

# Sweeten Life Systems

A lifetime of great relationships®

## Marital Happiness Assessment

In Column A, check the statement that best describes your feelings. Column B, the spouse's likely response.

A Self		B Spouse		
Yes	No	Yes	No	
_____	_____	_____	_____	1. Marriage expectations are being met.
_____	_____	_____	_____	2. My spouse meets my personal needs.
_____	_____	_____	_____	3. Household responsibilities are satisfactorily shared
_____	_____	_____	_____	4. We often have times of small talk.
_____	_____	_____	_____	5. We have good memories together.
_____	_____	_____	_____	6. We successfully resolve our conflicts.
_____	_____	_____	_____	7. We enjoy our sexual relationship.
_____	_____	_____	_____	8. We handle our finances well.
_____	_____	_____	_____	9. We share common spiritual values.
_____	_____	_____	_____	10. I like the quantity and quality of our time together.

Your answers of NO to three or more of these questions are a warning that problems may become unhealthy in your marriage. More than four NO answers indicate an immediate need for counseling.

Assessment Checklist Cards/Server/Mkt Ext/1992/ab

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