

Name: _____

Date: _____

Marriage Evaluation

To be completed by both spouses

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.

Communication:

- I am afraid to express thoughts, feelings, and/or opinions freely
- I don't feel heard by my partner
- My partner/ I respond inappropriately at times
- My partner/ I act 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
- 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
- Other: _____

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: _____