

*Bridges Counseling*  
*A Place for Hope and Restoration*  
*Couple Questionnaire*

1. How long did you and your spouse know each other before marriage?

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2. How long did you date? \_\_\_\_\_

3. Did you receive pre-marital counseling? \_\_\_\_\_

4. Describe your relationship with each of your parents growing up. (Please use the terms “very close, close, distant, conflictual”)

	Father	Mother
Childhood	_____	_____
Teen Years	_____	_____
Young Adult	_____	_____
Present	_____	_____

5. Put an “S” beside any of the following descriptions which apply to your spouse and an “M” beside any descriptions which apply to you.

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|----------------------------|----------------------|
| — Alcohol Use              | — Compulsive         |
| — Overworking              | — Perfectionistic    |
| — Smoking                  | — Controlling        |
| — Suicide threats/behavior | — Low Self-esteem    |
| — Depression               | — Crying             |
| — Worry                    | — Sleep Problems     |
| — Isolates & withdraws     | — Uses pornography   |
| — Procrastinates           | — Verbally abusive   |
| — Anger problems           | — Work problems      |
| — Use of drugs             | — Physically abusive |
| — Overeating               | — Lazy               |

6. **Underline the areas of decision making that are conflict zones at present:**

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|---|----------------------------|
| Leisure time                                | Involvement with relatives |
| Living arrangements (size, location)        | Church Affiliation         |
| Amount of time spent together               | Amount of time spent apart |
| Household tasks                             | Spending money             |
| Sexual relationship (frequency, initiation) | Friends                    |
| Child rearing                               | Other                      |

**7. If marital counseling were successful, what would be the outcome?**

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**8. What would you need to change for this to happen?**

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**9. What would your spouse need to change?**

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