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**PARTNER A | COMPLETE ON YOUR OWN**

# My vision for our marriage

An ideal marriage can be imperfect and still feel safe, connected, and fulfilling.

Each partner completes their own two pages before comparing answers. Use "I" statements and real examples. You do not need to agree yet. Allow about 20-30 minutes.

My name

Date

## 1. A day in our ideal marriage

Imagine life together one year from now. What happens on an ordinary day? How do we feel?

## 2. What matters most to me

Name three qualities I want in our marriage. What would each look like in everyday behavior?

## 3. How we live and connect

Consider communication, trust, affection/intimacy, time together, chores, money, family, and independence.

Use another page if you need more room. Bring your saved or printed answers to therapy.



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**PARTNER A | COMPLETE ON YOUR OWN**

# What stays. What changes.

Protect the strengths we already have while naming what needs to grow.

## 4. What I want to keep

List 2-3 strengths, traditions, or habits. Why do they matter, and how can we keep them alive?

## 5. What I want to change

Name 1-2 patterns, their effect on me, and a specific request. Example: "I want us to put phones away at dinner."

## 6. What I can contribute

What can I change in my own behavior? What support would help me follow through?

## 7. Needs, flexibility, and questions

What do I need to feel respected? Where can I be flexible? What is one question I want to explore in therapy?



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**PARTNER B | COMPLETE ON YOUR OWN**

# My vision for our marriage

An ideal marriage can be imperfect and still feel safe, connected, and fulfilling.

Each partner completes their own two pages before comparing answers. Use "I" statements and real examples. You do not need to agree yet. Allow about 20-30 minutes.

My name

Date

## 1. A day in our ideal marriage

Imagine life together one year from now. What happens on an ordinary day? How do we feel?

## 2. What matters most to me

Name three qualities I want in our marriage. What would each look like in everyday behavior?

## 3. How we live and connect

Consider communication, trust, affection/intimacy, time together, chores, money, family, and independence.

Use another page if you need more room. Bring your saved or printed answers to therapy.



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**PARTNER B | COMPLETE ON YOUR OWN**

# What stays. What changes.

Protect the strengths we already have while naming what needs to grow.

## 4. What I want to keep

List 2-3 strengths, traditions, or habits. Why do they matter, and how can we keep them alive?

## 5. What I want to change

Name 1-2 patterns, their effect on me, and a specific request. Example: "I want us to put phones away at dinner."

## 6. What I can contribute

What can I change in my own behavior? What support would help me follow through?

## 7. Needs, flexibility, and questions

What do I need to feel respected? Where can I be flexible? What is one question I want to explore in therapy?



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TOGETHER | AFTER INDIVIDUAL REFLECTION

# Find our shared ground

Complete these pages together, or wait and review them with your therapist.

Take turns sharing. The listener reflects what they heard before responding. Ask questions to understand; avoid debating whose vision is right. Differences can remain open.

If sharing feels unsafe, or there is fear of pressure or retaliation, wait to discuss with your therapist.

## 1. Our shared hopes

Where do our visions overlap? Write a few sentences describing the marriage we both want.

## 2. Strengths we will protect

Choose up to three things to keep. How will we make room for them regularly?

## 3. Changes we both want to explore

Choose one or two priorities. Describe the new behavior we hope to see, rather than only what should stop.

## 4. Differences that need more conversation

What remains unresolved? What does each person want the other to understand?



## ROOTED OAK

Therapy & Coaching

Jeffrey Kukral, LMFT

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TOGETHER | A SMALL BEGINNING

# Turn our vision into action

Choose a realistic two-week experiment. Agree freely; revisit it as you learn.

## 1. One strength we will intentionally continue

What will we keep doing? When and how often will we make space for it?

## 2. Partner A: My specific step

What will I do, when, and how often? Choose an action within my control.

## 3. Partner B: My specific step

What will I do, when, and how often? Choose an action within my control.

## 4. When it gets difficult

What might get in the way? How will we ask for help, take a pause, and agree on a time to return?

Our review date

One sign that this is helping

At our review: What worked? What felt difficult? What should we keep, adjust, or discuss in therapy?

Save a copy after typing. Use a PDF app that supports forms, such as Adobe Acrobat Reader.

Bring the completed form to your session, or use the secure return method your therapist provides.