

**YOUR PERSONAL HISTORY**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Fiancé(e)'s Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Wedding Date: \_\_\_\_\_

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

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

Your Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of employment at current job: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

Previously married?  Yes  No How many times? \_\_\_\_\_

Divorced?  Yes  No When was it finalized? \_\_\_\_\_

Widowed?  Yes  No How long ago? \_\_\_\_\_

Number of years previously married: \_\_\_\_\_

Children (if any) Names & Birthdates: \_\_\_\_\_

Do you attend Church?  Yes  No

Name of church you attend: \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

If you do not attend church, please explain why: \_\_\_\_\_

## Section One: YOUR RELATIONSHIP HISTORY

### *Your Current Relationship Story*

1. How we met: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What attracted me to her/him: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How long we have been dating: \_\_\_\_\_
4. Have you ever broken off your relationship? \_\_\_\_\_  
Why did this happen? \_\_\_\_\_  
Why did you get back together? \_\_\_\_\_

### *About Your Friendships and Previous Dating Relationships*

1. Friendships for me have generally been (check one)  
 Easy, like falling off a log  
 So-so, I can take 'em or leave 'em  
 A challenge, a lot of work but satisfying and rewarding  
 Discouraging, more pain than I bargained for  
 Absent, I've never really had a truly close friend  
Now share why you checked the box you did: \_\_\_\_\_  
\_\_\_\_\_
2. Who are two of your closest friends, how long have you been friends, and what makes those relationships special? \_\_\_\_\_  
\_\_\_\_\_
3. What are three to five adjectives these friends would use to describe you? \_\_\_\_\_  
\_\_\_\_\_
4. Describe a serious dating relationship from the past. Briefly state how it began, progressed, and ended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Can you identify any patterns that seem to be present in your relationships with the opposite sex? (Examples: "I tend to fall hard and fast, then get hurt" or "I am generally the more committed one in a relationship.") \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. How do your friends feel about your choice of a mate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Personality Profile*

Beginning with section I and working downward, in the space provided, identify the degree in which each characteristic or behavior most accurately describes you at home or in the relationships with your loved ones. Please use the following scale:

0 – not at all                      1 – somewhat                      2 – mostly                      3 – very much

I	II	III	IV
___ likes control	___ enthusiastic	___ sensitive	___ consistent
___ confident	___ visionary	___ calm	___ reserved
___ firm	___ energetic	___ non-	___ practical
___ likes	___ promoter	___ demanding	___ factual
___ challenge	___ mixes easily	___ enjoys routine	___ perfectionistic
___ problem-	___ fun-loving	___ relational	___ detailed
___ solver	___ spontaneous	___ adaptable	___ inquisitive
___ bold	___ likes new	___ thoughtful	___ persistent
___ goal driven	___ ideas	___ patient	___ sensitive
___ strong willed	___ optimistic	___ good listener	___ accurate
___ self-reliant	___ takes risks	___ loyal	___ controlled
___ persistent	___ motivator	___ even-keeled	___ predictable
___ takes charge	___ very verbal	___ gives in	___ orderly
___ determined	___ friendly	___ indecisive	___ conscientious
___ enterprising	___ popular	___ dislikes	___ discerning
___ competitive	___ enjoys variety	___ change	___ analytical
___ productive	___ group oriented	___ dry humor	___ precise
___ purposeful	___ initiator	___ sympathetic	___ scheduled
___ adventurous	___ inspirational	___ nurturing	___ deliberate
___ independent	___ likes change	___ tolerant	
___ action-		___ peace maker	
___ oriented			
TOTAL:	TOTAL:	TOTAL:	TOTAL:

The personality inventory you just took is not a test that you fail or pass. It is like a fingerprint that shows your tendencies. Discovering your personality tendencies in relationships helps to show where your strengths and weaknesses exist. Now, let's take a closer look at four different personality types based on the four columns above.

	Lion (I)	Otter (II)	Golden Retriever (III)	Beaver (IV)
<b>Relational Strengths</b>	Takes charge Problem solver Competitive Enjoys change Confrontational	Optimistic Energetic Motivators Future-oriented	Warm/Relational Loyal Enjoys Routine Peace-maker Sensitive	Accurate/Precise Quality control Discerning Analytical
<b>Strengths out of Balance</b>	Too direct Impatient Too busy Cold-blooded Impulsive Big risk-taker Insensitive to others	Unrealistic Daydreamer Over-bearing Manipulative/pushy Avoids details Lacks follow-through	Attract the hurting Stuck in a rut Easily hurt Holds a grudge Missed opportunities	Too critical Too strict Controlling Pessimist Lose overview
<b>Communication Style</b>	Direct or blunt One-way  <u>Weakness:</u> Not as good a listener	Can inspire others Optimistic Enthusiastic One-way  <u>Weakness:</u> High energy can manipulate others	Indirect Two-way Great listener  <u>Weakness:</u> Uses too many words or provides too many details	Factual Two-way Great listener (tasks)  <u>Weakness:</u> Desire for detail and precision can frustrate others
<b>Relational Needs</b>	Personal attention & recognition for what they do. Areas where he/she can be in charge. Opportunity to solve problems. Freedom to change. Challenging activities.	Approval. Opportunity to verbalize. Visibility. Social recognition.	Emotional security. Agreeable. Environment.	Quality. Exact expectations.
<b>Relational Balance</b>	Add softness. Become a great listener.	Be attentive to mate's needs. There is such a thing as too much optimism.	Learn to say "NO" to establish emotional boundaries. Learn to confront when own feelings are hurt.	Total support is not always possible. Thorough explanation isn't everything.

## Section Two: Your Family

### *Home Environment*

1. How would you describe your childhood?

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What was the best thing about your childhood?

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What was the most difficult thing about your childhood?

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2. What was your family's socioeconomic background as you were growing up? \_\_\_\_\_

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What is it now? \_\_\_\_\_

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How would you describe the emotional environment of the home you grew up in? \_\_\_\_\_

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3. Did you experience any type of abuse (physical, emotional, sexual) as you grew up?

Yes  No

Explain. \_\_\_\_\_

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4. What hardships (traumatic, tragic events or financial difficulties) did your family experience?

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5. As you look back over your family history, do you see any legacies that have been passed from one generation to the next? (For example, one family might pass on a tradition of trusting God in tough circumstances, while another family might pass on a tendency toward turning to alcohol to alleviate problems.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever experienced any compulsions or addictions (alcohol, drugs, pornography, etc.)? \_\_\_\_\_
7. Have you ever sought or received counseling for any problems in relationships? If yes, was it helpful? Why or why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Parents*

1. What word would you use to describe your parents' marriage? \_\_\_\_\_  
 Tell why you chose that descriptive word. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. As parents, what did your mom and dad do well?

Dad	Mom

3. As parents, what do you wish they would have done differently?

Dad	Mom

4. Describe the most significant impact your parents have had on you (positive or negative).

Dad	Mom

5. What roles did your parents assume in the household? \_\_\_\_\_

Who was the leader in the marriage? \_\_\_\_\_

What was the leader as a parent? \_\_\_\_\_

How did they make decisions? \_\_\_\_\_

6. Choose three to five adjectives to describe your relationship with your father and tell why you chose them. \_\_\_\_\_

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7. Choose three to five adjectives to describe your relationship with your mother and tell why you chose them. \_\_\_\_\_

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8. In what ways are you like each of your parents? \_\_\_\_\_

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9. In what ways are you different? \_\_\_\_\_

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10. Are there any unresolved issues between you and your parents? Articulate them here if you can. \_\_\_\_\_

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11. If your parents have never divorced, what kept them together? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. If they were divorced, what broke them up, from your perspective? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Do you feel you were a part of the problem? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. How has that affected your relationship with each of them? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. What kind of impact has your parents' divorce had on your perception of a successful marriage? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. How do your parents feel about your choice of a mate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Do you have your parents' blessing for your upcoming marriage? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Siblings and Other Relatives*

1. Rate your relationships with each of your siblings:

	Distant				Close
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5

2. With what relatives do you have a special and unique relationship and what makes it unique (grandparents, aunts, uncles, cousins, etc.)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Section Three: YOUR SPIRITUAL JOURNEY

1. What kind of religious upbringing did you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What role does God play in your life today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Calvary Christian Church is committed to building strong marriages with Christ at the center. Why do you think Jesus Christ came to earth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How certain are you that you are going to heaven when you die?

Absolutely certain

Sort of certain

Not certain at all

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is your relationship with Jesus Christ right now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe your spiritual life over the past 10 years. What were the high points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the low points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What caused growth and prevented growth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Check the areas of your life in which you find it difficult to trust God and give Him complete control of:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Sex          | <input type="checkbox"/> Relationship w/parents | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Thought Life | <input type="checkbox"/> Finances               | <input type="checkbox"/> Anger           |
| <input type="checkbox"/> Worry        | <input type="checkbox"/> My future              | <input type="checkbox"/> Critical Spirit |
| <input type="checkbox"/> Career       | <input type="checkbox"/> Decision making        | <input type="checkbox"/> Relationships   |
| <input type="checkbox"/> Other _____  |   |  |

8. How has your involvement in a local church helped you grow in your relationship with Christ and in your outreach to others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What part has Jesus Christ played in your dating relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section Four: FINANCES & HEALTH HISTORY

1. What has been your history in handling finances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your strengths and weaknesses in handling money? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What type of debt do you currently have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What types of health (physical or mental) issues have you dealt with in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What type of health issues are you dealing with currently? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section Five: YOUR LIFE MAP

If you were to draw out your life from birth to this day, you would have before you a map of sorts. It would show where you started, turns you've made along the way, rivers you've crossed, mountains you've climbed. It may even show where you drove off the road, suffered an accident, or maybe had a flat tire along the way.

This project is designed to help you draw that map—for your benefit and your fiancé (e)'s.

*(COMPLETE YOUR LIFE MAP PRIVATELY AND DO NOT INTERACT WITH YOUR FIANCE (EE) AS YOU WORK ON IT - YOU WILL USE IT IN A COMMUNICATION EXERCISE IN CHAPTER FOUR.)*

You'll both get a bird's-eye view of the major milestones that have shaped how you view yourselves and the world around you. The insights you gain, into your own life and your fiancé (e)'s life will deepen your understanding and appreciation of your unique relationship.

### *Milestones*

Answer the following questions to help you identify the major milestones in your life. As you consider each period of your life, here are some topics to think about:

- ♥Favorite teachers, coaches, Sunday School teachers, youth workers, others who shaped your view of yourself and the world;
- ♥Family events and relationships: vacations, tragedies, moves, sibling relationships, secrets;
- ♥Hobbies and interests, sports, activities (Scouts, piano, tennis, etc.);
- ♥Best friends, dating relationships;
- ♥Good and bad decisions you've made;
- ♥Spiritual highs and spiritual lows;
- ♥Goals accomplished and goals yet to be met;
- ♥Jobs you've had.

### BIRTH THROUGH ELEMENTARY SCHOOL

1. List at least three memories that you can vividly recall about this period of your life. \_\_\_\_\_

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### JUNIOR HIGH THROUGH HIGH SCHOOL

2. List at least five events/circumstances/experiences that you think shaped your life during this period. \_\_\_\_\_

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POST-HIGH SCHOOL TO THE PRESENT

3. List at least five events/circumstances/experiences that you would consider “life-changing” from this period of your life. \_\_\_\_\_

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*Milestones to Mile Markers*

Now you are going to turn these milestones in your life into “mile markers” on your own Life Map. A mile marker tells you where you are, how far you’ve come and how far you have to go. Choose the milestones from the first section that you would like to plot on your Life Map and plot them at the appropriate spot.

Use the sample Life Map given as a guide in developing your own. The following are key things to remember:

- ♥ This is not meant to be an exhaustive life history. It is meant to be a simple, clear overview of the major milestones in your life and how they affected you.
- ♥ The midline is emotional neutral. Anything above the midline indicates you found this to be a particularly enriching event/circumstance/experience. Anything below the midline indicates you found this to be a particularly difficult or troubling event/circumstance/experience.
- ♥ All of us have highs and lows in the normal ebb and flow of life. Points above and below the midline are not indicative of the value or quality of your life. They simply point out the major milestones of your life, how you view them and how they’ve influenced you.

(Try to plot *at least 7* and *no more than 12* mile markers.)

PERSONAL VICTORIES AND DISAPPOINTMENTS

4. What have been your biggest successes at work? \_\_\_\_\_

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5. What have been your biggest challenges at work? \_\_\_\_\_

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6. What are the most courageous things you’ve ever done? \_\_\_\_\_

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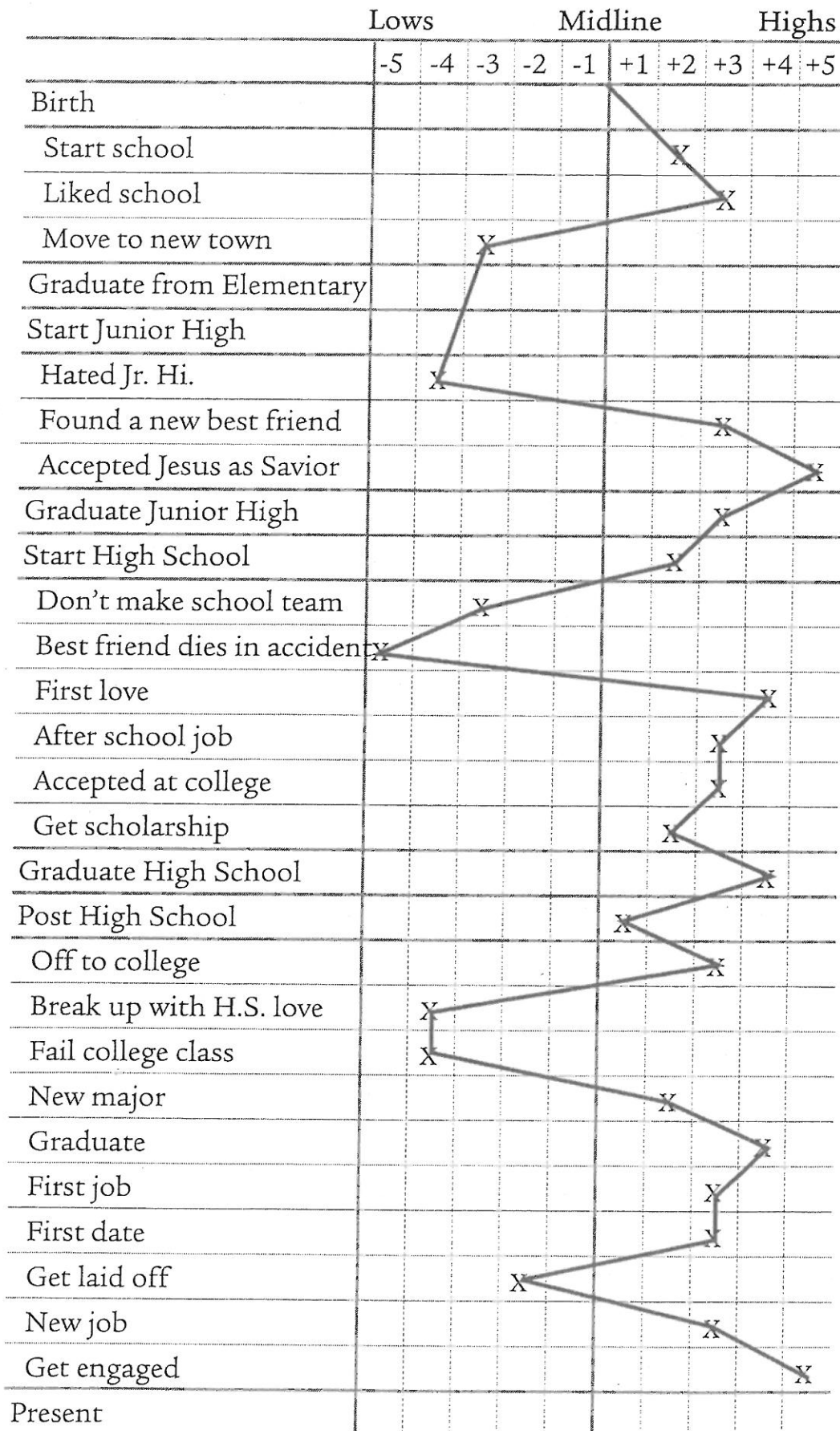
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7. What have been your greatest triumphs in life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What have been your greatest disappointments in life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Sample LifeMap







## Section Six: GREAT EXPECTATIONS

Write down the specific expectations you have for your marriage in the following categories. Write down how *you feel* about the particular item, not what you think your fiancé(e) wants to hear.

### *Marriage Relationship*

1. How will you make decisions once you are married? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will you do when you find you cannot agree? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When you are ill, how much sympathy and attention do you desire? \_\_\_\_\_  
\_\_\_\_\_

What does being taken care of look and feel like to you? \_\_\_\_\_  
\_\_\_\_\_

3. How much time do you expect to spend with your friends after you are married? \_\_\_\_\_  
\_\_\_\_\_

4. How will you relate to opposite-sex friends after you are married? \_\_\_\_\_  
\_\_\_\_\_

### *Finances*

1. Who will be the primary financial provider in the family? \_\_\_\_\_

2. Do you anticipate both husband and wife pursuing careers?  Yes  No

If yes, for how long? \_\_\_\_\_

3. How will you decide on major purchases? \_\_\_\_\_  
\_\_\_\_\_

4. Who will pay the bills and keep the checkbook? \_\_\_\_\_

5. What is your philosophy of giving (to your church or other charitable organizations) and how will you make decisions about giving? \_\_\_\_\_  
\_\_\_\_\_

6. What are your convictions about the use of credit cards? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is this an area where you would like additional help?  Yes  No  
Explain. \_\_\_\_\_  
\_\_\_\_\_

### *Home*

1. Where do you want to live? \_\_\_\_\_

In what setting would you want to live (i.e., city, suburb, small town, rural, plains, mountains, desert, coastal, etc.)? \_\_\_\_\_

2. Will you live in an apartment or house? \_\_\_\_\_ Will you rent or buy? \_\_\_\_\_

3. What do you expect your standard of living to look like after five years of marriage? \_\_\_\_\_  
\_\_\_\_\_

4. How soon after you are married do you expect to have your home reasonably furnished?  
What does "reasonably furnished" mean to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Housekeeping*

1. Who will prepare each meal and what types of food will you eat? \_\_\_\_\_  
\_\_\_\_\_

2. How important are family mealtimes to you? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_

How often will you eat out? \_\_\_\_\_

3. How clean do you want your home to be? \_\_\_\_\_  
What does "clean" mean to you? \_\_\_\_\_

4. Who will do each of the following:  
Laundry and ironing \_\_\_\_\_  
Purchasing groceries \_\_\_\_\_  
Automobile maintenance \_\_\_\_\_  
Home repairs and yard work \_\_\_\_\_  
General household cleaning \_\_\_\_\_  
Cleaning bathrooms \_\_\_\_\_  
Making the bed \_\_\_\_\_

5. Do you want a pet in the home?  Yes  No  
If so, what type? \_\_\_\_\_

*Children and Parenting*

1. What is your attitude toward children? \_\_\_\_\_
  2. When will you begin having children and how many would you like to have? \_\_\_\_\_
  3. What would you do if you cannot conceive children of your own? \_\_\_\_\_  
\_\_\_\_\_
  4. What is your view on abortion? \_\_\_\_\_  
\_\_\_\_\_
  5. What is your view on birth control? \_\_\_\_\_
  6. Who will be the primary nurturer/caregiver of your children? \_\_\_\_\_  
\_\_\_\_\_
  7. How will you discipline your children? \_\_\_\_\_  
\_\_\_\_\_
- How do you envision sharing that responsibility? \_\_\_\_\_  
\_\_\_\_\_

*Social/Entertainment*

1. How often do you want to invite people to your home? \_\_\_\_\_  
  
What kind of entertaining do you expect to do (i.e., formal or informal dinner, lavish or simple parties, etc.)? \_\_\_\_\_
2. How often will you go out on dates? \_\_\_\_\_
3. What will be the role of television in your lives and what guidelines will you have? \_\_\_\_\_  
\_\_\_\_\_  
  
What about movies? \_\_\_\_\_
4. How will your personal friendships (his friends/her friends) change after marriage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What hobbies or recreational pursuits will you pursue individually? \_\_\_\_\_  
\_\_\_\_\_  
  
Together? \_\_\_\_\_  
  
How *often* will you pursue them? \_\_\_\_\_

*Spiritual Life*

1. Who will take spiritual leadership in the home and what do you think this means? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. When and how often will you pray and study the Bible together? \_\_\_\_\_  
\_\_\_\_\_
3. Where will you attend church and what will your involvement be? \_\_\_\_\_  
\_\_\_\_\_
4. In what ways do you anticipate reaching out to others as a couple? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Holidays/Vacations/Special Occasions*

1. Where will you spend Christmas, Thanksgiving and Easter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will decide? \_\_\_\_\_

2. What expectations do you have for celebrating holidays? \_\_\_\_\_  
\_\_\_\_\_
3. What will you do during your vacations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How will you celebrate birthdays and wedding anniversaries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How much will you spend on gifts for family, friends and each other for...

	Family	Your Children	Friends	Each Other
Birthdays?	_____	_____	_____	_____
Christmas?	_____	_____	_____	_____
Weddings?	_____	_____	_____	_____
Anniversaries?	_____	_____	_____	_____

6. How will you spend your weekends? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parents and Other Relatives*

1. How do you think your relationship to your parents will change after you are married? \_\_\_\_\_  
\_\_\_\_\_

2. How much time do you anticipate spending with your parents and your in-laws? \_\_\_\_\_  
\_\_\_\_\_

3. What other relatives do you expect to be involved in your marriage and family (siblings, aunts, uncles, cousins)? In what ways would they be involved? \_\_\_\_\_  
\_\_\_\_\_

4. How involved do you want your parents and in-laws to be in your children's lives? \_\_\_\_\_  
\_\_\_\_\_

How will you accomplish this? \_\_\_\_\_  
\_\_\_\_\_

5. What type of relationship do you expect to have with your parents and your in-laws after marriage? \_\_\_\_\_  
\_\_\_\_\_

*Sex*

1. In your first year of marriage, how often do you expect to experience sexual intimacy? \_\_\_\_\_  
\_\_\_\_\_

2. What are your expectations about sex on your honeymoon? \_\_\_\_\_  
\_\_\_\_\_

3. What do you think if your spouse at times says no to having sex? \_\_\_\_\_  
\_\_\_\_\_

*Life Goals*

1. What are your goals for your life? \_\_\_\_\_  
\_\_\_\_\_

2. What are your goals in mirroring God's image in your future marriage? \_\_\_\_\_  
\_\_\_\_\_

3. What are your goals for your fiancé(e)'s life? \_\_\_\_\_  
\_\_\_\_\_

4. What are your goals to work together as an interdependent team to serve Christ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How do you picture yourself in ten years? \_\_\_\_\_  
\_\_\_\_\_

In twenty years? \_\_\_\_\_

In thirty years? \_\_\_\_\_

*Thank you for completing your Groundwork Deck.*

*This document will be important in guiding your coach couple  
and we very much appreciate the time you have devoted  
to answering the questions that will help you continue  
walking a path together that honors God.*