

Name: _____

Date: _____

Values Clarification: How important do you think the following are / will be in your relationship with each other, on a scale of 0-5?

	Now / Near Future	Later in Life
Your Family		
Their Family		
Sex		
Children		
Financial Security		
Social Life		
Health		
Luxuries		
Religion		
Recreation		

Trust & Confidence: How comfortable do you feel about your spouse making decisions in the following areas, on a scale of 0-5?

Household Finances	
Holiday with Families	
Where you live	
Birth Control	
Child Care & Upbringing	
Legal Transactions	
Medical Decisions	
Major Purchases	
Scheduling Family	