

Marriage Preparation Questionnaire

Before coming to the first session of your pre-marital counseling, please take time to fill out this Questionnaire. You and your fiancé should each complete one. Please return the questionnaires prior to your first session. Thank you.

PART ONE

Name _____
Last First Middle

Fiancé's Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Where are you from originally? _____

Highest level of education completed: _____

Do you plan to continue your education? ____ Yes ____ No If yes, explain: _____

Have you been married before? ____ Yes ____ No

If yes, When did the divorce take place? _____

Have you had any previous counseling? ____ Yes ____ No

If yes, please explain. _____

Do you have children? ____ Yes ____ No

Names of children and ages: _____

Do you have siblings? ____ Yes ____ No How many? _____

What order were you born (1st, 2nd, 3rd)? _____

Are your parents alive? ____ Yes ____ No

Describe your relationship with your parents:

Father: _____

Mother: _____

How close do they live? _____

Are they supportive of your wedding plans? _____ Yes _____ No

Has either of your parents ever been divorced? _____ Yes _____ No

Have any of your siblings ever been divorced? _____ Yes _____ No

Has your fiancé been divorced? _____ Yes _____ No

If yes, Date(s) or marriage _____? Date(s) of divorce _____

What is your understanding of the causes of divorce? _____

Have you experienced any type of abuse (physical, emotional, sexual)? If so, this may be an important issue to consider. You may feel uncomfortable addressing such issues in this context. You may speak to a counselor individually, if that is easier for you.

_____ Yes _____ No

What is your religious background? _____

Describe your devotion to your faith. _____

Do you and your fiancé ever pray together? If yes, how often? _____ No _____

How are you preparing for the change from singleness to marriage? _____

Have you discussed the following in depth with your fiancé? :

...Life Insurance and beneficiary? _____ Yes _____ No

...Health Insurance (including pregnancy)? _____ Yes _____ No

...Car titles, deeds? _____ Yes _____ No

...Debts and assets? _____ Yes _____ No

Please list debts and assets below:

_____	_____
_____	_____
_____	_____

...A Budget; have you worked one out for your marriage? _____ Yes _____ No

Do you like to be alone at times? How much? _____

How do you like to relax? _____

What are your hobbies? _____

What kind of things do you like to do with your fiancé? _____

Are you a morning or a night person? _____

Do you smoke? _____ Yes _____ No

Do you drink alcoholic beverages? _____ Yes _____ No

How do you feel about the social use of drugs? _____

PART TWO

Why are you getting married? _____

What first attracted you to your fiancé? _____

Describe what a marriage is? _____

What will your marriage resemble five years from now? _____

Describe the best models of marriage you are familiar with. _____

What is your greatest fear of marriage? _____

What are your expectations of your fiancé? What things do you "expect" the other person to do? _____

Do you want to have children? How many? When? Why? If and when you have children, do you plan for both of you to be working? How much do each of you plan to be involved in raising the children? Give explanations to your answers. _____

Describe your family background. What positive and negative things have you learned from your family? _____

If you have a difference of opinion with someone, how do you usually handle it? Please explain. _____

If you were angry with someone, how would you prefer to settle the problem? _____

If someone very dear to you hurt your feelings, but you do not think they know how hurt you are, would you tell them? _____

If someone very dear to you hurt your feelings, but that person would feel very bad if you told them, would you tell them how you feel? Why? Why not? _____

On a scale of 1 to 10, 10 being the best, how good do you feel about yourself as a person? Explain.

Finally...

...do you have any thoughts not mentioned above that you would like to share? __

...do you have any questions you would like us to address in counseling? _____

Signature

Date