most influenced your attitudes toward marriage?

6. What problems, if any, need to be overcome before you feel completely comfortable about marriage?

7. What specific areas are you most interested in discussing during premarital counseling?

8. The premarital counseling program involves a commitment on your part to attend all the sessions and to complete all the assignments as conscientiously as possible. Are you willing to make such a commitment?

___ Yes ___ No