

## Couple's Counselling Information Form

- 1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Date: \_\_\_\_\_  
 4) Address: \_\_\_\_\_ 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	_____	____ Yes ____ No
2)	_____	_____	F M	_____	____ Yes ____ No
3)	_____	_____	F M	_____	____ Yes ____ No
4)	_____	_____	F M	_____	____ Yes ____ No
5)	_____	_____	F M	_____	____ Yes ____ No
6)	_____	_____	F M	_____	____ Yes ____ No
7)	_____	_____	F M	_____	____ Yes ____ No
8)	_____	_____	F M	_____	____ Yes ____ No

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 you do (or could do) to make the marriage 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 marriage 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: Has this been fulfilled?
- |          |       |     |       |    |
|----------|-------|-----|-------|----|
| 1) _____ | _____ | Yes | _____ | No |
| 2) _____ | _____ | Yes | _____ | No |
| 3) _____ | _____ | Yes | _____ | No |
| 4) _____ | _____ | Yes | _____ | No |
| 5) _____ | _____ | 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	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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 sharing	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 more time conducting the following activities?

**Circle the Appropriate Response for Each (If not applicable, leave blank.)**

(M = Me P = Partner E = Equal time)

	M	P	E	Is this equitable (fair)?		Comments
				_____	_____	
1) Auto repairs				_____	_____	_____
2) Child care				_____	_____	_____
3) Child discipline				_____	_____	_____
4) Cleaning bathrooms				_____	_____	_____
5) Cooking				_____	_____	_____
6) Employment				_____	_____	_____
7) Grocery shopping				_____	_____	_____

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	_____
17) Washing dishes	M P E	___ Yes ___ No	_____
18) Yard work	M P E	___ Yes ___ No	_____
19) Other: _____	M P E	___ Yes ___ No	_____
20) Other: _____	M S 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 partner. 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)

<b>Behavior</b>	<b>By me</b>	<b>By partner</b>	<b>Should this change?</b>
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?

**Check Appropriate Responses**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

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

**Check Appropriate Responses**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

24) Which of the following issues or behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If an item does not apply, leave it blank.

**Circle the Appropriate Responses**

(M = My behavior P = Partner's behavior B = Both)

- |                                  |       |                 |       |
|----------------------------------|-------|-----------------|-------|
| Alcohol consumption              | M P B | Perfectionist   | M P B |
| Childishness                     | M P B | Possessive      | M P B |
| Controlling                      | M P B | Spends too much | M P B |
| Defensiveness                    | M P B | Steals          | M P B |
| Degrading                        | M P B | Stubbornness    | M P B |
| Demanding                        | M P B | Uncaring        | M P B |
| Drugs                            | M P B | Unstable        | M P B |
| Flirts with others               | M P B | Violent         | M P B |
| Gambling                         | M P B | Withdrawn       | M P B |
| Irresponsibility                 | M P B | Works too much  | M P B |
| Lies                             | M P B | Other (specify) |       |
| Past marriage(s)/relationship(s) | M P B | _____           | M P B |
| Other's advice                   | M P B | _____           | M P B |
| Outside interests                | M P B | _____           | M P B |
| Past failures                    | M P B | _____           | M P B |

25) In the remaining space please provide additional information that would be helpful:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for this clinic to share the information that I provide on this form to \_\_\_\_\_ (partner) when it is deemed appropriate by an agreement between me, my partner, and our therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.