

YOUR GOALS FOR COUNSELING (COUPLES ONLY)

1. Please describe your specific goals for counseling.

2. Please describe your spouse's specific goals for counseling.

3. How long do you feel counseling should last? (on a once-a-week basis)

4. On the following scale, please indicate your level of hopefulness for the effectiveness of counseling. (Please use an X for yourself and a check mark for your perception of your spouse's hopefulness)

No Hope Somewhat hopeful Hopeful Quite Hopeful Very Hopeful

0 1 2 3 4 5 6 7 8 9 10

5. In what way can your minister/counselor be the greatest help to you in counseling? Please be specific.

6. How much time per week can you give to improve your marriage? Circle Your response.

1 Hour 2 Hours 3 Hours 4 Hours 5 Hours 6 Hours or more

7. Would you like your minister/counselor to pray for you?

Yes _____ No _____ During the session? _____ During the week? _____

CHANGES AND COMMITMENT LEVEL

Indicate your response by circling your choice.

1. I am willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

2. I believe my spouse is willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

3. It is important to me that my spouse is satisfied and fulfilled: very important, somewhat important, not very important.

4. If our marriage were to fail, I would feel...

5. If our marriage were to fail, my spouse would feel...

6. My commitment level to staying in my marriage...

Little or no commitment	Average Commitment						Absolute Commitment			
0	1	2	3	4	5	6	7	8	9	10

7. My spouse's commitment level to staying in our marriage is...

Little or no commitment	Average Commitment						Absolute Commitment			
0	1	2	3	4	5	6	7	8	9	10