

Premarital Counseling

Pre-Counseling Questionnaire

To my new friends:

You have received this questionnaire because you have asked me to perform your premarital counseling (and perhaps your wedding as well), and because I want to offer you the best premarital counseling that I am able to offer.

I realize that I do not know you well— not yet! I trust that during counseling I will get to know you much better. However, for me to counsel you well from the start, I need to ask about who you both are, what your backgrounds are, what work is like for you, what your family was like growing up, and other things about you and your past. Many of these questions are **very** personal; in fact, some of them may touch on things that you have not yet spoken about openly even with your fiancé.

Please trust that your completed questionnaire will not be shared with anyone else; I will not use this information against you; and I am not looking for ways to judge you or make you feel awkward or ashamed. And please also trust that I, and many who are wiser than I am, have concluded that these topics are very important factors in how healthy your marriage will be. I simply want to work with you to lay the foundations for the healthiest marriage possible.

About the couple

General Information:

How long have you known each other?

How long have you been dating?

How long have you been engaged?

What is the anticipated date of your wedding?

Are you currently living together? No Yes

Are you currently sexually active? No Yes

Counseling Information:

Which of the following time-slots best suits BOTH of you for pre-marital counseling sessions?
(Circle all that apply)

Days

Monday Tuesday
Wednesday Thursday
Friday Saturday

Times

Early morning Morning
Mid-day Afternoon
Late afternoon Evening

About the bride

Personal Information:

Name: _____

Phone(s): _____

E-mail: _____

Date of Birth ___ / ___ / _____

Where you grew up: _____

Where you live now: _____

Education Level (*check highest completed*):

- High School
- Some college
- College graduate
- Some graduate school
- Completed graduate school
- Other (_____)

Health Information:

Rate your current health (*check only one*):

- Very Good
- Good
- Average
- Poor

Date of last medical exam: ___ / ___

Report: _____

Are you currently taking medication? No Yes

(If yes, which ones: _____)

Please list any current or recent illnesses, injuries, or other handicaps:

Your approximate weight _____ lbs.

Weight changes recently: Lost _____ Gained _____

My marriage experience and background (**check all that apply**):

- I've never been married.
- I've never married before, but I have lived with a partner before.
- I have been previously engaged but not married.
- I've been married before. (how many times? _____)
- I was divorced. (when ___ / ___)
- I was widowed. (when ___ / ___)

My parenting experience and background (**check all that apply**):

- I am pregnant now.
- I have _____ children...
 - as a single parent.
 - from a previous marriage.
 - with my current partner/fiancé.
- My children...
 - live with me all the time.
 - split time with me and their father.
 - live with their father all the time.
 - are cared for by someone else.
(who? _____)
- I have been pregnant before...
 - and I miscarried.
 - and I had an abortion.
 - and I gave my child up for adoption.

Work Information:

Current job: _____

Does your job require you to travel?

- No
- Yes— If yes, how many days/nights do you travel per month?
_____ days/nights (circle one) per week/month (circle one)

Have you ever been suddenly fired from a job? (When: ___ / ___)

Have you ever done any of the following as a part of your work? (**check all that apply**):

- worked in law enforcement
- served in the military
- served in combat
- worked in a hospital, in crisis counseling, or some other circumstance in which you were regularly exposed to high levels of trauma
- worked in politics
- as a politician/candidate
- as support staff for a politician/candidate

Work Information, Continued...:

Which of the following best describes your average work-week?

- I do not work outside of the home.
- I work less than 20 hours a week.
- I work 20-30 hours a week.
- I work 30-40 hours a week.
- I work 40-50 hours a week.
- I work 50-60 hours a week.
- I work more than 60 hours a week.

Emotional/Counseling-Related Information:

In addition to your excitement, describe your feelings about your upcoming marriage:

- | | |
|---|--|
| <input type="checkbox"/> I don't want to give up the freedom and fun of singleness. | <input type="checkbox"/> I am worried that my fiancé and I don't think the same way about money and financial matters. |
| <input type="checkbox"/> I can't wait to have a husband who will be my constant companion. | <input type="checkbox"/> I can't wait to have children. |
| <input type="checkbox"/> I feel pressured/required to get married. | <input type="checkbox"/> I am not certain that I want children. |
| <input type="checkbox"/> I am concerned about my relationship with my future in-laws. | <input type="checkbox"/> I know for sure that I do not want to have any (or any more) children. |
| <input type="checkbox"/> I believe that my future in-laws will meet some of my relational needs in ways that others cannot. | <input type="checkbox"/> I am afraid that my fiancé doesn't share my thoughts about children. |

My counseling background and experience (**check all that apply**):

- I am currently taking medication to treat a clinical emotional/psychological diagnosis. (Prescribing Doctor/Psychiatrist's name: _____)
- I have seen a professional counselor before.
- I am working with a professional counselor now. (Who— name & practice: _____)

My substance abuse background (**check all that apply**):

- I have the following relationship(s) to alcoholism and/or addiction (check all that apply):
 - One or both of my parents were/are alcoholics.
 - One or both of my parents were/are addicted to some other substance.
 - Some other family member was/is an alcoholic.
 - Some other family member was/is an addict.
 - A previous boyfriend/partner/spouse was an alcoholic.
 - A previous boyfriend/partner/spouse was an addict.
 - I am a recovering alcoholic.
 - I am a recovering addict.
 - I am an alcoholic (but I am not currently pursuing recovery).
 - I am an addict (but I am not currently pursuing recovery).

My social/emotional/relational background and struggles (**check all that apply**):

- | | |
|--|--|
| <input type="checkbox"/> I have difficulty relating to others. | <input type="checkbox"/> I have been in ____ number of abusive relationships as an adult. (Who? _____) |
| <input type="checkbox"/> I have recently suffered the loss of someone close to me. (Who & when: _____) | <input type="checkbox"/> verbal/emotional abuse |
| <input type="checkbox"/> I was raped. When & by whom: _____) | <input type="checkbox"/> physical abuse |
| <input type="checkbox"/> I was abused by a parent growing up. | <input type="checkbox"/> sexual abuse |
| <input type="checkbox"/> verbal/emotional abuse | <input type="checkbox"/> Other (_____) |
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> I have been arrested. |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> I have been diagnosed with... |
| <input type="checkbox"/> I was abused by someone else growing up. (Who? _____) | <input type="checkbox"/> depression. |
| <input type="checkbox"/> verbal/emotional abuse | <input type="checkbox"/> anxiety. |
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> an eating disorder. (which one (s): _____) |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> a personality disorder. (which one(s): _____) |

About This Information:

- I have discussed all of the above with my fiancé, and I am comfortable discussing these issues as a part of premarital counseling.
- I have **NOT** discussed all of the above with my fiancé; I will communicate with you about how and when we might introduce these topics in premarital counseling. (Please indicate with an asterisk (*) which topics you have **not** discussed with your fiancé.)

If you are currently seeing another professional counselor and/or medical professional:

- I am willing to sign a release so that the Pastor may discuss my circumstances and premarital counseling with my other counselor(s) and/or doctor(s).
- I am **NOT** willing to sign a release so that the Pastor may discuss my circumstances and premarital counseling with my other counselor(s) and/or doctor(s).

By completing this questionnaire (and signing below), I commit to working with the Pastor to fulfill all of the requirements of pre-marital counseling, including reading, worksheets, workbooks, and counseling sessions, to the best of my ability.

Signed: _____ Date ____ / ____ / _____

About the groom

Personal Information:

Name: _____

Phone(s): _____

E-mail: _____

Date of Birth ___ / ___ / _____

Where you grew up: _____

Where you live now: _____

Education Level (*check highest completed*):

- High School
- Some college
- College graduate
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Health Information:

Rate your current health (*check only one*):

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- I was divorced. (when ____ / ____)
- I was widowed. (when ____ / ____)

My parenting experience and background (**check all that apply**):

- | | |
|---|--|
| <input type="checkbox"/> A partner of mine has been pregnant before... <ul style="list-style-type: none"><input type="checkbox"/> and she miscarried.<input type="checkbox"/> and she had an abortion. | <input type="checkbox"/> My children... <ul style="list-style-type: none"><input type="checkbox"/> live with me all the time.<input type="checkbox"/> split time with me and their mother.<input type="checkbox"/> live with their mother all the time.<input type="checkbox"/> are cared for by someone else. (who? _____) |
| <input type="checkbox"/> I have ____ children... <ul style="list-style-type: none"><input type="checkbox"/> as a single parent.<input type="checkbox"/> from a previous marriage.<input type="checkbox"/> with my current partner/fiancé. | |

Work Information:

Current job: _____

Does your job require you to travel?

- No
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_____ days/nights (circle one) per week/month (circle one)

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| <input type="checkbox"/> I was abused by a parent growing up. | <input type="checkbox"/> physical abuse |
| <input type="checkbox"/> verbal/emotional abuse | <input type="checkbox"/> sexual abuse |
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| <input type="checkbox"/> I was abused by someone else growing up. (Who? _____) | <input type="checkbox"/> I have been diagnosed with... |
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Signed: _____ Date ____ / ____ / _____