

MARITAL INFORMATION SHEET

NAME _____ SPOUSE'S NAME _____

DATE MARRIED _____ TOTAL YRS. TOGETHER _____

DATED: _____ MOS. LIVED WITH: _____

TIME SEPARATED? _____ REASON _____

CHILDREN (NAME/AGE) _____

PREVIOUS MARRIAGE: FROM/TO _____ EX'S NAME _____

CHILDREN(NAME/AGE) _____

REASON IT ENDED:

LIST THE TOP 3 PROBLEMS IN YOUR MARRIAGE:

- 1. _____
- 2. _____
- 3. _____

LIST THE TOP 3 STRENGTHS IN YOUR MARRIAGE:

- 1. _____
- 2. _____
- 3. _____

ON A SCALE OF "0" TO "10" WITH 0 = "I'LL DO NOTHING DIFFERENT" AND 10 = "I'LL DO ANYTHING TO MAKE MY MARRIAGE WORK", PLEASE CIRCLE WHERE YOU ARE TODAY; AND WHERE YOU THINK YOUR SPOUSE WOULD ANSWER:

ME: 0 1 2 3 4 5 6 7 8 9 10

SP: 0 1 2 3 4 5 6 7 8 9 10

How much time per week will you give to improve your marriage? Please circle:

1 hour 2 hours 3 hours 4 hours 5 hours 6 hours 7+ hours
