

Couple's Information Form

1) Name: _____ 2) Age: _____ 3) Date: _____

4) Address: _____
Street & Number City State Zip

5) Briefly, what is your main purpose in coming to couple's counseling? _____

INSTRUCTIONS: To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couple's therapy that is most suitable for you and your partner. Do not exchange this information with your partner at this time.

Several of your answers on this form may be shared later with your partner during joint therapy sessions if you give us permission to share this information. For this reason you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

- 6) Have you been married before?: Yes _____ No _____
 If Yes, how many previous marriages have you had?: 1 2 3 4 5+
- 7) How long have you and your partner been in this relationship?: _____
- 8) Are you and your partner presently living together?: Yes _____ No _____
- 9) Are you and your partner engaged to be married?: Yes, _____ When? _____ No _____
- 10) Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.
 _____ Neither of us has children (go to next page). _____ One or each of us has children (continue)

- *"Whose Child?" answering options:
- B=Both of ours, natural child
 - BA=Both of ours, adopted (or taken on)
 - M=My natural child
 - MA=My child, adopted (or taken on)
 - P=Partner's natural child
 - PA=Partner's child, adopted (or taken on)

Child's Name	Age	Sex	*Whose Child?	Lives with Whom?
1) _____	_____	F M	_____	_____
2) _____	_____	F M	_____	_____
3) _____	_____	F M	_____	_____
4) _____	_____	F M	_____	_____
5) _____	_____	F M	_____	_____
6) _____	_____	F M	_____	_____
7) _____	_____	F M	_____	_____
8) _____	_____	F M	_____	_____

11) List five qualities that initially attracted you to your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Does your partner still possess this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

12) List four negative concerns that you initially had in the relationship:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Does your partner still possess this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

13) List five present positive attributes of your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often praise your partner for this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

14) List five present negative attributes of your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you nag your partner about this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

15) List five things that you do (or could do) to make your relationship more fulfilling for your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often implement this behavior?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

16) List five things that your partner does (or could do) to make the relationship more fulfilling for you:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Does your partner often implement this behavior?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

17) List five expectations or dreams you had about relationships before you met your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Has this been fulfilled?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

- 18) On a scale of 1 to 5 rate the following items as they pertain to:
- 1) The present state of the relationship
 - 2) Your need or desire for it
 - 3) Your partner's need or desire for it

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

	Present State of the Relationship					Your Need or Desire					Partner's Need or Desire				
	Poor	Great	Low	High		Low	High								
1) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2) Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3) Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4) Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5) Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6) Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7) Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8) Housework shared	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9) Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10) Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11) Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
12) Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14) Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15) Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
16) Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other (specify)															
17) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
18) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
19) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
20) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

19) FOR COUPLES LIVING TOGETHER. Which partner spends the most time conducting the following activities?:

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

M = Me, P = Partner, E = Equal time

Is this equitable (fair)?

1) Auto repairs	M	P	E	_____ Yes	_____ No
2) Child care	M	P	E	_____ Yes	_____ No
3) Child discipline	M	P	E	_____ Yes	_____ No
4) Cleaning bathrooms	M	P	E	_____ Yes	_____ No
5) Cooking	M	P	E	_____ Yes	_____ No
6) Employment	M	P	E	_____ Yes	_____ No
7) Grocery shopping	M	P	E	_____ Yes	_____ No
8) House cleaning	M	P	E	_____ Yes	_____ No
9) Inside repairs	M	P	E	_____ Yes	_____ No
10) Laundry	M	P	E	_____ Yes	_____ No
11) Making bed	M	P	E	_____ Yes	_____ No
12) Outside repairs	M	P	E	_____ Yes	_____ No
13) Recreational events	M	P	E	_____ Yes	_____ No
14) Social activities	M	P	E	_____ Yes	_____ No
15) Sweeping kitchen	M	P	E	_____ Yes	_____ No
16) Taking out garbage	M	P	E	_____ Yes	_____ No

20) If some of the following behaviors take place only during MILD arguments circle an "M" in the appropriate blanks. If they take place only during SEVERE arguments, circle an "S." If they take place during ALL arguments, circle an "A." Fill this out for you and your impression of your spouse. If certain behaviors do not take place, leave them blank.

CIRCLE THE APPROPRIATE RESPONSE FOR EACH.

M = Mild arguments only, S = Severe arguments only, A = All arguments

<u>BEHAVIOR</u>	<u>BY ME</u>	<u>BY PARTNER</u>	<u>SHOULD THIS CHANGE?</u>	
1) Apologize	M S A	M S A	Yes	No
2) Become silent	M S A	M S A	Yes	No
3) Bring up the past	M S A	M S A	Yes	No
4) Criticize	M S A	M S A	Yes	No
5) Cruel accusations	M S A	M S A	Yes	No
6) Cry	M S A	M S A	Yes	No
7) Destroy property	M S A	M S A	Yes	No
8) Leave the house	M S A	M S A	Yes	No
9) Make peace	M S A	M S A	Yes	No
10) Moodiness	M S A	M S A	Yes	No
11) Not listen	M S A	M S A	Yes	No
12) Physical abuse	M S A	M S A	Yes	No
13) Physical threats	M S A	M S A	Yes	No
14) Sarcasm	M S A	M S A	Yes	No
15) Scream	M S A	M S A	Yes	No
16) Slam doors	M S A	M S A	Yes	No
17) Speak irrationally	M S A	M S A	Yes	No
18) Speak rationally	M S A	M S A	Yes	No
19) Sulk	M S A	M S A	Yes	No
20) Swear	M S A	M S A	Yes	No
21) Threaten breaking up	M S A	M S A	Yes	No
22) Threaten to take kids	M S A	M S A	Yes	No
23) Throw things	M S A	M S A	Yes	No
24) Verbal abuse	M S A	M S A	Yes	No
25) Yell	M S A	M S A	Yes	No
26) _____	M S A	M S A	Yes	No
27) _____	M S A	M S A	Yes	No
28) _____	M S A	M S A	Yes	No

21) How often do you have MILD ARGUMENTS? _____
SEVERE ARGUMENTS? _____

22) When a MILD argument is over how do you usually feel?
 23) When a SEVERE argument is over how do you usually feel?

CHECK APPROPRIATE RESPONSES

- ___ Angry
- ___ Anxious
- ___ Childish
- ___ Defeated
- ___ Depressed
- ___ Guilty
- ___ Lonely
- ___ Nauseous
- ___ Numb
- ___ Regretful
- ___ Relieved
- ___ Stupid

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- ___ Relieved
- ___ Stupid

- 17) Washing dishes M P E
- 18) Yard work M P E
- 19) Other _____ M S E
- 20) Other _____ M S E

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No