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