

Marriage Evaluation

This evaluation will be helpful for me to gain a picture of what your marriage is like. Please check all those that apply to how you feel in your marriage. Please print two copies, as it is most helpful to have both spouses complete this evaluation. When necessary, circle to indicate if a statement applies to you or your partner.

Communication:

- I am afraid to express thoughts, feelings, opinions freely
- I don't feel heard by my partner
- my partner/I respond inappropriately at times
- my partner/I act(s) disrespectfully
- we do not communicate well about difficult subjects
- sometimes, when we communicate, it escalates to physical violence or intimidation
- I avoid communication because I am afraid it will lead to conflict
- Our communication sometimes leads to verbal abuse, profanity, put-downs, etc.
- Other _____

Problem Solving:

- we are often unable to identify the problem
- we struggle to identify options to solve problems
- we rarely discuss problems without it leading to violence or verbal abuse
- we are usually not able to compromise or agree to disagree
- we do not share equal say in decisions/problem solving
- when conflict arises we often speak of leaving or divorce
- Other _____

Emotional Intimacy:

- we do not talk enough
- I do not feel close to my partner
- we do not have enough quality time
- Other _____
- I do not think we are honest and open with each other
- It seems we rarely express love to each other
- I do not feel valued/appreciated by my partner

Physical Intimacy:

- I am not satisfied with the quality of our sexual relationship
- I am not satisfied with the frequency of our sexual relationship
- I do not have orgasms
- I would like to improve our foreplay
- I feel there are barriers in the way of our sexual relationship
- I wish we included more non-sexual touch in our lives
- My partner/I have committed adultery
- My partner/I have a problem with pornography
- Other _____

Relationship with God:

- I would like to attend a Bible study as a couple I wish we prayed as a couple
 I fear our decisions are not God-pleasing I would like to serve God as a couple
 I wish my husband were a better/different type of spiritual leader
 I do not feel my partner is a good spiritual example for our children
 Other _____

Church:

- I would like to find a church I do not feel comfortable serving or getting involved at our church
 I wish we attended church I do not feel comfortable with the leadership of our church
 I do not feel comfortable with our relationships at church
 Other _____

Extended Family:

- I have problems with our visits to see extended family (length of stay, activities, where we stay, etc.)
 I do not like the way we communicate with our extended family
 I have concerns about fairness with our extended family
 I disagree with my partner about the level of involvement of our extended family
 I think we need more boundaries with our extended family
 Other _____

Household Tasks:

- we have unfair distribution of household tasks
 I feel used and/or taken advantage of for the work I do at home
 I resent my partner due to household tasks
 I would like my partner to help more
 Other _____

Financial:

- our income is a problem we have debt that bothers me
 our spending is a problem I worry about the fact that we are not saving for our future
 we do not save to my satisfaction My partner/I have a problem with gambling
 we do not tithe even though I would like to
 We do not have a satisfactory budget
 I worry about the fact that we are not saving for our kid's future
 Other _____

Parenting:

- I do not like the way we discipline our children
 I have concerns about our children's child care
 I have concerns about how we spend quality time with our children
 I have concerns about our children's schooling
 I have a problem with the way my in-laws/extended family interact with our children
 Other _____

Work:

- I am not satisfied with my job
- My work schedule interferes with my marriage
- I feel like I work too much
- Other _____

Physical Health:

- I have not had a regular check up recently
- I have not been to the dentist in a year or more
- I am aware of things I should do for my health, but I don't do them
- Other _____
- I do not exercise
- I do not have proper nutrition/weight

Mental Health:

I believe my partner or I (circle which) suffer from:

- Depression P/I
- Anxiety P/I
- Addiction Specify _____ P/I
- Eating Disorder P/I
- Other _____
- Anger Problem P/I
- Low self-esteem P/I
- Perfectionism P/I

Socializing/Hobbies:

- I wish we went out as a couple more
- I wish we shared more hobbies or common interests
- I wish we were able to participate in individual activities more
- I do not feel comfortable with the people we socialize with
- Other _____
- I do not enjoy the things we do for fun
- We rarely laugh together