## PRE-ENGAGEMENT DISCIPLESHIP QUESTIONNAIRE FOR HIM

## PERSONAL INFORMATION Name Date of birth Age Address City State Zip Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_ Who do you live with? \_\_\_\_\_ Girlfriend's Name \_\_\_\_\_ RELATIONSHIP INFORMATION How long have you known each other? \_\_\_\_\_ How long have you been dating? \_\_\_\_\_ How did you meet? Where do you see this dating relationship going? \_ **RELATIONAL INTIMACY** Tell us your thoughts on: Setting intimacy boundaries on your relationship: \_\_\_\_\_\_ 2. The kind of boundaries you have/expect: Sex before marriage: Have you ever viewed any sexually explicit materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Have you shared this with your girlfriend? Yes \_\_\_\_\_ No\_\_\_\_\_ Would you like help in this area? Yes \_\_\_\_\_ No \_\_\_\_

SPIRITUAL INFORMATION
Are you a follower of Jesus Christ? Yes No Would your girlfriend consider herself one? Yes No
On a scale from 0-10, how close are you to God? 0=No relationship & 10=Like the beloved Apostle John:
On a scale from 0-10, how would you rate your Bible knowledge? 0=No knowledge & 10=All Memorized:
FAMILY INFORMATION
Are your parents aware that you are dating someone? Yes No
If "Yes", do your parents approve? Yes No If "No", why not?
FOR PREVIOUSLY MARRIED: Do you have any children? Yes No
If "Yes", do your children approve of your relationship? Yes No
If they do not approve of your relationship, please explain why:
CONCLUDING THOUGHTS
What are you hoping to get out of discipleship with a mentor couple?

## PRE-ENGAGEMENT DISCIPLESHIP QUESTIONNAIRE FOR HER

## PERSONAL INFORMATION Name\_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_ Address \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_ Cell Phone E-Mail Who do you live with? \_\_\_\_\_\_ Boyfriend's Name \_\_\_\_\_ RELATIONSHIP INFORMATION How long have you known each other? \_\_\_\_\_ How long have you been dating? \_\_\_\_ How did you meet? Where do you see this dating relationship going? \_\_\_\_\_\_ **RELATIONAL INTIMACY** Tell us your thoughts on: 1. Setting intimacy boundaries on your relationship: 2. The kind of boundaries you have/expect: \_\_\_\_\_ Sex before marriage: \_\_\_\_\_ Have you ever viewed any sexually explicit materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Have you shared this with your girlfriend? Yes \_\_\_\_ No\_\_\_\_ Would you like help in this area? Yes \_\_\_\_ No \_\_\_\_

SPIRITUAL INFORMATION
Are you a follower of Jesus Christ? Yes No Would your girlfriend consider herself one? Yes No
On a scale from 0-10, how close are you to God? 0=No relationship & 10=Like the beloved Apostle John:
On a scale from 0-10, how would you rate your Bible knowledge? 0=No knowledge & 10=All Memorized:
FAMILY INFORMATION
Are your parents aware that you are dating someone? Yes No
If "Yes", do your parents approve? Yes No If "No", why not?
FOR PREVIOUSLY MARRIED: Do you have any children? Yes No
If "Yes", do your children approve of your relationship? Yes No
If they do not approve of your relationship, please explain why:
CONCLUDING THOUGHTS
What are you hoping to get out of discipleship with a mentor couple?