

Marriage Mentoring Questionnaire (Mentoree)

Full Name: _____

Spouses Name: _____

Address: _____

Phone (H) _____ (C) _____

Years Married: _____ Anniversary (M/D/Y) ___/___/____ Birthday (M/D/Y) ___/___/____

Is this a first marriage? (Yes / No) If not, how many times were you previously married? _____

What times are you available to meet with your mentor? _____

When did you accept Jesus as your Lord and Savior (date)? _____

Do you pray together as a couple? _____ How often? _____

In a typical week, how often do you read the Bible? _____

On a scale or 1-10, how committed are you to making your marriage succeed? _____

What marriage books have you read or marriage seminars you've attended?

Do you know your "love language"? If so, what is it? What is your spouse's?

What is the greatest strength of your marriage?

Do you feel safe in the relationship? (Yes / No)

Describe the current situation for which you desire mentoring (25 words or less)

What was the 1st incident you remember when this situation occurred?

What can you change to improve the current situation?

What do you hope to gain from the mentoring process?

Circle which of the following marriage challenges you are currently dealing with. Star the top 1 or 2.

Adultery	Physical Abuse	Drug Abuse
Blended Family/ Remarriage	Sexual Abuse	Alcohol Abuse
Anger	Verbal Abuse	Pornography
Hurtful Words	Conflict with In-Laws	Selfishness
Punishment by silence or withdrawal	Not leaving and cleaving	Communication Issues
Financial	Parenting/Discipline differences	Spiritual Differences
Forgiveness	Co-Dependency	Homosexuality
Intimacy	Trust	Other _____
Death (child, spouse, sibling, parent)	Divorce	Other _____
Gambling	Credit Card Debt	Other _____

Please complete both sides

11/11/17