FAIRVIEW
Ministerial Health and Leadership Resources

BACKGROUND INFORMATION

SPouse

The information requested on this form regarding your perceptions of your spouse, your spouse’s ministry and the effect of the ministry on your relationship and family will enable us be more helpful to your spouse.

We ask that all forms be completed and returned at least two weeks before the pastoral assessment. Please scan and email completed forms to jmartin2@fairview.org or mail them to John Martinson, MHLR, 2849 Johnston St. NE, Minneapolis, MN 55418. Don’t hesitate to call, write or email if you have any questions.

Your name:

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REFERRAL TO MINISTERIAL HEALTH

1) What is your understanding of the reasons for referring your spouse?

2) How is the current situation affecting you?
3) What do you hope your spouse will learn or gain from this assessment?

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EDUCATION AND VOCATION

4) Year and place of high school graduation:

5) List your education since high school:

6) List your work experience from high school to the present:
PERSPECTIVES ON YOUR SPOUSE’S MINISTRY

In this section we would like to gain your perspective on the congregation(s) (or other ministry setting) your spouse serves, your spouse’s ministry and how responsibilities and concerns in the ministry are affecting you. We recognize that the public nature of ministry often draws the spouse into the stress and tensions that are often present in ministry.

7) Please share briefly your perceptions of the congregation (or other ministry setting) your spouse is serving.

8) What seems to be going well in your spouse’s ministry?

9) What is your understanding of the problems your spouse has encountered?

10) What do you see as your spouse’s strengths as a pastor?
11) In what areas of ministry does your spouse seem to most struggle?

12) What is your experience of being a pastor’s spouse?

13) How do you see your role as pastor’s spouse affecting your relationship with your spouse/home life?

14) How have the tensions in your spouse’s ministry affected you, your marriage, your family life?
15) What would you like to see your spouse do in terms of future vocation, i.e., continue in this ministry setting, seek a new ministry setting, or consider a vocation outside of ministry?

16) What would you like to see your spouse do in terms of better self-care?

17) Describe any additional concerns you may have with your spouse, marriage, family or yourself that you would like us to be aware of.

18) Which statement best describes your current family relationships and situation as you see them now?
   __ very satisfactory          __ satisfactory          __ neither satisfactory nor unsatisfactory
   __ unsatisfactory            __ very unsatisfactory

19) Please feel free to share any additional information that you think would be helpful in providing this assessment for your spouse.