



## Weddings at Stonepoint Community Church

Thank you for your interest in having a SCC staff member perform your wedding ceremony. At SCC we believe one's wedding is one of the most important spiritual moments in a person's life. Therefore, we take our potential involvement in your wonderful occasion quite seriously. Our goal is not only to help you have a memorable wedding day, but to help prepare you and your future spouse to build a successful, lifelong partnership. To help make this happen, we've prepared this document to answer many of your questions. While a lifelong, loving marriage partnership doesn't come easily, we believe that with Jesus' help it is within everyone's reach. We're excited about how God can work in your relationship over the upcoming months!

Please review this document so that you will have a clear understanding of what the wedding process will look like from start to finish. If you make the decision to have a SCC wedding, complete a Wedding Request Form and Email the form to Stonepoint Community Church, Attn: Congregational Care, to [Weddings@stonepointcc.org](mailto:Weddings@stonepointcc.org). This form provides us with some important information about you.

The following is an explanation of what will take place once we have received your Wedding Request Form.

1. Congregational Care will review the Wedding Request Form to determine if the bride and/or groom meet the necessary requirements to be married at Stonepoint Community Church.
2. A staff member will be assigned to perform the wedding ceremony. Once a staff member has been assigned, the staff member will contact you to schedule a meeting to discuss the wedding date, plans and other ideas. At this meeting, the SCC Wedding Agreement will be reviewed and signed by the couple and the staff member.
3. In order for a SCC staff member to perform a wedding, the couple must:
  - a. Successfully complete the premarital spiritual guidance program. The program must be completed at least 1 month prior to the wedding date.
  - b. Schedule 3 follow-up spiritual guidance sessions. The sessions must be set for 3 months, 6 months and 12 months after the wedding day.

At the conclusion of spiritual guidance, if an outside Christian counselor is used then they will be required to send a letter to the SCC staff member stating that the sessions were successfully completed and include the dates for the 3 follow-up sessions. This letter must be received no later than 30 days prior to the wedding.

4. If a couple wants to be married by an SCC staff member and they are living together and/or sexually active, the couple must agree to stay apart sexually from the date of signing the SCC Wedding Agreement until the wedding night. Because the Bible clearly teaches that a man and a woman should not have sex before they are married, we believe this commitment before marriage is the best way to start fresh and do things God's way.
5. The SCC staff member and the couple will meet two additional times prior to the wedding ceremony. The first meeting will be conducted to finalize wedding plans and the second meeting will be the actual wedding rehearsal.
6. It is the responsibility of the couple to obtain the marriage license prior to the wedding. The SCC staff member will be responsible for mailing the marriage license to the county office.
7. On the day of the wedding, the ceremony will take place with the SCC staff member arriving approximately 45 minutes prior to the wedding and leaving after the ceremony is completed and the marriage license is signed. While the staff member and his/her family may choose to join the wedding party for the reception, this may not be possible and therefore should not be expected.
8. SCC staff members believe that God's intention is for partners to be married for life; however, they also understand that people make mistakes. SCC staff members will marry those who have been divorced. We do require that the couple make this a major area of exploration in their spiritual guidance sessions.
9. SCC's current facility is available, but couples can also rent other church buildings, chapels, community buildings and outdoor facilities for their ceremony. Regarding the other aspects of the ceremony, such as programs, flowers, and musicians, it is the responsibility of the couple to make these arrangements. The SCC staff member will gladly assist as much as possible to provide contacts and direction.
10. An honorarium of \$250 or more will be expected for the wedding ceremony. The fee is to be paid directly to the SCC staff member performing the ceremony.
11. A Facility Usage Fee of \$250 can be given for the use of SCC facilities. If sound/technical support is required from SCC during the ceremony, a fee of \$25/hour is to be paid directly to the technician.
12. In order to meet the requirements for a SCC wedding, we recommend that you initiate the wedding process 12 months prior to your wedding date. SCC does not schedule weddings on Easter and Thanksgiving weekends, or the weeks before or after Christmas.

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(Sign)

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(Sign)



## Consent to Spiritual Guidance Form

**Fees** - While we do not charge fees for our sessions please remember that time is valuable and if you would like to put in a free will offering or a honorarium please feel free to do so in the church offering.

**Church Services** - Because we know that faith comes by hearing and hearing the Word of God, in order to participate in Spiritual Guidance you **must attend a minimum of one** Stonepoint service per week.

**Accountability** - A counselor will not meet with someone of the opposite sex behind closed doors unless there is a third party present. However, they may meet in a location that is either public or with an open door with others present in the surrounding offices to provide accountability.

**Our Goal:** Our goal in providing Christian spiritual guidance is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and enable you to enjoy fully His love for you and His plans for your life.

**Biblical Basis:** We believe that the Bible provides guidance and instruction for faith and life. Therefore, our spiritual guidance is based off scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

**Not Professional Advice:** Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice and services that they do in their professional capacities. Therefore, if you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.

**Confidentiality:** Confidentiality is an important aspect of the spiritual guidance process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share in certain information with others: a) when a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or elder in this church; b) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; c) when there is a clear indication that someone may be harmed unless others intervene; or d) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors

strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

I may use or disclose information without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I have knowledge of or observe a child I know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I will report such.
- **Adult and Domestic Abuse:** Whenever I have knowledge of or observe an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local law enforcement agency. I do not have to report such an incident if:
  1. I have been told by an elder or dependent adult that he or she has not experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;
  2. I am not aware of any independent evidence that corroborates that the abuse has occurred;
  3. The elder or dependent adult has been diagnosed with a mental illness or dementia; and
  4. In the exercise of good judgment, I reasonably believe that the abuse did not occur.
- **Serious Threat to Health or Safety to Other Person:** If you communicate to me a serious threat of physical harm or violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to others, I may release relevant information as necessary to prevent the threatened danger.
- **Serious Threat to Health or Safety to Yourself (Suicide):** If you communicate to me a serious threat of physical harm or if I have reasonable cause to believe that you are in

such a condition, as to be dangerous to yourself, I may release relevant information as necessary to prevent the threatened danger. I may provide to law enforcement or persons able to prevent or mitigate a serious threat to the health or safety of yourself.

**Agreement:** By signing this consent, you agree that you will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records related to this counseling.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



Spiritual Guidance Center  
4445 W. Olive Ave  
STE #151  
Glendale, AZ 85302  
(623)33-STONE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I prefer you leave a message at the following number: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ at \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # Years Married: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referral Source: \_\_\_\_\_ May I acknowledge the referral? \_\_\_\_\_

Briefly describe why you are seeking therapy at this time and what goals you plan to accomplish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination? \_\_\_\_\_

Treating Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications:	Dosage	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Therapist: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Issues addressed in therapy:

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Do you currently have any medical conditions that you are being treated for? Yes No  
Please explain.

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If you have ever been hospitalized please list when and for what reason. (Please include pregnancy and abortion)

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Have you ever experienced any trauma in your life? Yes No  
If so, please briefly explain.

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List 5 things about yourself that you like:

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List 5 things about yourself that you would like to change:

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What are your major strengths?

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Have any anniversaries of importance or stressful events in your life occurred recently or are any due to occur soon?

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List any major problems or stressful events that other family members or close friends are currently dealing with:

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What solutions or efforts have you tried to solve the problems that bring you here?

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Do you have any religious affiliation? \_\_\_\_\_ If so, what denomination? \_\_\_\_\_  
Are you practicing or non-practicing in your faith? Where do you worship? \_\_\_\_\_

Do you want to have your faith integrated into therapeutic treatment? Yes No

### Family History

	Living	Deceased	Age	If living, location
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Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brothers:

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Sisters:

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Is there any family history of mental illness? Yes No

Are there issues with your family of origin that you believe are influencing the quality of your life today? If so, please describe:

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Do you drink alcohol? Yes No

If so, how much beer, wine or hard liquor do you consume each week on the average? \_\_\_\_\_

Have you ever felt the need to cut down on your drinking? Yes No

Have you ever felt annoyed by criticism of your drinking? Yes No

Have you ever felt guilty about your drinking? Yes No

Have you ever had a Driving Under the Influence arrest? Yes No Date: \_\_\_\_\_

Do you smoke cigarettes? Yes No How many packs per day? \_\_\_\_\_

Do you have any compulsive behaviors that you would like to address in therapy?

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**Please Note:** As church counselors, WE ARE NOT PROFESSIONALS, LICENSED PSYCHOLOGISTS, OR PSYCHIATRISTS. We simply offer you spiritual guidance based on the Word of God; and an opportunity for prayer led by the Holy Spirit.

# Emotional Needs Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

This questionnaire is designed to help you determine your most important emotional needs and evaluate your spouse's effectiveness in meeting those needs. Answer all the questions as candidly as possible. Do not try to minimize any needs that you feel have been unmet. If your answers require more space use and attach a separate sheet of paper.

Your spouse should complete a separate **Emotional Needs Questionnaire** so that you can discover his or her needs and evaluate your effectiveness in meeting those needs.

When you have completed this questionnaire, go through it a second time to be certain your answers accurately reflect your feelings. Do not erase your original answers, but cross them out lightly so that your spouse can see the corrections and discuss them with you.

The final page of this questionnaire asks you to identify and rank five of the ten needs in order of their importance to you. The most important emotional needs are those that give you the most pleasure when met and frustrate you when unmet. Resist the temptation to identify as most important only those needs that your spouse is not presently meeting. Include all your emotional needs in your consideration of those that are most important.

Emotional Needs Questionnaire

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**1. Affection (the expression of love in words, cards, gifts, hugs, kisses, and courtesies; creating an environment that clearly and repeatedly expresses love).**

**A. Need for affection:** Indicate how much you need affection by circling the appropriate number:

0	1	2	3	4	5	6
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I have no need for affection		I have a moderate need for affection		I have a great need for affection		

How often would you like your spouse to be affectionate to you?

\_\_\_\_\_ times each day/week/month (circle one).

If you are not shown affection by your spouse as often as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to be shown affection.

**B. Evaluation of spouse's affection:** Indicate your satisfaction with your spouse's affection toward you by circling the appropriate number.

-3	-2	-1	0	1	2	3
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I am extremely dissatisfied		I am neither satisfied nor dissatisfied		I am extremely satisfied		

My spouse gives me (circle the appropriate letter)

- a. all the affection I need, and I like the way he/she does it.
- b. not enough affection, but when he/she does it, it is the way I like it.
- c. all the affection I need, but it is not the way I like it.
- d. not enough affection, and when he/she tries, it is not the way I like it.

Explain how your need for affection could be better satisfied in your marriage.

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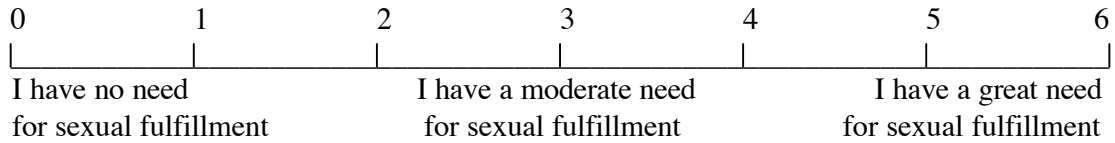
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Emotional Needs Questionnaire

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**2. Sexual Fulfillment (a sexual experience that brings out a predictably enjoyable sexual response in both of you that is frequent enough for both of you).**

**A. Need for sexual fulfillment:** Indicate how much you need sexual fulfillment by circling the appropriate number.



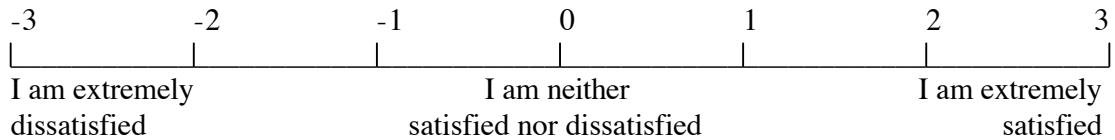
How often would you like your spouse to engage in sexual relations with you?

\_\_\_\_\_ times each day/week/month (circle one)

If your spouse does not engage in sexual relations with you as often as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to engage in sex.

**B. Evaluation of sexual relations with your spouse:** Indicate your satisfaction with your spouse's sexual relations with you by circling the appropriate number.



My spouse gives me (circle the appropriate letter)

- a. all the sex I need, and I like the way he/she does it.
- b. not enough sex, but when he/she does it, it is the way I like it.
- c. all the sex I need, but it is not the way I like it.
- d. not enough sex, and when we do have sex, it is not the way I like it.

Explain how your need for sexual fulfillment could be better satisfied in your marriage.

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Emotional Needs Questionnaire

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**3. Conversation (talking about events of the day, personal feelings, and plans for the future; showing interest in your favorite topics of conversation; balancing conversation; using it to inform, investigate, and understand you; and giving you undivided attention).**

**A. Need for conversation:** Indicate how much you need conversation by circling the appropriate number:

0	1	2	3	4	5	6
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I have no need for conversation		I have a moderate need for conversation		I have a great need for conversation		

How often would you like your spouse to talk with you?

\_\_\_\_\_ times each day/week/month (circle one).

If your spouse does not talk with you as often as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to talk with my spouse.

**B. Evaluation of conversation with your spouse:** Indicate your satisfaction with your spouse's conversation with you by circling the appropriate number.

-3	-2	-1	0	1	2	3
-----		-----		-----		
I am extremely dissatisfied		I am neither satisfied nor dissatisfied		I am extremely satisfied		

My spouse gives me (circle the appropriate letter)

- a. all the conversation I need, and I like the way he/she does it.
- b. not enough conversation, but when he/she does it, it is the way I like it.
- c. all the conversation I need, but it is not the way I like it.
- d. not enough conversation, and when we do, it is not the way I like it.

Explain how your need for conversation could be better satisfied in your marriage.

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**4. Recreational Companionship (developing interest in your favorite recreational activities, learning to be proficient in them, and joining you in those activities).**

**A. Need for recreational companionship:** Indicate how much you need recreational companionship by circling the appropriate number:

0	1	2	3	4	5	6
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I have no need for recreational companionship		I have a moderate need for recreational companionship		I have a great need for recreational companionship		

How often would you like your spouse join you in recreational activities?

\_\_\_\_\_ times each day/week/month (circle one).

If your spouse does not join you in recreational activities as often as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to join spouse in recreation.

**B. Evaluation of recreational companionship with your spouse:** Indicate your satisfaction with your spouse's recreational companionship with you by circling the appropriate number.

-3	-2	-1	0	1	2	3
-----		-----		-----		
I am extremely dissatisfied		I am neither satisfied nor dissatisfied		I am extremely satisfied		

My spouse gives me (circle the appropriate letter)

- a. all the recreational companionship I need, and I like the way he/she does it.
- b. not enough recreational companionship, but when he/she does it, it is the way I like it.
- c. all the recreational companionship I need, but it is not the way I like it.
- d. not enough recreational companionship, and when he/she tries, it is not the way I like it.

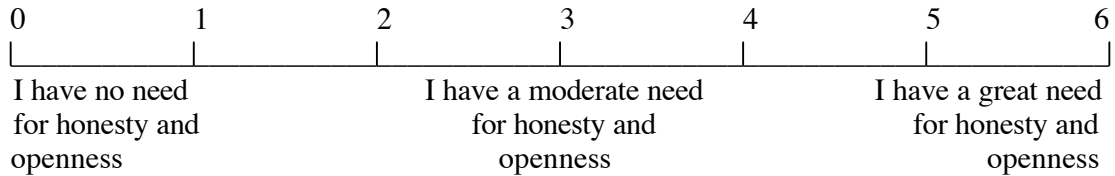
Explain how your need for recreational companionship could be better satisfied in your marriage.

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**5. Honesty and Openness (revealing positive and negative feelings, events of the past, daily events and schedule, plans for the future; not leaving a false impression; answering questions truthfully and completely).**

**A. Need for honesty and openness:** Indicate how much you need honesty by circling the appropriate number:



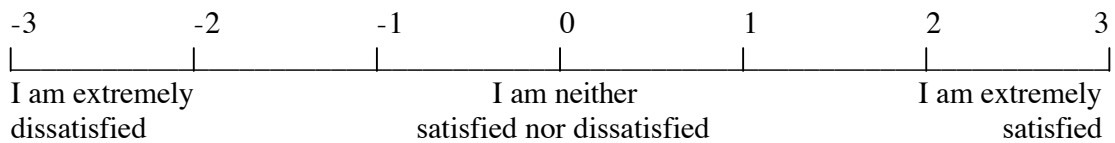
Which of the following areas of honesty and openness would you like from your spouse (circle the letter(s) that apply to you)?

- a. Sharing positive and negative emotional reactions to significant aspects of life.
- b. Sharing information regarding his/her personal history.
- c. Sharing information about his/her daily activities.
- d. Sharing information about his/her future schedule and plans.

If your spouse fails to be open and honest in those areas that you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to have honesty and openness.

**B. Evaluation of spouse's honesty and openness:** Indicate your satisfaction with your spouse's honesty and openness with you by circling the appropriate number.



My spouse is (circle the appropriate letter)

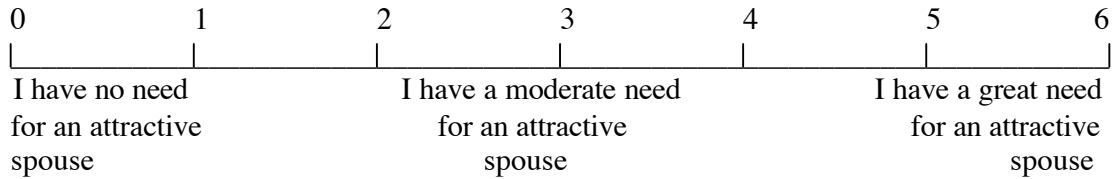
- a. honest and open with me, and I like the way he/she does it.
- b. not honest and open enough with me, but when he/she does it, it is the way I like it.
- c. honest and open with me, but it is not the way I like it.
- d. not honest and open with me, and when he/she tries, it is not the way I like it.

Explain how your need for honesty & openness could be better satisfied in your marriage.

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**6. An Attractive Spouse (keeping physically fit with diet and exercise, wearing hair and clothing in a way that you find attractive and tasteful).**

**A. Need for an attractive spouse:** Indicate how much you need an attractive spouse by circling the appropriate number:



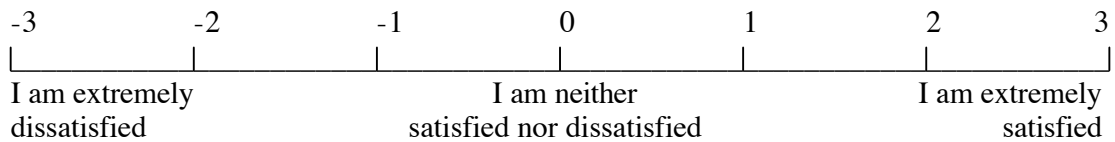
Which of the following characteristics of attractiveness mean the most to you (circle the letter(s) that apply to you)?

- a. Physical fitness and normal weight.
- b. Attractive choice of clothes.
- c. Attractive hairstyle.
- d. Good physical hygiene.
- e. Attractive facial makeup.
- f. Other \_\_\_\_\_

If your spouse does not have those characteristics that you circled above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to have an attractive spouse.

**B. Evaluation of spouse's attractiveness:** Indicate your satisfaction with your spouse's attractiveness by circling the appropriate number.



My spouse is (circle the appropriate letter)

- a. attractive to me, and I like the way he/she does it.
- b. not attractive to me, but when he/she was, I like the way he/she achieved it.
- c. attractive to me, but I do not like the way he/she achieves it.
- d. not attractive to me, and when he/she was, I did not like the way it was achieved.

Explain how your need for an attractive spouse could be better satisfied in your marriage.

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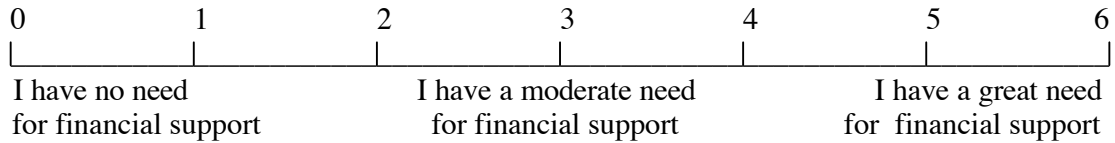


Emotional Needs Questionnaire

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**7. Financial Support (the provision of financial resources to house, feed, and clothe your family at a standard of living acceptable to you, but avoiding travel and working hours that are unacceptable to you).**

**A. Need for financial support:** Indicate how much you need financial support by circling the appropriate number:

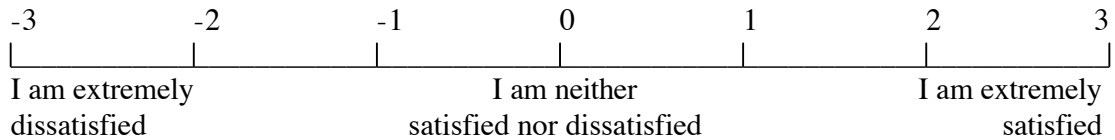


How much money would you like your spouse to earn to support you (and your children)? \_\_\_\_\_

If your spouse does not earn the amount you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to have my spouse provide support.

**B. Evaluation of spouse's financial support:** Indicate your satisfaction with your spouse's financial support of you by circling the appropriate number.



My spouse (circle the appropriate letter)

- a. earns enough money to support me, and I like the way he/she earns it.
- b. does not earn enough to support me, but I like the way he/she earns it.
- c. earns enough money to support me, but I do not like the way he/she earns it.
- d. does not enough to support me, and I do not like the way he/she earns it.

Explain how your need for financial support could be better satisfied in your marriage.

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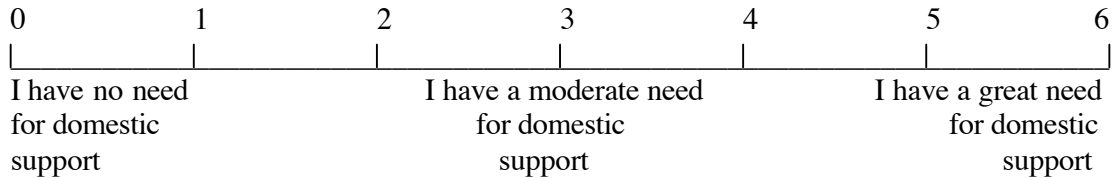
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Emotional Needs Questionnaire

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**8. Domestic Support** (creation of a home environment for you that offers a refuge from the stresses of life; management of the home and care of the children— if any are at home — including but not limited to cooking meals, washing dishes, washing and ironing clothes, housecleaning).

**A. Need for domestic support:** Indicate how much you need domestic support by circling the appropriate number:



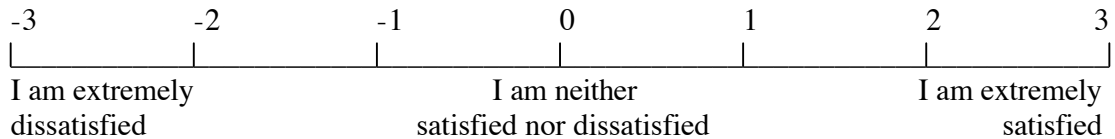
How much time would you like your spouse to be engaged in domestic support?

\_\_\_\_\_ hours each day/week/month (circle one).

If your spouse does not spend as much time engaged in domestic support as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to have domestic support.

**B. Evaluation of spouse's domestic support:** Indicate your satisfaction with your spouse's domestic support by circling the appropriate number.



My spouse gives me (circle the appropriate letter)

- a. all the domestic support I need, and I like the way he/she does it.
- b. not enough domestic support, but when he/she does it, it is the way I like it.
- c. all the domestic support I need, but it is not the way I like it.
- d. not enough domestic support, and when he/she tries, it is not the way I like it.

Explain how your need for domestic support could be better satisfied in your marriage.

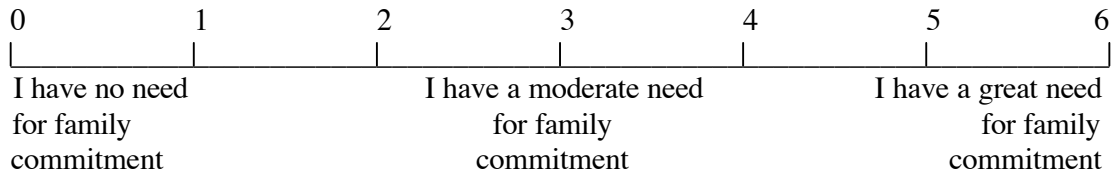
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**9. Family Commitment (scheduling sufficient time and energy for the moral and educational development of your children; reading to them, taking them on frequent outings, developing the skill in appropriate child-training methods and discussing those methods with you; avoiding any child-training methods or disciplinary action that does not have your enthusiastic support).**

**A. Need for family commitment:** Indicate how much you need family commitment by circling the appropriate number:



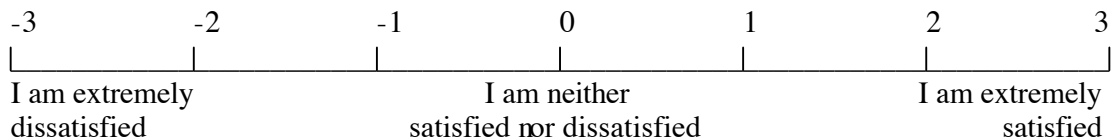
How much time would you like your spouse to be engaged in family commitment?

\_\_\_\_\_ hours each day/week/month (circle one).

If your spouse does not spend as much time engaged in family commitment as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to have family commitment.

**B. Evaluation of spouse's family commitment:** Indicate your satisfaction with your spouse's family commitment by circling the appropriate number.



My spouse (circle the appropriate letter)

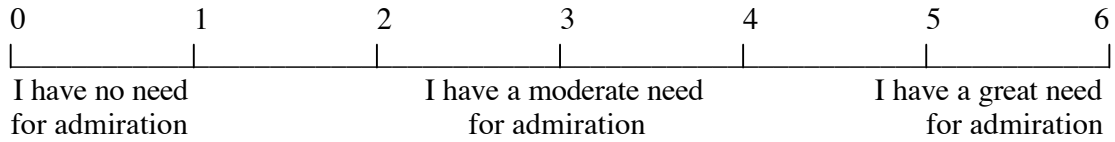
- a. commits enough time to the family, and spends it in ways that I like.
- b. does not commit enough time to the family, but when he/she does it, it's spent in ways that I like.
- c. commits enough time to the family, but does not spend it in ways that I like.
- d. does not commit enough time to the family, and when he/she does, it is not spent in ways that I like it.

Explain how your need for family commitment could be better satisfied in your marriage.

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**10. Admiration (respecting, valuing and appreciating you clearly and often).**

**A. Need for admiration:** Indicate how much you need admiration by circling the appropriate number:



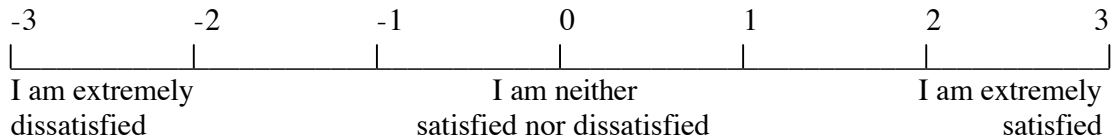
How often would you like your spouse to admire you?

\_\_\_\_\_ times each day/week/month (circle one).

If your spouse does not admire you as often as you indicated above, how does it make you feel (circle the appropriate letter)?

- a. Very unhappy.
- b. Somewhat unhappy.
- c. Neither happy nor unhappy.
- d. Happy not to be admired.

**B. Evaluation of spouse's admiration:** Indicate your satisfaction with your spouse's admiration toward you by circling the appropriate number.



My spouse gives me (circle the appropriate letter)

- a. all the admiration I need, and I like the way he/she does it.
- b. not enough admiration, but when he/she does it, it is the way I like it.
- c. all the admiration I need, but it is not the way I like it.
- d. not enough admiration, and when he/she tries, it is not the way I like it.

Explain how your need for admiration could be better satisfied in your marriage.

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## Ranking of Your Emotional Needs

The ten basic emotional needs are listed below. There is also space for you to add other emotional needs that you feel are essential to your marital happiness, but are not included in the list.

In the space provided in front of each need, write a number from 1 to 5 that ranks the need's most importance to your happiness. Write a "1" before the most important need, a "2" before the next most important, and so on until you have ranked all five.

To help you rank these needs, imagine that you will only have one need met in your marriage. Which would make you the happiest, knowing that all the others would go unmet? That need should be "1." If only two needs would be met, what would your second selection be? Which five needs, when met, would make you the happiest.

_____	Affection
_____	Sexual Fulfillment
_____	Conversation
_____	Recreational Companionship
_____	Honesty and Openness
_____	An Attractive Spouse
_____	Financial Support
_____	Domestic Support
_____	Family Commitment
_____	Admiration
_____	_____
_____	_____
_____	_____
_____	_____

## His Love Busters Questionnaire

This questionnaire is to be completed by the *husband*. It's designed to help identify your wife's Love Busters. Your wife engages in a Love Buster whenever one of her habits causes you to be unhappy. By causing your unhappiness, she withdraws love units from her account in your Love Bank, and that, in turn, threatens your romantic love for her.

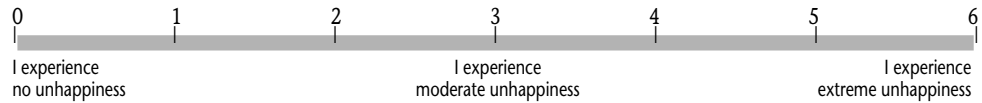
There are six categories of Love Busters. Each category has its own set of questions in this questionnaire. Answer all the questions as candidly as possible. Do not try to minimize your unhappiness with your wife's behavior. If your answers require more space, use and attach a separate sheet of paper.

When you have completed this questionnaire, go through it a second time to be certain your answers accurately reflect your feelings. Do not erase your original answers, but cross them out lightly so that your wife can see the corrections and discuss them with you.

The final page of this questionnaire asks you to rank the six Love Busters in order of their importance to you. When you have finished ranking the Love Busters, you may find that your answers to the questions regarding each Love Buster are inconsistent with your final ranking. This inconsistency is common. It often reflects a less than perfect understanding of your feelings. If you notice inconsistencies, discuss them with your wife to help clarify your feelings.

**1. Selfish Demands.** Attempts by your spouse to force you to do something for her, usually with implied threat of punishment if you refuse.

**A. Selfish Demands as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse makes selfish demands of you.



**B. Frequency of Spouse's Selfish Demands:** Indicate how often your spouse makes selfish demands of you.

\_\_\_\_\_ (write number) selfish demands  
each day/week/month/year (circle one).

**C. Form(s) Selfish Demands Take:** When your spouse makes selfish demands of you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Selfish Demands That Causes the Greatest Unhappiness:** Which of the above forms of selfish demands causes you the greatest unhappiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Selfish Demands:** When did your spouse first make selfish demands of you? \_\_\_\_\_

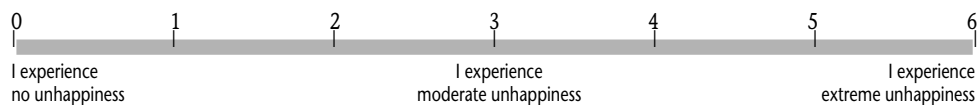
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Development of Selfish Demands:** Have your spouse's selfish demands increased or decreased in intensity and/or frequency since they first began? How do recent selfish demands compare to those of the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Disrespectful Judgments.** Attempts by your spouse to change your attitudes, beliefs, and behavior by trying to force you into her way of thinking. If (1) she lectures you instead of respectfully discussing issues, (2) feels that her opinion is superior to yours, (3) talks over you or prevents you from having a chance to explain your position, or (4) ridicules your point of view, she is engaging in disrespectful judgments.

**A. Disrespectful Judgments as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse engages in disrespectful judgments toward you.



**B. Frequency of Spouse’s Disrespectful Judgments:** Indicate how often your spouse tends to engage in disrespectful judgments toward you.

\_\_\_\_\_ (write number) disrespectful judgments  
each day/week/month/year (circle one).

**C. Form(s) Disrespectful Judgments Take:** When your spouse engages in disrespectful judgments toward you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Disrespectful Judgments That Causes the Greatest Unhappiness:** Which of the above forms of disrespectful judgments causes you the greatest unhappiness?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Disrespectful Judgments:** When did your spouse first engage in disrespectful judgments toward you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

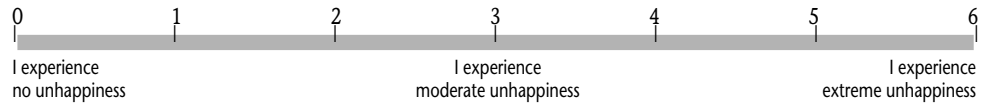
**F. Development of Disrespectful Judgments:** Have your spouse’s disrespectful judgments increased or decreased in intensity and/or frequency since they first began? How do recent disrespectful judgments compare to those of the past?

\_\_\_\_\_  
\_\_\_\_\_



**3. Angry Outbursts.** Deliberate attempts by your spouse to hurt you because of anger toward you. They are usually in the form of verbal or physical attacks.

**A. Angry Outbursts as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse attacks you with an angry outburst.



**B. Frequency of Spouse's Angry Outbursts:** Indicate how often your spouse tends to engage in angry outbursts toward you.

\_\_\_\_\_ (write number) angry outbursts  
each day/week/month/year (circle one).

**C. Form(s) Angry Outbursts Take:** When your spouse engages in angry outbursts toward you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Angry Outbursts That Causes the Greatest Unhappiness:** Which of the above forms of angry outbursts causes you the greatest unhappiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Angry Outbursts:** When did your spouse first engage in angry outbursts toward you? \_\_\_\_\_

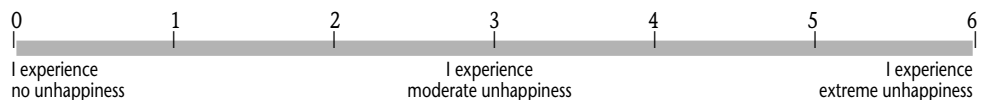
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Development of Angry Outbursts:** Have your spouse's angry outbursts increased or decreased in intensity and/or frequency since they first began? How do recent angry outbursts compare to those of the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Dishonesty.** Failure of your spouse to reveal her thoughts, feelings, habits, likes, dislikes, personal history, daily activities, and plans for the future. Dishonesty is not only providing false information about any of the above topics, but it is also leaving you with what she knows is a false impression.

**A. Dishonesty as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse is dishonest with you.



**B. Frequency of Spouse's Dishonesty:** Indicate how often your spouse tends to be dishonest with you.

\_\_\_\_\_ (write number) instances of dishonesty  
each day/week/month/year (circle one).

**C. Form(s) Dishonesty Takes:** When your spouse is dishonest with you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Dishonesty That Causes the Greatest Unhappiness:** Which of the above forms of dishonesty causes you the greatest unhappiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Dishonesty:** When was your spouse first dishonest with you? \_\_\_\_\_

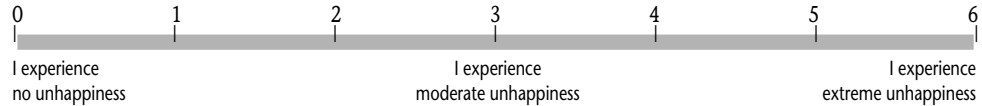
\_\_\_\_\_  
\_\_\_\_\_

**F. Development of Dishonesty:** Has your spouse's dishonesty increased or decreased in intensity and/or frequency since it first began? How do recent instances of dishonesty compare to those of the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Annoying Habits.** Behavior repeated by your spouse without much thought that bothers you. These habits include personal mannerisms such as the way your spouse eats, cleans up after herself, and talks.

**A. Annoying Habits as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse engages in annoying habits.



**B. Frequency of Spouse's Annoying Habits:** Indicate how often your spouse tends to engage in annoying habits.

\_\_\_\_\_ (write number) occurrences of annoying habits  
each day/week/month/year (circle one).

**C. Form(s) Annoying Habits Takes:** When your spouse engages in annoying habits toward you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Annoying Habits That Causes the Greatest Unhappiness:** Which of the above forms of annoying habits causes you the greatest unhappiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Annoying Habits:** When did your spouse first engage in annoying habits? \_\_\_\_\_

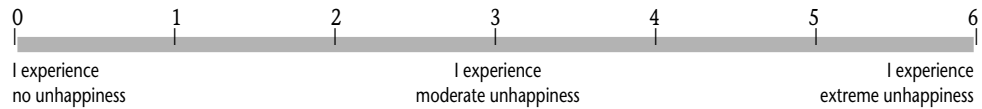
\_\_\_\_\_  
\_\_\_\_\_

**F. Development of Annoying Habits:** Have your spouse's annoying habits increased or decreased in intensity and/or frequency since they first began? How do recent annoying habits compare to those of the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Independent Behavior.** Behavior conceived and executed by your spouse without consideration of your feelings. These behaviors are usually scheduled and require thought to complete, such as attending sporting events or engaging in a personal exercise program.

**A. Independent Behavior as a Cause of Unhappiness:** Indicate how much unhappiness you tend to experience when your spouse engages in independent behavior.



**B. Frequency of Spouse's Independent Behavior:** Indicate how often your spouse tends to engage in independent behavior.

\_\_\_\_\_ (write number) occurrences of independent behavior  
each day/week/month/year (circle one).

**C. Form(s) Independent Behavior Takes:** When your spouse engages in independent behavior toward you, what does she typically do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. Form of Independent Behavior That Causes the Greatest Unhappiness:** Which of the above forms of independent behavior causes you the greatest unhappiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Onset of Independent Behavior:** When did your spouse first engage in independent behavior? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**F. Development of Independent Behavior:** Has your spouse's independent behavior increased or decreased in intensity and/or frequency since it first began? How does recent independent behavior compare to that of the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Ranking Her Love Busters

The six basic categories of Love Busters are listed below. There is also space for you to add other categories of Love Busters that you feel contribute to your marital unhappiness. In the space provided in front of each Love Buster, write a number from 1 to 6 that ranks its relative contribution to your unhappiness. Write a 1 before the Love Buster that causes you the greatest unhappiness, a 2 before the one causing the next greatest unhappiness, and so on, until you have ranked all six.

- \_\_\_\_\_ Selfish Demands
- \_\_\_\_\_ Disrespectful Judgments
- \_\_\_\_\_ Angry Outbursts
- \_\_\_\_\_ Dishonesty
- \_\_\_\_\_ Annoying Behavior
- \_\_\_\_\_ Independent Behavior
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_