

LifeWay Health & Well-Being Inventory – for Couples or Marriage

Form 2M - To be completed separately by husband and wife, or partners.

Name: _____

Date: _____

An Overview & Background: At Lifeway Counseling we encourage each client to focus on Well-being. Well-being physically. Well-being emotionally. Well-being in relationships. Well-being spiritually. Body, Mind, & Spirit. When we asked clients exactly what defined Well-being for them, they gave us a list of Personal Abilities they depend on to achieve or maintain Well-being. Many of these Abilities you already have. Using your Abilities during therapy and counseling will bring you better results in your marriage.

Directions for completing the Well-being Inventory:

Stop and reflect for just a minute on why you are coming to Lifeway, and how you are feeling about your overall Marriage Well-being in this moment. Give your Marriage well-being a rating.

Check one box.

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Collect your thoughts and feelings and write a sentence or two about your expectations, goals and outcomes from Lifeway counseling. Be honest in your writing.

What is your hope and goals for your Marriage Well-being life improvements as a result of working with a Lifeway counseling therapist?

And, how will you know when these hopes & goals are becoming a reality in your marriage? How will your spouse know, see, and feel?

*Abilities develop within us from natural talents, strengths, behaviors and attitudes we've been taught, and experiences we have had in life. They are like an Inventory we can use as needed. They can be improved as we learn and practice with them.

The following list of Personal and Marriage Abilities will help you take a 'selfie' or inventory of those abilities today and how you are applying them to your life, in general, and to your marriage specifically. Please indicate by checking the box either 'Have what I need & I use them,' or 'I Want to learn & apply more' for each item.

Caring for myself each day	Have what I need & I use them	I Want to learn & apply more
I know how to keep negative thoughts from defeating me.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find joy regardless of the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
My spiritual health is a priority and I make time to care for it.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do to improve my mental health when I am feeling down, sad, depressed or angry.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making a choice to exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>
I routinely get the right amount of restful sleep I require.	<input type="checkbox"/>	<input type="checkbox"/>

Caring for our partnership or marriage	Have what I need & I use them	I Want to learn & apply more
I know the steps to take that will improve my marriage relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify when criticism, defensiveness, contempt, or stonewalling are negatively impacting our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to peacefully resolve conflicts with my spouse.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to communicate effectively with my spouse.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to my spouse and show empathy, respect, and understanding.	<input type="checkbox"/>	<input type="checkbox"/>
I know and understand the strengths of my spouse and encourage and actively support their value to our marriage.	<input type="checkbox"/>	<input type="checkbox"/>

Caring for my relationships	Have what I need & I use them	I Want to learn & apply more
I know how to foster good relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I am open to receiving love from others.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify my emotions and communicate what I am feeling or experiencing to others constructively.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to peacefully resolve conflicts.	<input type="checkbox"/>	<input type="checkbox"/>

Caring for my work** responsibilities —**Work refers to a paid job, a volunteer task, being a stay-at-home mom/dad, a student, a person with a part-time job, etc.	Have what I need & I use them	I Want to learn & apply more
I feel good about my work/job and the positive things it provides.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of parts of my work/job where I need help, and I ask for help to get the work/job done.	<input type="checkbox"/>	<input type="checkbox"/>
I can focus on the right things to complete the work/job successfully.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to build trusting working relationships with my peers, my colleagues on the team, or other family members. .	<input type="checkbox"/>	<input type="checkbox"/>
I know my strengths and how to apply them to my work/job so that my work is satisfying.	<input type="checkbox"/>	<input type="checkbox"/>

Caring for my Personal Growth	Have what I need & I use them	I Want to learn & apply more
I am emotionally free to try new things.	<input type="checkbox"/>	<input type="checkbox"/>
I have written short term and long-term goals (a vision) that motivate me and give me purpose.	<input type="checkbox"/>	<input type="checkbox"/>
I am becoming more confident in myself and less dependent on comparing myself to others.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to climb out of persistent negative emotions caused by 'life situations' by taking positive steps to change my situation.	<input type="checkbox"/>	<input type="checkbox"/>
I know that my life is having a positive impact. It counts! I am worth something important.	<input type="checkbox"/>	<input type="checkbox"/>
I am on a positive path and direction moving forward in my life.	<input type="checkbox"/>	<input type="checkbox"/>
I believe my future will be good.	<input type="checkbox"/>	<input type="checkbox"/>

At Lifeway Counseling we want you to take maximum advantage of your Personal Strengths. Please list 3 strengths you have a desire to apply to the work at Lifeway.

- 1.
- 2.
- 3.

If you have taken a Strengths evaluation, like Gallup StrengthsFinder, Enneagram, or VIA, and have that information readily available to you, write in your top strengths and indicate the source.

At LifeWay Counseling we realize that many times people coming to counseling have doubts and fears about counseling. Please write down any doubts or fears related to counseling that you are experiencing. They are not unusual. It is helpful for our therapists to understand them. If no doubts or fears, circle **NONE**.

As you participate with the staff at LifeWay, you will be learning new approaches to improve your family. We want to make sure we provide those approaches in a way that is easiest for you to learn and apply them to your life. We have listed the 3 most common learning styles below. Please choose the one that you prefer.

- Visual learner – watch someone show me how to do it or use visual illustrations.
- Auditory learner – hear someone tell me how, like listening to presentations/podcasts/etc.
- Kinesthetic learner – try to do it myself.

Thank you for completing the LifeWay Health & Well-Being Inventory™.