



Premarital Self-Report

The following questions are designed to gather information about you and your health, and your marriage. This information is voluntary and may aid in the identification of conditions that are relevant to services provided to you.

Client Name: _____ Client Birth Date: _____

Client Address _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Gender: ___M ___F

Please list all persons living in client's current household (exclude self):

First name	Last name	Relationship to Client	Sex	Birth Date	Health Status

Please list all persons in client's family of origin (your family growing up) if different than current household:

First name	Last name	Relationship to Client	Sex	Birth Date	Health Status

Presenting Concern

What, if any, issues do you foresee needing to be covered in Pre-marital counseling?

Client's Mental Health

Have you had any prior mental health counseling, evaluation, or treatment? ___yes ___no If yes:

Name	Phone	Fax	Dates Seen

Have you ever been hospitalized for mental health treatment? ___yes ___no

If yes, please describe:

Have you ever tried to commit suicide? ___yes ___no

If yes, when?

Do you have any suicidal thoughts at this time? ___Yes ___No

Please list any medications you are currently taking:

Medication	Dosage	Prescribing Doctor

Prior Marital History

Please indicate previous marital history (prior to current marriage):

Ex-spouse's Name	Divorce, Dissolution, or Death	Date of Event	Reason Marriage Ended

Proposed Wedding Date: _____

Dating / Engagement:

1. Dating: how did you two get together?

2. What were you looking for in a dating relationship?

3. How were you relating to your parents when you were dating?

4. What was your parent's marriage like when you were dating?

5. How much dating had you done prior to meeting your spouse to be?

Engagement:

- 6. How does your father feel about the engagement?
- 7. Your mom?
- 8. Who do you get along with best at this time? Why?

Before Marriage:

- 9. Sexual activity before marriage? With current partner? With other partners?
- 10. Pregnancy?
- 11. Living arrangements?
- 12. Any abortions?
- 13. How are each of you received into the other's family?

Pre-Marriage Perceptions:

- 1. Rating 1 to 10:
 - The marriage *now* (What number?)
 - The marriage at its *best* (What number and when?)
 - The marriage at its *worst* (What number and when?)
- 2. How well do you play together? Describe.
- 3. How well does your partner listen?
- 4. How well do you listen?
- 5. How do the two of you go about resolving conflict? (patterns?)
- 6. How do you manage anger?
- 7. How does your partner manage anger?
- 8. Your partner's 3 greatest strengths/weaknesses?
- 12. Describe any potential sexual issues in your marriage.
- 13. How much conflict have the wedding details created for the two of you? Describe.

FOO (Family of Origin) Questions:

1. How do you know how to be married? (What kinds of role models do you have?)
2. What was your parents' marriage like?
3. How would your parents resolve conflicts or differences when you were growing up?
4. How did they fight?
5. How did they make-up?
6. How did they communicate feelings to each other and/or to the kids?
7. How well did each of your parents relate to each other sexually?
8. How (who/what) did they discipline the kids?
9. What was the one thing that you wish you had gotten from your parents growing up that you did not?
10. How much is your partner like your father/mother? In what ways?
11. What was it like for you and your parents when you left home (moved out on your own)?
12. Describe any history of mental or emotional illness in your family while you were growing up.
13. Describe any history of alcohol or drug abuse in your family while you were growing up.
14. Describe any history of physical or sexual or emotional abuse in your family while growing up.
15. How close are you to your parents now?
16. How close is your partner to his/her parents now?

Parenting:

1. To what degree are children currently in your lives? (i.e. from previous marriages or relationships.)
2. Any previous pregnancies or miscarriages? What were they like?
3. How did you grieve the losses? Your partner (at the time)?
4. How do you know how to parent? (i.e. role models etc.)
5. What are your potential strengths as a parent? Weaknesses?
6. How might you view your parenting style? (Strict, lenient, patient, authoritarian, etc.)
7. In what ways are the grandparents involved with the kids?
8. In what ways is parenting an issue for you both?

Power:

1. How do you feel about how your partner handles money?
2. Who handles the money in the relationship and how? How was this decided?
3. How will the handling of money be the same or different after marriage?
4. How do the two of you discuss your sexual needs and desires?

Religious Life:

1. What role did religion play in your home life as a child?
2. Do you have any denominational ties?
3. What were your ideas of God when you were a child?
4. In what ways are you and your partner similar or different in your religious beliefs?
5. Are you a practicing Christian? ____ No ____ Yes (if no, please disregard the next section)

Christian Belief System:

How did you become a Christian? When?

Do you pray regularly? ____ Yes ____ No

Do you read the Bible regularly? ____ Yes ____ No

Do you suffer feelings of guilt? ____ Yes ____ No

Are you fearful of hell? ____ Yes ____ No

Are you fearful of not being forgiven? ____ Yes ____ No

Who is your favorite Bible character? Why?

What is your favorite Bible passage? Why?

What would you consider to be the worst sin a person could commit and why?

Briefly describe your view of a Biblical marriage:

Any other relevant information regarding your Christian experience?