

# State of Relationship Questionnaire

*Complete only the applicable fields*

This form is designed for your personal use. It is not meant to be shared with others. As you take a quick look at the condition of your relationships, this guide will help identify current feelings and thought patterns. After you complete the course, a follow-up “State of Relationship Questionnaire” will help you observe and measure the adjustments taking place in your understanding and in your relationships.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Describe your relationship with each individual or group of people listed** (examples: strained, exciting, distant, close, cold, warm, boring, comfortable, etc.)

Parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In-laws: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you feel others see you?**

Parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In-laws: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Best friend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worst enemy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What adjectives would you use to describe your relationship with God, your heavenly Father?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How would you describe yourself, as you really are?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_