

3. PERSONAL AND MARITAL SURVEY

(Each spouse should fill out a separate survey. Information will be kept confidential.)

I. GENERAL INFORMATION

In what area(s) of difficulty would you like help?

What results would you like to see?

Optional Question – HIPAA regulations protect your privacy. If you’re comfortable, please list any physical conditions that may impact your sabbatical.

When was the last time you had a physical?

Please indicate any conditions that apply to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Depression | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Inferiority | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Nerves | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Rejection | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Indecisiveness | <input type="checkbox"/> Appetite loss | <input type="checkbox"/> Problems at home |
| <input type="checkbox"/> Racing heartbeat | <input type="checkbox"/> Work difficulty | <input type="checkbox"/> Sexual control problems |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Problems with parents |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Anger | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Marital difficulty | <input type="checkbox"/> Obsessions |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Attention deficit | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Economic difficulty | <input type="checkbox"/> Sleep too much | <input type="checkbox"/> Abuse by spouse |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Strange thoughts | |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Problems with pornography | |
| <input type="checkbox"/> Sexual addiction | <input type="checkbox"/> Difficulties with friendships | |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Abusive to spouse | |
| <input type="checkbox"/> Loss of hope | <input type="checkbox"/> High blood pressure | |
| <input type="checkbox"/> Difficulty relaxing | <input type="checkbox"/> Nightmares | |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Irritability | |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Loss of initiative | |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drug problems | |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Alcohol problems | |
| <input type="checkbox"/> Dizziness | | |
| <input type="checkbox"/> Fainting | | |

Do any other physical/emotional conditions apply to you?

STRESS LEVEL

How would you evaluate your level of stress on a rating of 1-10 (10 = high stress)? Explain.

Are you struggling with attitudes such as resentment, anxiety, fear, pride, etc.?

How would you rate the level of pressure you feel to perform and succeed?

What relaxes and refreshes you?

How would you evaluate your level of restlessness?

RELATIONSHIPS

Do you have unresolved conflicts with people that need to be addressed?

Do you experience feelings of loneliness, isolation, or insecurity?

PERSONAL DEVELOPMENT

What have you always wanted to do but never had the time?

In what character areas do you feel the need to grow?

In what ways are you developing your God-given gifts and design?

II. SPIRITUAL INTIMACY

Assess your spiritual intimacy with God by assigning each aspect a number from 1 to 10 (10 = excellent).

- My intimacy with Christ is truly vibrant and growing.
- The Word and Spirit of God are speaking to me and guiding my mind, decisions, and significant relationships.
- I have passages and promises from God for life and ministry that motivate me in my walk with Him.
- In my time alone with God I'm growing in thankfulness, praise, and worship.
- Intercessory prayer tends to be foundational to everything I do.
- I'm praying and believing God for my life, ministry, and significant relationships.
- My spiritual disciplines are strong and consistent.
- My motivation to live a life of devotion to Christ in purity of heart, ministering out of interest in the welfare of others, is strong.
- The joys, hardships, sufferings, and circumstances of my life are drawing me to a deeper love for and dependence on Christ.
- I have a consistent inner sense that God deeply loves me, is present within me, is for me, and is active in my life.

Is there a spiritual discipline that I sense is weak and would like to grow in?

Reflect on the above parameters of your spiritual life, as well as any others that come to mind. Talk to God about them and ask Him to speak to you. Is He putting His finger on some area of your spiritual life, urging you to develop in it? If so, what?

III. MARITAL INTIMACY

Independently of one another, please assess the following areas of your marriage by assigning each aspect of intimacy a number from 1 to 10 (10 = excellent). Then enter your spouse’s ratings and compare.

VIEW OF		Aspect of Intimacy
<small>HUSBAND</small>	<small>WIFE</small>	
<input type="text"/>	<input type="text"/>	1. Our spiritual closeness through prayer and sharing the Word together is rich.
<input type="text"/>	<input type="text"/>	2. Frequent times of quality communication and special times away together are high priority.
<input type="text"/>	<input type="text"/>	3. We practice honest confession and genuine forgiveness when we hurt one another.
<input type="text"/>	<input type="text"/>	4. My spouse is good at sharing appreciation, and at speaking and showing love.
<input type="text"/>	<input type="text"/>	5. My spouse and I often agree on important issues concerning values and beliefs.
<input type="text"/>	<input type="text"/>	6. We generally understand and appreciate each other’s differences.
<input type="text"/>	<input type="text"/>	7. We often share deep feelings and strong emotions like grief, sadness, and joy.
<input type="text"/>	<input type="text"/>	8. We give each other undivided attention when listening or talking.
<input type="text"/>	<input type="text"/>	9. Our communication is characterized by sharing on important and significant issues.
<input type="text"/>	<input type="text"/>	10. The handling of finances isn’t usually a source of tension in our relationship.
<input type="text"/>	<input type="text"/>	11. My spouse and I understand and accept our marital roles.
<input type="text"/>	<input type="text"/>	12. My spouse is responsive and sensitive to my needs and desires concerning our relationship.
<input type="text"/>	<input type="text"/>	13. My spouse and I experience community and meaningful relationships with a few close friends.
<input type="text"/>	<input type="text"/>	14. We’re comfortable in our relationship with our children.
<input type="text"/>	<input type="text"/>	15. My spouse and I take part together in recreation, relaxation, and rest.
<input type="text"/>	<input type="text"/>	16. We have good and meaningful relationships with our in-laws and parents.
<input type="text"/>	<input type="text"/>	17. We partner together in some areas of common interests, and in ways that are consistent with individual design and desires.
<input type="text"/>	<input type="text"/>	18. Generally I am satisfied with our level of sexual intimacy.

ASSESSING YOUR LEVEL OF INTIMACY

A. Record your responses to the questions and share with one another.

B. Identify and talk about areas of significant agreement and disagreement.

AREAS OF AGREEMENT

AREAS OF DISAGREEMENT

As a couple, what are your three greatest strengths?

As a couple, what are your three greatest weaknesses?

Identify and agree on one or two issues as most important to focus on during your sabbatical.

IV. CAREGIVING AND COUNSELING

Is there anything else you'd like to discuss or explore?

Is there any area in which you seem unable to make progress on your own?

Have you seen counselors in the past? In what areas did you seek help?
Was it helpful? If so, how?

V. FINANCES

What is your level of stress with regard to finances?

Do you have a financial advisor?

Do you do an annual review of your assets and liabilities?

Do you have a monthly budget?

Do you have a retirement plan?