

Premarital Counseling Survey

This survey 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.** (Blue form for man; pink form for woman). May the Lord bless you as you seek to establish a Christian marriage!

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:

Were you raised in a Christian family? Yes No

As a child, did your family attend church: _____Not at all _____Less than once a month
_____About once a month _____Usually every week

What was your father's religious faith?_____

How strong was his faith? _____Very _____Moderate _____Not very

What was your mother's religious faith?_____

How strong was her faith? _____Very _____Moderate _____Not very

How important are spiritual things to you? _____Very _____Moderately _____Not very

In a normal week, how many days do you spend at least 15 minutes reading the Bible and praying?_____

In your opinion, how important are spiritual things to your fiancé? _____Very
_____Moderately _____Not very

How closely do the two of you agree on spiritual matters?

____Very much ____Generally ____Not very much ____Don't know (haven't discussed it)

What changes would you like to make in your own spiritual life?_____

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

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

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:

Were your parents ever: _____Divorced _____Separated _____Widowed

If so, how old were you? _____

Please list all brothers and sisters (first names) and their current ages.

How would you rate your parents' marriage? (Circle one)

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

What were your parents' occupations?

Father _____ Mother _____

How would you rate your childhood? (Circle one)

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

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

How do your parents view your proposed marriage and fiancé?

_____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 above apply 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. Circle any who are now living with you.

In your opinion, what were the major factors which led to the breakup of these relationships? (Use other side if needed.)

HISTORY OF YOUR PRESENT RELATIONSHIP:

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

1. _____ 2. _____ 3. _____
4. _____ 5. _____

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

1. _____ 2. _____ 3. _____
4. _____ 5. _____

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

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

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

1. _____ 2. _____ 3. _____

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

1. We see each other: Daily ___ 5-6 days/week ___ 3-4 days/week ___ 1-2 days/week ___
Less than once/week ___

2. We kiss each other: Often ___ Once or twice when we're together ___
Rarely ___ Never ___

3. We sexually touch each other: Often ___ Occasionally ___ Rarely ___ Never ___

4. We have sexual intercourse: Often ___ Occasionally ___ Rarely ___ Never ___

5. How do you feel about your level of physical involvement?

Good ___ Concerned ___ Guilty ___ Trapped ___

CONCEPTS THAT WILL AFFECT YOUR MARRIAGE:

Please give a one sentence definition of love:_____

Please give a one sentence definition of marriage:_____

What fears do you have about marriage?_____

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

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

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

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

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

The pastor reserves the right to refuse to marry any couple whom he determines is not satisfactorily suited for marriage, even after the completion of the counseling sessions. Do you agree not to hold him liable should he decide he should not perform your wedding?

___ Yes ___ No