



HOUSE ON THE ROCK
home for all

**FAMILY LIFE DIRECTORATE
2-IN-1 DEPARTMENT**

Post-marital Counseling Questionnaire

PART A – BACKGROUND/FAMILY INFORMATION

1. Name:
2. Address (Home):
Address (Office):
3. Date of Birth: 4. Sex:
5. Home Telephone: Mobile Nos:
E-Mail
6. Place of Birth:
7. State of Origin:
8. Nationality:
9. Educational Qualification:
10. Occupation:
11. Marital Status:(Married/Divorced/Widowed/Widower/Separated)
12. Where and when did you get married (State the name of Church/Registry, location, and wedding date)?.....
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13. Did you undergo pre-marital Counseling?.....
14. How long before marriage did you know your wife?.....
15. How long was your courtship period?.....
16. Do you have children, If yes, how many and sex of children?.....
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17. Is this your first marriage, if not please explain?
.....
18. Mode of Accommodation (please tick)
 - a. Living with Parents / Relative
 - b. Living with Non-Relative
 - c. Rented Apartment
 - d. Owner Occupier

19. No. of Brothers: No. of Sisters:
20. What is your position in the Family:
21. a.) Name of Father:
- b.) Age of Father:
- c.) Occupation:
- d.) Is your Father Born-Again?
- e.) If not what is he?
- f.) Father's State of Origin:
- g.) Is your Father married / separated / divorced from your mother?
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- h.) Is your Father a Polygamist?
22. a.) Name of Mother:
- b.) Age of Mother:
- c.) Occupation:
- d.) Is your Mother Born-Again?
- e.) If not what is she?
- f.) Mother's State of Origin:
- g.) Is your Mother married / separated / divorced from your Father?
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- h.) Is your Mother a Polygamist?
23. Are any of your siblings married/divorced/ separated (Please explain) ?
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PART B (1) – SPIRITUAL BACKGROUND

1. Are you Born-Again?
2. When did you give your life to Christ and where?
3. Are you Baptised in the Holy Ghost?
4. When did you receive your first Baptism of the Holy Ghost?
5. Since giving your life to Christ what particular gifts have you observed you function best in:
.....

6. Have you ever been active in any local assembly? Briefly explain

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7. What do you believe is the call of God upon your life?

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8. How has marriage helped to accomplish this call?

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9. For House on the Rock members only:

- 1) How long have you been in HOTR?
- 2) Have you attended finding the Rock class?
- 3) Have you attended Spiritual Authority class?
- 4) Are you actively serving in any department in HOTR? Name your department and Head of Department. If you are not serving explain why.

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- 5) What is your nearest Church in the Home (CITH) ?
- 6) What is the name of your CITH Leader?
- 7) How often do you attend CITH?

PART B (2) - HABITS

1. Is this one of the things you are praying to overcome? Please tick the appropriate boxes.

- | | |
|---|---|
| <input type="checkbox"/> Inability to finish what you start to do | <input type="checkbox"/> Too much attachment to material things |
| <input type="checkbox"/> In submissiveness | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Rebellion | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Bad dreams | <input type="checkbox"/> Planlessness |
| <input type="checkbox"/> Familiar Spirits | <input type="checkbox"/> Selfishness |
| <input type="checkbox"/> Harsh words | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Backsliding | <input type="checkbox"/> Indifference |
| <input type="checkbox"/> Criticism | <input type="checkbox"/> Infirmary |
| <input type="checkbox"/> Domineering Character | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Poor Leadership |
| <input type="checkbox"/> Sexual lust | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Doubts | <input type="checkbox"/> Fault Finding |
| <input type="checkbox"/> Self Pity | <input type="checkbox"/> Unforgiveness |
| <input type="checkbox"/> Murmuring | <input type="checkbox"/> Inability to Rest |
| <input type="checkbox"/> Hatred | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Self Condemnation |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Impatience |
| <input type="checkbox"/> Unbelief | <input type="checkbox"/> Strife |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Power Strubbling |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Intolerance |
| | <input type="checkbox"/> Jealousy |

What impact has this habit had on your marriage?

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PART C – GENERAL INFORMATION

- 1. Are you currently employed?
- 2. Are you self-employed?
- 3. What is the nature of your job?
- 4. Is your job in Lagos?
- 5. Does your job take you out of Lagos quite often?
- 8. Access your relationship using the following guidelines
 - a) Love
 -
 -
 - b) Communication
 -
 -
 - c) Spiritual Compatibility
 -
 -
 - d) Ability to resolve conflicts amicably
 -
 -
 - e) Social Life (going out for drinks / dinner / picnic etc.)
 -
 -
 - f) Praying together and for each other
 -
 -
 - g) Intellectual Compatibility
 -
 -
 - h) Physical Compatibility
 -
 -
 - i) Compatibility as Parents (If you have children).....
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9. Your income bracket (per annum) as at date

- Under 250,000 (Naira)
- 250,000 – 500,000 (Naira)
- 500,000 – 1,500,000 (Naira)
- 1,500,000 – 3,000,000 (Naira)
- 3,000,000 & above (Naira)

12. What area of your life do you feel you need to deal with, which otherwise can hinder your marriage?

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13. What area of your spouse' life do you feel he/she needs to deal with, which otherwise can hinder your marriage?

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14. What attributes does your spouse possess that made you marry him/her?

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15. Are you committed to making your marriage work?

16. How

17. Any comments you might want to make on issues we did not mention in this questionnaire:

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Your Name

Name of Spouse

Date.