Name : Date :

PREMARITAL COUNSELING QUESTIONNAIRE

1. Relationship Foundation
□ What do you value most in your relationship?
□ _____

What strengths do you bring as a couple?
_____

2. Communication
□ How do you usually handle disagreements?
□ Talk calmly □ Avoid □ Emotional □ Other: _____

What do you want to improve in communication?
_____

3. Conflict & Expectations
□ What are common issues between you?
_____

□ What does a healthy conflict look like to you?
_____

4. Finances
□ Who manages finances? □ Me □ Partner □ Both

Financial goals:
_____

5. Family & Future
□ Do you want children? □ Yes □ No □ Unsure

Expectations about roles & family:
_____