THE MARRIAGE CHECKUP QUESTIONNAIRE

General Information

Name_______________________________________________ Date Completed ___________________

Address_________________________________ City_________________ State_________ Zip________

Home Phone (______)________________________ Work Phone (_____)__________________________

Date of Marriage__________________________ Date of Any Separations_________________________

Was either spouse married before? (If no, skip to Family Structure and Background section.)

Husband □ Yes □ No

Wife □ Yes □ No

If yes, what was the age at marriage? If yes, what was the age at divorce?

Husband ______________________ Husband ______________________

Wife ______________________ Wife ______________________

Use the following space to write your understanding of the reason for your divorce:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Family Structure and Background

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Highest level of education</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Living in the House? (Yes or No/Part Time or Full Time)</th>
<th>Child of Husband or Wife or Both?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
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<tr>
<td>Child</td>
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</tbody>
</table>
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Child

Any children lost through death? □ Yes □ No

Any children placed in an institution? □ Yes □ No

Any of your or your spouse’s parents living in your home? □ Yes □ No

Your living quarters: □ Own □ Rent

Type ____________________________________________ (house, apartment, etc.)

Living Space: □ Spacious □ Adequate □ Crowded

Courtship History

1. Where did you meet? ____________________________________________________________

2. What attracted you to your spouse? ________________________________________________

3. What did you think of your spouse the first time you kissed? ________________________

4. What were four reasons why you wanted to marry your spouse? ______________________

5. When you decided to marry your spouse, who was the first person you told, and what was their response? ________________________________

6. What were two of the most positive experiences during your first year of marriage? _________________________

7. What was the dream you had for your marriage? ________________________________

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8. As best you can remember, what were your wedding vows?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Marital Preparation

1. Length of time you knew your spouse prior to marriage?

2. Length of time you dated your spouse prior to marriage?

3. Looking back, how well do you feel you knew your spouse prior to marriage?

   □ Very well      □ Sufficiently    □ Somewhat    □ Not nearly as well as I thought

4. What concerns or apprehensions did you have about the relationship prior to marriage?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

5. Prior to marriage, did you receive premarital counseling?  □ Yes  □ No

6. If yes, from a minister, counselor or friend?  ______________________________________________________

7. How many individual sessions?  ____________________________________________________________

8. How many group sessions?  __________________________________________________________

9. Tests or inventories taken at that time?  ____________________________________________________________

10. Books or tapes used?  ______________________________________________________________

11. Name of church and pastor involved in premarital counseling?  __________________________________________

Personal Family Background

1. Age of your parents at your birth:  Mother __________  Father __________

2. Were you raised by your birth parents or stepparents?  _____________________________________________

3. Describe them.  ________________________________________________________________

4. Number of divorces and/or remarriages on the part of your parents.  ________________________________

__________________________________________________________________________________________________

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5. Rate your perception of the happiness of your parents’ marriage, with 1 being very unhappy and 10 being very happy.

1 2 3 4 5 6 7 8 9 10

6. Describe your father’s personality and his past and present attitude toward you.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

7. Describe the history of your personal relationship with your father from infancy to the present time. Use the terms “very close”, “close” or “distant.”

Childhood Adolescence Young Adult Years The Past Five Years

________ _________ ____________ ____________

8. Describe your mother’s personality and her past and present attitude towards you.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

9. Describe the history of your personal relationship with your mother from infancy to the present time. Use the terms “very close”, “close” or “distant.”

Childhood Adolescence Young Adult Years The Past Five Years

________ _________ ____________ ____________

10. List in descending order of the ages and gender of your siblings, and include yourself.

(1) ____________________________ (2) ____________________________
(3) ____________________________ (4) ____________________________
(5) ____________________________ (6) ____________________________
(7) ____________________________ (8) ____________________________

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11. In what way is your spouse similar to your opposite-sex parent? ____________________________________________

__________________________________________________________________________________________________

12. What unresolved or unfinished issues remain between you and your mother or father? ______________________

__________________________________________________________________________________________________

13. In what way has the relationship with either parent impacted your marriage? ______________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

14. How is your spouse similar to your parents? ___________________________________________________________

__________________________________________________________________________________________________

15. How do you see yourself repeating your mother’s or father’s response in your marriage? ______________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

16. Were either of your parents:

☐ Physically abusive? If so, who? __________________________________________________________

☐ Sexually abusive? If so, who? ____________________________________________________________

☐ Verbally abusive? If so, who? ____________________________________________________________

17. Did/does either of your parents:

☐ Have an alcohol problem? If so, who? ______________________________________________________

☐ Use drugs? If so, who? _________________________________________________________________

18. What is the religious faith of your parents? ______________________________________________________

19. To what degree do the following occur?

<table>
<thead>
<tr>
<th></th>
<th>Much of the time</th>
<th>Sometimes</th>
<th>Rarely to never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel torn between my spouse and my parents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I share everything that occurs between my spouse and me with my parents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My spouse is concerned or complains about the amount of involvement my parents have in our lives.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I tend to go to my parents for advice more than to my spouse.

It’s difficult for me to say no to my mother or father.

My spouse feels I call my parents too much.

20. Based on your answers, what is your conclusion about your parents influence or involvement in your marriage?

________________________________________________________________________________________________

________________________________________________________________________________________________

Personal Information

1. Are there any significant health problems that you experience? ___________________________________________

________________________________________________________________________________________________

2. Are there any significant health problems that your spouse experiences? ___________________________________________

________________________________________________________________________________________________

3. When was the last time you had a complete and thorough physical? ________________________________________

Your spouse? ______________________________________________________________________________________

4. Fill in the following as best you can:

   Hours of work per day ___________________________________________

   Hours of sleep per night ___________________________________________

   Time spent in enjoyable hobbies each day ________________________

   Time spent in significant conversation with spouse each day ___________

5. Check any of the following that apply to you and underline any that apply to your spouse:

   □ Behaves aggressively          □ Has insomnia         □ Takes risks
   □ Uses alcohol                 □ Is lazy              □ Has sleep problems
   □ Behaves compulsively         □ Has low self-esteem   □ Smokes
   □ Loses control                □ Overeats            □ Is suicidal
   □ Cries                        □ Overworks           □ Threatens suicide
   □ Is depressed                 □ Is a perfectionist   □ Exhibits type A behavior
   □ Has difficulty at work       □ Is physically abusive □ Is verbally abusive

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☐ Uses drugs          ☐ Uses pornography          ☐ Withdraws from others
☐ Behaves impulsively ☐ Procrastinates          ☐ Worries

6. Which of the above concern you the most? __________________________________________________________
________________________________________________________________________________________________

Marital Evaluation

1. Describe how much significant time you spend together as a couple and when you spend it. __________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

2. Describe five behaviors or tasks your spouse does that you appreciate. _____________________________________
________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

3. List five personality qualities of your spouse that you appreciate.
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

4. How frequently do you affirm or reinforce your spouse for the behaviors or tasks in the qualities described in
questions 2 and 3? _________________________________________________

5. List four important requests you have for your spouse at this time.
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

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6. How frequently do you make these requests? _________________________________________________________

7. What is your spouse’s response? ________________________________________________________________

8. List four important requests your spouse has made of you at this time.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

9. How frequently does your spouse make these requests? _____________________________________________

10. What is your response? _____________________________________________________________________

11. What do you appreciate about your spouse’s communication? ___________________________________

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

12. What frustrates you the most about your spouse’s communication? _______________________________

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

13. List five expectations you have for your spouse. Indicate with a check mark, which are being met at this time.

☐ _______________________________________________________________________________________

☐ _______________________________________________________________________________________

☐ _______________________________________________________________________________________

☐ _______________________________________________________________________________________

☐ _______________________________________________________________________________________
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14. List five expectations your spouse has of you. Indicate with a check mark, which are being met at this time.

☐ ____________________________________________

☐ ____________________________________________

☐ ____________________________________________

☐ ____________________________________________

☐ ____________________________________________

15. What do you do to let your spouse know that you love him or her? ________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

16. What does your spouse do to let you know that he or she loves you? ________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

17. Indicate by drawing a line your level of marital satisfaction over the length of your marriage. If you need to change the numbers at the bottom of the graph please feel free to do so.

High

Medium

Low

First Year 4-6 7-10 11-14 15-20 20+ 20+

18. What has been one of the most fulfilling experiences in your marriage? ________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

19. What has been one of the most upsetting experiences in your marriage? ____________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

20. What personal and marital behaviors would you like to change in yourself? ____________________________

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21. What personal and marital behaviors would you like to see changed in your partner? _________________________

_____________________________________________________________________________________________

__________________________________________________________________________________________________

22. What personal and marital behaviors would your spouse like to see changed in you? _________________________

_____________________________________________________________________________________________

__________________________________________________________________________________________________

**Current Level of Satisfaction:**

Use an X to indicate your level of satisfaction, with 0 meaning no satisfaction, 5 average and 10 super, fantastic, the best. Use a circle to indicate what you think your spouse’s level of satisfaction is at the present time.

1. Our daily personal involvement with each other
   
   0 1 2 3 4 5 6 7 8 9 10

2. Our affectionate, romantic interaction
   
   0 1 2 3 4 5 6 7 8 9 10

3. Our sexual relationship
   
   0 1 2 3 4 5 6 7 8 9 10

4. The frequency of our sexual contact
   
   0 1 2 3 4 5 6 7 8 9 10

5. My trust in my spouse
   
   0 1 2 3 4 5 6 7 8 9 10

6. My spouse’s trust in me
   
   0 1 2 3 4 5 6 7 8 9 10

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1. The depth of our communication together
   0 1 2 3 4 5 6 7 8 9 10

2. How well we speak one another’s love language
   0 1 2 3 4 5 6 7 8 9 10

3. How we divide chores
   0 1 2 3 4 5 6 7 8 9 10

4. The way we make decisions
   0 1 2 3 4 5 6 7 8 9 10

5. How we manage conflict
   0 1 2 3 4 5 6 7 8 9 10

6. Adjustment to one another’s differences
   0 1 2 3 4 5 6 7 8 9 10

7. Amount of free time spent together
   0 1 2 3 4 5 6 7 8 9 10

8. Quality of free time spent together
   0 1 2 3 4 5 6 7 8 9 10

9. Amount of free time spent apart
   0 1 2 3 4 5 6 7 8 9 10

10. Our interaction with friends as a couple
    0 1 2 3 4 5 6 7 8 9 10

11. The way we support each other in rough times
    0 1 2 3 4 5 6 7 8 9 10

12. How we support each other’s careers
    0 1 2 3 4 5 6 7 8 9 10

13. Our spiritual interaction
    0 1 2 3 4 5 6 7 8 9 10

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THE MARRIAGE CHECKUP QUESTIONNAIRE

20. Our church involvement

0 1 2 3 4 5 6 7 8 9 10

21. The level of our financial security

0 1 2 3 4 5 6 7 8 9 10

22. How we manage money

0 1 2 3 4 5 6 7 8 9 10

23. My spouse’s relationship with my relatives

0 1 2 3 4 5 6 7 8 9 10

24. My relationship with my spouse’s relatives

0 1 2 3 4 5 6 7 8 9 10

Scoring Key for Your Current Level of Satisfaction

To determine your score, add the numbers you made an X through for each statement. The sum reflects your score. To determine your spouse a score, add the numbers you circled for each statement. The sum reflects your spouse’s score.

Your score ___________

Your spouse’s score ___________

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>192-240</td>
<td>Your relationship is doing very well.</td>
</tr>
<tr>
<td>144-191</td>
<td>Your relationship has some major strengths.</td>
</tr>
<tr>
<td>121-143</td>
<td>You have strengths and weaknesses. Any satisfaction under six would benefit from some work.</td>
</tr>
<tr>
<td>73-120</td>
<td>Definite improvement needed.</td>
</tr>
<tr>
<td>72 and lower</td>
<td>Major assistance is needed as soon as possible</td>
</tr>
</tbody>
</table>

Select any three statements that have a satisfaction level 3 or lower (or your three lowest-scoring statements), and indicate what needs to occur for you to have a higher level of satisfaction. List what you have tried or plan to try.

__________________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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Work and Your Marriage

1. To what degree do you

<table>
<thead>
<tr>
<th></th>
<th>Not that much</th>
<th>Some</th>
<th>Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel more fulfilled at work than marriage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think about work or coworkers when you’re with your spouse?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argue with each other about involvement at work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spend more time at work when there are problems at home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Break family or marital commitments for work or put work concerns first?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Based upon your answers, what is your conclusion about the importance of work over marriage and family?

Your Spiritual Relationship

1. Your church affiliation ____________________________

2. Do you have a personal faith in Jesus Christ? □ Yes □ No

3. How frequently do you pray by yourself?
   □ Daily □ Several times per week □ Once a week □ Occasionally

4. How frequently do you read Scripture by yourself?
   □ Daily □ Several times per week □ Once a week □ Occasionally

5. How frequently do you and your spouse pray together?
   □ Daily □ Several times per week □ Once a week □ Occasionally

6. How frequently do you and your spouse read Scripture or some devotional material together?
   □ Daily □ Several times per week □ Once a week □ Occasionally

7. How important are questions 5 and 6 to you in your marriage?

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
8. What three passages of Scripture if applied to your marriage would bring about a positive change?
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Family Issues
1. To what extent are children the source of problems or tension between you and your spouse?
   □ Often   □ Sometimes   □ Rarely   □ Never
2. To what extent are stepchildren the source of problems or tension between you and your spouse?
   □ Often   □ Sometimes   □ Rarely   □ Never
3. What do you have differences and/or conflicts over? Check your response.
   □ Discipline   □ Favoritism   □ Amount of time spent with children
   □ Chores   □ Other ________________________________
4. To what extent are in-laws the source of problems or tension between you and your spouse?
   □ Often   □ Sometimes   □ Rarely   □ Never
5. To what extent are hobbies the source of problems or tension between you and your spouse?
   □ Often   □ Sometimes   □ Rarely   □ Never
6. To what extent are friends the source of problems or tension between you and your spouse?
   □ Often   □ Sometimes   □ Rarely   □ Never

Decision Making
1. List the areas of decision-making that you would like to be more involved in and to what extent?____________________
2. What areas of decision-making does your partner want to be more involved in and to what extent?____________________
3. Identify the areas of decision-making your spouse would like you to be more involved in.____________________
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4. Identify the areas of decision-making you would like your spouse to be more involved in. __________________________________________________________

5. Which of the following decision-making areas of marriage are conflicts at the present time? Check your responses.

☐ Child rearing practices   ☐ How you spend free time apart   ☐ Use of finances for recreation
☐ Cleanliness of home       ☐ How you spend free time together   ☐ Vacation plans
☐ Family size               ☐ Leisure activity                 ☐ Where to attend church
☐ Frequency of sex          ☐ Selecting gifts for others      ☐ Where to live
☐ Household chores          ☐ TV shows                         ☐ Who initiates sex
☐ How often to see relatives ☐ Use of finances for necessities   ☐ How to celebrate special occasions
☐ How to entertain friends and relatives   ☐ Other ___________________________

Current Level of Communication

Use an X to indicate your current level of communication, with 1 = almost never, 2 = rarely, 3 = sometimes, 4 = often and 5 = almost always. Use a circle to indicate what you think your spouse’s level of communication is at the present time.

1. Listens when the other person is talking 1 2 3 4 5
2. Appears to understand spouse when he/she shares 1 2 3 4 5
3. Tends to amplify and say too much 1 2 3 4 5
4. Tends to condense and say too little 1 2 3 4 5
5. Tends to keep feelings to oneself 1 2 3 4 5
6. Tends to be critical or nag 1 2 3 4 5
7. Encourages spouse 1 2 3 4 5
8. Tends to withdraw when confronted 1 2 3 4 5
9. Holds in hurts and becomes resentful 1 2 3 4 5
10. Lets spouse have say without interrupting 1 2 3 4 5
11. Remains silent for long periods of time when the other is angry 1 2 3 4 5
12. Fears expressing disagreement if the other becomes angry 1 2 3 4 5
13. Expresses appreciation for what is done most of the time 1 2 3 4 5

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14. Complains that the other person doesn’t understand him or her  1  2  3  4  5
15. Can disagree without losing his or her temper  1  2  3  4  5
16. Tends to monopolize the conversation  1  2  3  4  5
17. Feels free to discuss sex openly with spouse  1  2  3  4  5
18. Gives compliments and says nice comments to spouse  1  2  3  4  5
19. Feels misunderstood by spouse  1  2  3  4  5
20. Tends to avoid discussions of feelings  1  2  3  4  5
21. Avoids discussing topics or issues that are problems  1  2  3  4  5

Scoring Key:

Statements 1, 2, 7, 10, 13, 15, 17 and 18

To determine your score, add the numbers you made an X through for each of these eight statements. The sum reflects your score. To determine your spouse’s score, add the numbers you circled for each of these eight statements. The sum reflects your spouse’s score.

Your score ___________
Your spouse’s score ___________

33-40 You’re doing very well.
25-32 You’re doing well.
17-24 Some areas need improvement.
9-16 Definite improvement needed.
0-8 The relationship needs major assistance.

Any statements that scored a 3 or lower would benefit from some work. Any statements with a communication level of 1 may need outside assistance.

Statements 3, 4, 5, 6, 8, 9, 11, 12, 14, 16, 19, 20 and 21

To determine your score, add the numbers you made an X through for each of these 13 statements. The sum reflects your score. To determine your spouse’s score, add the numbers you circled for each of these 13 statements. The sum reflects your spouse’s score.

Your score ___________
Your spouse’s score ___________

53-65 The relationship needs major assistance.
40-52 Definite improvement needed.

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<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-39</td>
<td>Some areas need improvement.</td>
</tr>
<tr>
<td>14-26</td>
<td>You’re doing well.</td>
</tr>
<tr>
<td>8-13</td>
<td>You’re doing very well.</td>
</tr>
</tbody>
</table>

Any statements having a communication level of 3 or higher would benefit from some work. Any statements with a level of 5 may need outside assistance.

Sharing Responses:

Make a date to share your responses with your spouse. Be sure to follow these positive communication guidelines when sharing responses:

1. Set a time and select a place where there are no interruptions from people, phones, etc.

2. Hold your spouse’s hand (this helps to keep a lid on emotions).

3. Begin by sharing how you scored yourself. If any statement in the first set had a level of 3 or less, or if any statement in the second set had a level of 3 or more, state your intentions for improving this area.

4. After you’ve both shared your scores, continue to hold your spouse’s hand and share the scores that reflect how you see one another. Don’t say “You do this” or “You don’t do this” but, rather, “This is my perspective” or “This is the way I see the situation.” For any statement in the first set with a level of 3 or less, or for any statement in the second set with a level of 3 or more, say, “Here is something I’d like you to think about” or “I would really appreciate it if you would work on this.”

5. When your spouse shares how they see you and makes a request, do not be defensive, point out an exception or blame the other. Just say, “Thank you for sharing your perspective. I’d like to think about that.” You’re not agreeing with your spouse or admitting he or she is correct. You’re just considering his or her view.

Finances

When you have a conflict over money, which of the following best describes the reason for the conflict? Check your response.

- We disagree over what to spend money on.
- I think my spouse spends too much at a time.
- My spouse thinks I spend too much.
- I think my spouse is too frugal.
- My spouse thinks I’m too frugal.
- My spouse doesn’t let me know in advance about our finances.
- My spouse doesn’t think I share in advance about my money decisions.
- Our timing for spending is off.
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☐ Our financial records are not kept up-to-date.

☐ Money means something different to each of us.

2. Why do some of your conflicts over money happen? Check your responses.

☐ I don’t really trust my spouse with money.

☐ My spouse doesn’t really trust me with money.

☐ I don’t feel taken care of by my spouse.

☐ My spouse doesn’t feel taken care of by me.

☐ I don’t like being dependent upon my spouse.

☐ My spouse doesn’t like being dependent upon me.

☐ I don’t like to give up control over my money.

☐ My spouse doesn’t like to give up control over his or her money.

3. One step I could take to help our finances would be ______________________________________________________

__________________________________________________________________________________________________

4. One step my spouse could take to help our finances would be _____________________________________________

__________________________________________________________________________________________________

5. Do you feel the need for guidance and consultation from a financial counselor? ☐ Yes ☐ No

Your Goals for Counseling

If you are taking this inventory in conjunction with seeing a counselor, answer the following questions. If not, skip this section and go to the Changes and Commitment Level section.

1. Describe your specific goals for counseling. ________________________________________________________________

__________________________________________________________________________________________________

2. Describe your spouse’s specific goals for counseling. __________________________________________________________

__________________________________________________________________________________________________

3. How long do you feel counseling should last (on a week-to-week basis)? ______________________________________

__________________________________________________________________________________________________

4. On the following scale, indicate your level of hopefulness for the effectiveness of counseling. Use an X for yourself and a check mark for your perception of your spouse’s hopefulness.

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No hope  Somewhat hopeful  Hopeful  Quite hopeful  Very hopeful
0 1 2 3 4 5 6 7 8 9 10

5. In what way can your minister/counselor be the greatest help to you in counseling? Please be specific.
__________________________________________________________
__________________________________________________________
__________________________________________________________

6. How much time per week can you give to improve your marriage? Circle your response.

1 hour  2 hours  3 hours  4 hours  5 hours  6 hours or more

7. Would you like your minister/counselor to pray with you?

☐ Yes  ☐ No

If yes, ☐ During the session?  ☐ During the week?

Changes and Commitment Level

Circle the word that best completes each statement.

1. I am willing to make any, most, some, minor, very few changes or adjustments necessary to improve our marriage together.

2. I believe my spouse is willing to make any, most, some, minor, very few changes or adjustments necessary to improve our marriage together.

3. It is very important, somewhat important, not very important to me that my spouse is satisfied and fulfilled.

4. My commitment level to improving my marriage is

Little or none  Average  Absolute
0 1 2 3 4 5 6 7 8 9 10

5. My spouse’s commitment level to improving our marriage is

Little or none  Average  Absolute
0 1 2 3 4 5 6 7 8 9 10

What Have You Done to Improve and Enhance Your Marriage

1. What books have you read on marriage? ____________________________________________________________

2. What books has your spouse read on marriage? ____________________________________________________

by H. Norman Wright
THE MARRIAGE CHECKUP QUESTIONNAIRE

3. What conferences have you and your spouse attended? ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Goals for Your Marriage

1. List three marital goals you have for the next year.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. List three marital goals you have for the next five years.
________________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

How Can You Change Your Marriage

1. Think of an issue you would identify as a problem in your marriage and describe it.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. When doesn’t this problem happen? ________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. What is different about these times? ________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. How do you think differently? __________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. If you woke tomorrow with these problems solved, what would you be doing differently?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Now, for each additional problem identified in your marriage, answer the five questions on a separate piece of paper. (You’ll be surprised at the difference this makes.)

by H. Norman Wright