

Questionnaire For Engaged Couples

To Be Kept Confidential

General Information

Name _____ Other name _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Main phone _____ Work phone _____

Birth date _____ Favorite hobbies and sports _____

Educational background: _____ (List highest grade, degree or diploma)

How long have you been a Christian? _____ Do you have regular devotions? Yes ___ No ___

What is your greatest struggle as a Christian? _____

Marriage Information

Fiancee's name _____ Married before? Yes ___ No ___

How long have you known each other? _____ How long have you steadily dated? _____

When were you engaged? _____ Do you have parents' approval? Yes ___ No ___

Where and when will you be married? _____. By whom? _____

What city will you live in after you get married? _____ Will you then live by yourselves? Yes ___ No ___

Your future address and telephone if known: _____

How far have you gone on your wedding plans? Haven't started___ Started___ Almost done ___

Have you made plans for your honeymoon? Haven't started___ Started___ Almost done ___

Do you have any difficulties in planning for either your marriage, honeymoon or post-marriage days? Yes___ No___

If so, please state in which area(s) you have difficulty. _____

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Background Info

Are you parents still living? Yes ___ No ___ Only one _____ Where? _____

Occupation (or former if retired): Father _____ Mother _____

Are your parents Christians? Yes ___ No ___? If so, can you talk about your spiritual life with them? Yes ___ No ___

Have your parents ever separated or divorced? Yes ___ No ___ When was this? _____

Rate your parents' marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your father (Yes ___), mother (Yes ___), or another (Who? _____)?

Rate your childhood : Very happy _____ Happy _____ Average _____ Unhappy _____

How many? Older brothers _____ Younger brothers _____ Older sisters _____ Younger sisters _____

Who disciplined you? Father _____ Mother _____ Were they strict? Yes ___ No ___

Health Information

Rate your physical health (check): Very Good _____ Good _____ Average _____ Declining _____

Your approximate weight _____ lbs. Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination _____ Report results: _____

Have you recently had a medical examination especially with marriage in mind? _____

Have you used drugs for other than medical purposes? Yes ___ No ___ What kind? _____

Are you presently taking medication? Yes ___ No ___ What kind? _____

Have you ever had a severe emotional upset? Yes ___ No ___ If so, when was the latest? _____

Have you ever had any psychotherapy or counseling? Yes ___ No ___ When? _____

Do you have any fears or worries? Yes ___ No ___ What are they? _____

Do you have any physical or emotional concerns? Yes ___ No ___ What are they? _____

Have you discussed family planning? Some _____ None _____ Quite thoroughly _____

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Other Concerns

In what ways are your lifestyles, backgrounds and opinions similar? _____

In what ways are your lifestyles, backgrounds and opinions different? _____

Is there any pressure to get married, either by someone or some circumstance? Yes _____ No _____

Why are you getting married? _____

Have you had any previous sexual experiences? Yes ___ No ___ When? _____

If so, does your fiance know of them? Fully _____ Partially _____ Not at all _____

Are there any other issues you wonder whether you should tell your fiancée? Yes _____ No _____

Have you discussed standards on your physical relationship before marriage? Yes _____ No _____

If so, what is this standard? _____

What are your parents' ideas on this matter? _____

In what areas do you find the greatest disagreements? _____

Does your fiancée know you disagree on these things? Yes _____ No _____ Somewhat _____

Do you see marriage creating any difficulties or stresses in your life? Yes ___ No ___ If so, what? _____

Would you like to talk to me personally about some issue without your fiancée present? Yes _____ No _____

What issue is that? _____

Date questionnaire completed _____ Signed _____