

# LET'S GET TO KNOW ONE ANOTHER

## PERSONALITY:

1. Describe yourself in terms of personal characteristics:

a. Positive traits:

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b. Negative traits:

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2. Describe your fiancé (fiancée) in terms of personal characteristics:

a. Positive traits:

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b. Negative traits:

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3. What changes do you think your fiancé (fiancée) would like to make in your life?

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4. What changes would you like to make in her (his) life?

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5. Who do you feel is the leader (i.e. decision maker) in your relationship?

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6. What do you do when you get angry with your fiancé (fiancée)?

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**FUTURE GOALS:**

1. List (in order of importance) 5 goals that you are seeking to achieve in your lifetime.

a.

b.

c.

d.

e.

2. What do you consider to be the primary goals of your parents?

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How well have they achieved them?

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3. What gifts or abilities has God given to you?

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4. What do you foresee your vocation in life to be?

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5. Where would you like to live? (i.e. state, part of country, etc.)

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**VALUES:**

1. List the following subjects in order of priority in your life.  
(education, vocation, family, self, church, money, spouse, God)

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|----|----|
| a. | e. |
| b. | f. |
| c. | g. |
| d. | h. |

2. In one brief paragraph, explain your purpose in living.

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## **PARENTS AND IN-LAWS:**

1. Describe your parents:

a. Things I like about them:

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b. Things I don't like about them:

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2. Describe your in-laws:

a. Things I like about them:

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b. Things I don't like about them:

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3. How do your parents feel about your marriage?

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4. Who is the decision maker among your parents?

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## **RECREATION:**

1. What do you like to do in your spare time?

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2. What interests and hobbies

a. do you share with your fiancé (fiancée)?

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b. are not shared with your fiancé (fiancée)?

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3. What qualities and interests do you look for in friends?

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## **SEX:**

1. Do you know of any reason you could not have children (i.e. physiological problems, etc.)?

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2. What impressed you positively or negatively about your parent's sexual relationship?

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3. Do you feel adequately informed about sexual processes?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you planning to have children?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

5. Have you discussed whether or not to use birth control?

Yes \_\_\_\_\_ No \_\_\_\_\_