



We look forward to helping you and your spouse through Coffeehouse Five. Please review the information below, and then complete the Marriage Questionnaire and bring with you to your second appointment.

Information About The Help You Will Receive Through Coffeehouse Five

While each couple is unique, certain roots seem to be at the base of almost all problems that couples have. As a result we have created an approach to helping couples that is based on a few simple concepts:

1. Marriage is not easy. But it can be good. With a little guidance, some hard work, and prayer, it can be great.
2. There are no perfect marriages, nor any hopeless marriages. Only marriages in need of various degrees of help.
3. Every marriage can improve by increasing the levels of **LOVE** (being willing to value your partner and being unwilling to devalue your partner) **WORK** (being willing to invest time and energy in your marriage) and **FAITH** (believing that your marriage can be satisfying).

How To Benefit From The Help You Will Receive Through Coffeehouse Five

1. Change what you can: your own behavior, thoughts and (eventually) feelings. Don't worry about what your partner is or isn't doing. Be the first to change; don't wait for your partner to change. Be patient. Changes don't occur overnight. Give your partner a break. Don't expect perfection.
2. Realize that counseling is not a miracle cure for your marital ills. You will change your marriage, mostly outside of the time you are with your counselor. The counselor will simply show you how to do that more effectively.
3. Be honest with the counselor.
4. Be honest with yourself. Try hard. Don't sabotage counseling because your confidence is at a low ebb.
5. Do the activities your counselor asks you to do.
6. Understand that your counselor is not a referee for your arguments. Nor is your counselor a decision maker who will tell you who is right and wrong.
7. Your counselor is not a hunter who seeks out your problems and shoots them. Rather, your counselor is more like a hunting guide, who will help you root out your problems and develop solutions that work to promote love, work and faith.

Nature of Advice

Our counselors at Coffeehouse Five are referred to as "lay" counselors because they do not provide the same kind of professional advice and services that you receive when hiring a professional advisor. Our advice is based primarily on Biblical principles and personal experience that provide wisdom for living, but if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant Biblical principles.

_____ **Initial**

Confidentiality

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; or when Indiana law requires notification of the violation of a law. Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts

On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counsees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by church leadership according to the principles outlined in Matthew 18:15-17.

If these guidelines are acceptable to you, please sign below, then proceed to the next page and complete the Questionnaire.

Signed _____

Date _____

MARRIAGE QUESTIONNAIRE

Please complete each section and question as thoughtfully and completely as you can. By answering these questions in writing, you will help us help you more effectively.

GENERAL INFORMATION	
Date of Marriage _____	Date Form Completed _____
Your Name _____	Age _____
Level of Education _____	Profession _____
Spouse's Name _____	Age _____
Level of Education _____	Profession _____
Address _____	
City _____	State _____ Zip _____
Email _____	
Home Phone _____	Cell Phone _____
Either spouse previously married? ___ Husband ___ Wife	
If yes, age at marriage ___ Husband ___ Wife	Age at divorce ___ Husband ___ Wife
Reason(s) for divorce _____	

FAMILY BACKGROUND			
1. Age of your parents at your birth: Mother _____ Father _____			
2. Number of divorces/remarriages by your parents _____			
3. Rate the perception of happiness of your parents' marriage (1-very unhappy, 10-very happy)			
1	2	3	4
5	6	7	8
9	10		
4. Ages and gender of siblings, including yourself _____			
5. Either of your parents: ___ Physically abusive ___ Sexually abusive ___ Verbally abusive			
If so, who? _____			
6. Either of your parents: ___ Have an alcohol problem ___ Use drugs			
If so, who? _____			
7. To what degree do the following occur?			
	A Lot	Sometimes	Rarely
I feel torn between my spouse and my parents.			
I share everything that occurs between my spouse and me with my parents.			
My spouse is concerned or complains about the amount of involvement my parents have in our lives.			
I tend to go to my parents for advice more than to my spouse			
It is difficult for me to say no to my mother or father.			
My spouse feels I call my parents too much.			

FAMILY STRUCTURE

	Name	Age	Sex	Living at Home?	Child of Husband, Wife or both?
Child					
Child					
Child					
Child					

Any children lost through death? Yes No Any children placed in institution? Yes No

Any of your or spouse's parents living with you? Yes No

Living quarters: Rent Own Type _____ (house, apartment, etc.)

Living space: Spacious Adequate Crowded

PERSONAL INFORMATION

1. Do you experience any significant health issues? _____
2. Date of last physical? _____
3. Hours work per day _____ Sleep _____ Enjoyable hobbies _____ Conversation w/spouse _____
4. Check any of the following that apply to you, underline any that apply to your spouse.
 Behaves aggressively Has insomnia Takes risks Loses control
 Uses alcohol Is lazy Has sleep problems Overeats
 Behaves compulsively Has low self-esteem Smokes Behaves impulsively
 Cries Overworks Threatens suicide Procrastinates
 Is depressed Is a perfectionist Exhibits Type A behavior Worries
 Has difficulty at work Is physically abusive Is verbally abusive
 Uses drugs Uses pornography Withdraws from others

COURTSHIP AND MARITAL PREPARATION

1. Where did you meet your spouse? _____
2. What attracted you to your spouse? _____
3. Length of time you knew your spouse prior to marriage? _____ Dated your spouse prior to marriage? _____
4. 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
5. Did you receive premarital counseling? Yes No If yes, from whom? _____
6. How many individual sessions? _____ Group sessions? _____
7. Did you take any tests/inventories? _____
8. Use any books or tapes? _____
9. Name two of the most positive experiences during your first year of marriage? _____

12. As best you can, state what your expectation for your marriage was. _____

MARITAL EVALUATION

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

2. Describe three behaviors or tasks your spouse does that you appreciate.

3. List three personal qualities of your spouse that you appreciate.

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

5. What do you appreciate about your spouse's communication? _____

6. What frustrates you about your spouse's communication? _____

7. What do you do to let your spouse know you love him or her? _____

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

9. What has been one of the most fulfilling experiences in your marriage? _____

10. What has been one of the most upsetting experiences in your marriage? _____

11. What personal and marital behaviors would you like to change in yourself? _____

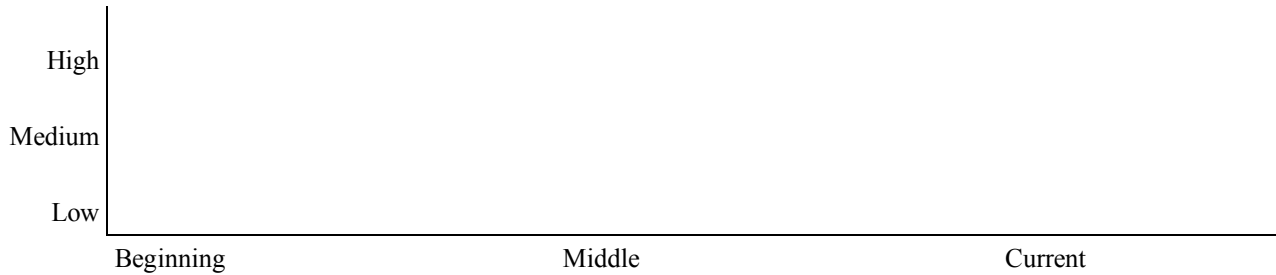
12. What personal and marital behaviors would you like to see changed in your partner?

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

14. The numbers below represent different degrees of happiness in your relationship. The middle point represents the degree of satisfaction in most relationships. Circle the number which best describes the degree of satisfaction, all things considered, in your relationship currently.

0	1	2	3	4	5	6
Extremely Unsatisfied	Fairly Unsatisfied	A Little Unsatisfied	Satisfied	Very Satisfied	Extremely Satisfied	Perfect

15. Graph the level of marital satisfaction over the course of your marriage on the chart below.



CURRENT LEVEL OF SATISFACTION

Circle your level of satisfaction with each of the areas identified below, with 1 meaning little satisfaction to 5 meaning generally satisfied.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Our daily personal involvement with each other. | 1 | 2 | 3 | 4 | 5 |
| 2. Our affectionate, romantic interaction. | 1 | 2 | 3 | 4 | 5 |
| 3. Our sexual relationship. | 1 | 2 | 3 | 4 | 5 |
| 4. My trust in my spouse. | 1 | 2 | 3 | 4 | 5 |
| 5. My spouse's trust in me. | 1 | 2 | 3 | 4 | 5 |
| 6. The depth of our communication with each other. | 1 | 2 | 3 | 4 | 5 |
| 7. How we divide chores. | 1 | 2 | 3 | 4 | 5 |
| 8. The way we make decisions. | 1 | 2 | 3 | 4 | 5 |
| 9. Amount of free time spent together. | 1 | 2 | 3 | 4 | 5 |
| 10. Quality of free time spent together. | 1 | 2 | 3 | 4 | 5 |
| 11. Amount of free time spent apart. | 1 | 2 | 3 | 4 | 5 |
| 12. How we support each other's careers. | 1 | 2 | 3 | 4 | 5 |
| 13. The level of our financial security. | 1 | 2 | 3 | 4 | 5 |
| 14. How we manage money. | 1 | 2 | 3 | 4 | 5 |
| 15. My spouse's relationship with my relatives. | 1 | 2 | 3 | 4 | 5 |
| 16. My relationship with my spouse's relatives. | 1 | 2 | 3 | 4 | 5 |
| 17. Our spiritual interaction. | 1 | 2 | 3 | 4 | 5 |
| 18. Our church involvement. | 1 | 2 | 3 | 4 | 5 |

WORK AND YOUR MARRIAGE

To what degree do you

	Not that often	Some	Much
Feel more satisfied at work than marriage?			
Think about work or coworkers when you're with your spouse?			
Argue with each other about involvement at work?			
Spend more time at work when there are problems at home?			
Break family or marital commitments for work or put work concerns first?			

YOUR SPIRITUAL RELATIONSHIP

- Your church affiliation _____
- Do you have a relationships with God through faith in Christ? ___ Yes ___ No
- How frequently do you pray by yourself?
___ Daily ___ Several times per week ___ Once a week ___ Occasionally
- How frequently do you read the Bible by yourself?
___ Daily ___ Several times per week ___ Once a week ___ Occasionally
- How frequently do you and your spouse pray together?
___ Daily ___ Several times per week ___ Once a week ___ Occasionally
- How frequently to you and your spouse read the Bible or some devotional material together?
___ Daily ___ Several times per week ___ Once a week ___ Occasionally

FAMILY ISSUES

- To what extent are children the source of problems or tension between you and your spouse?
___ Often ___ Sometimes ___ Rarely ___ Never
- To what extent are stepchildren the source of problems or tension between you and your spouse?
___ Often ___ Sometimes ___ Rarely ___ Never
- What do you have differences or conflicts over? Check all that apply.
___ Discipline ___ Favoritism ___ Amount of time spent with children
___ Chores ___ Other _____
- To what extent are in-laws the source of problems or tension between you and your spouse?
___ Often ___ Sometimes ___ Rarely ___ Never
- To what extent are hobbies the source of problems or tension between you and your spouse?
___ Often ___ Sometimes ___ Rarely ___ Never
- To what extent are friends the source of problems or tensions 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 tell the 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.

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 are conflicts at the present time?

- | | | |
|---|--|---|
| <input type="checkbox"/> Child-reading practices | <input type="checkbox"/> Free time spent apart | <input type="checkbox"/> Use of finances for recreation |
| <input type="checkbox"/> Cleanliness of home | <input type="checkbox"/> Free time spent together | <input type="checkbox"/> Vacation plans |
| <input type="checkbox"/> Family size | <input type="checkbox"/> Leisure activity | <input type="checkbox"/> Where to attend church |
| <input type="checkbox"/> Frequency of sex | <input type="checkbox"/> Selecting gifts for others | <input type="checkbox"/> Where to live |
| <input type="checkbox"/> Household chores | <input type="checkbox"/> TV shows | <input type="checkbox"/> Who initiates sex |
| <input type="checkbox"/> How often to see relatives | <input type="checkbox"/> Use of finances for necessities | <input type="checkbox"/> How to celebrate special occasions |
| <input type="checkbox"/> How to entertain friends/relatives | <input type="checkbox"/> Other _____ | |

FINANCES

1. Which of the following best describes the reason for any conflicts you have over money?

- | | |
|--|--|
| <input type="checkbox"/> We disagree over what to spend money on. | <input type="checkbox"/> I think my spouse spends too much at a time. |
| <input type="checkbox"/> My spouse thinks I spend too much. | <input type="checkbox"/> I think my spouse is too frugal. |
| <input type="checkbox"/> My spouse doesn't let me know in advance about our finances. | |
| <input type="checkbox"/> My spouse doesn't think I share in advance about my money decisions | |
| <input type="checkbox"/> Our time for spending is off. | <input type="checkbox"/> Our financial records are not kept up-to-date |
| <input type="checkbox"/> Money means something different to each of us. | |

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

- 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 on my spouse.
- My spouse doesn't like being dependent on 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

CURRENT LEVEL OF COMMUNICATION

Evaluate your current level of communication, with 1 meaning almost never, 2 meaning rarely, 3 sometimes, 4 often, 5 almost always. Circle scores for yourself. Underline scores for your spouse.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Listens when the other person is talking. | 1 | 2 | 3 | 4 | 5 |
| 2. Appears to understand spouse when he or 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 |
| 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 |

ADDITIONAL FACTORS

1. Have you ever been to counseling as a result of problems with this relationship prior to today? If so, what was the outcome of the counseling? _____

2. Have either you or your spouse been in individual counseling before ___Yes ___No
If so, why? _____

3. Do either you or your partner drink alcohol or take drugs to intoxication? ___Yes ___No
If yes for either, how often and what drugs or alcohol? _____

4. Have either you or your partner struck, physically restrained, used violence against or injured the other person within the last three years? ___Yes ___No If yes for either, who, how often and what happened?

5. Have either of you threatened to separate or divorce as a result of the current marital problems?
___Yes ___No If yes, who? _____

6. Have either you or your partner consulted a lawyer about divorce? ___ Yes ___ No If yes, who? _____

7. Do you perceive that either you or your partner has withdrawn from the marriage? ___ Yes ___ No
If yes, who? _____

8. How frequently have you had sexual relations during the last month? _____

9. What is your current level of stress? Extremely High Very High High Moderate Low

10. To what degree do you have family or friends that support you as a couple?
Extremely High Very High High Moderate Low

YOUR GOALS FOR COUNSELING

1. Describe your specific goals for counseling _____

2. Describe your spouse's specific goals for counseling _____

3. On the following scale, indicate your level of hopefulness for the effectiveness of counseling.
No Hope Somewhat Hopeful Hopeful Quite Hopeful Very Hopeful

4. My commitment level to improving my marriage is:
Very low Low Average High Absolute

5. My spouse's commitment level to improving our marriage is:
Very low Low Average High Absolute

6. In what way can we be the greatest help to you in this counseling? _____

Final Note

Many people find that their marriage improves merely from the increased hope of scheduling an appointment for marital counseling. Would you each note any ways that things get better, even a small fraction better, after completing this form and before arriving for your initial appointment.