Marriage Survey (Wife)

Name :	Date:

Rate your marriage in terms of YOUR SATISFACTION in the following areas using a scale of 1-10 (10) being, *REALLY* satisfied; and (1) being *NOT* satisfied at all.

Time Together (Fun/Quality)	
Time Together (Planning/Working/Projects)	
Communication	
Finances	
Children	
Sex/Love Life	
Spiritual Life Together	
Relationship with your parents	
Relationship with your in-laws	
Overall Marriage	

Please return this completed form with your application. Thank you!