

Couple's 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

- 11) List five qualities that initially attracted you to your partner: _____ Does your partner still possess this trait?
- | | |
|----------|------------------|
| 1) _____ | ____ Yes ____ No |
| 2) _____ | ____ Yes ____ No |
| 3) _____ | ____ Yes ____ No |
| 4) _____ | ____ Yes ____ No |

5) _____

___ Yes ___ No

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

Does your partner still possess this trait?

1) _____

___ Yes ___ No

2) _____

___ Yes ___ No

3) _____

___ Yes ___ No

4) _____

___ Yes ___ No

- 13) List five present positive attributes of your partner:

Do you often praise your partner for this trait?

1) _____

___ Yes ___ No

2) _____

___ Yes ___ No

3) _____

___ Yes ___ No

4) _____

___ Yes ___ No

5) _____

___ Yes ___ No

- 14) List five present negative attributes of your partner:

Do you nag your partner about this trait?

1) _____

___ Yes ___ No

2) _____

___ Yes ___ No

3) _____

___ Yes ___ No

4) _____

___ Yes ___ No

5) _____

___ Yes ___ No

- 15) List five things you do (or could do) to make the marriage more fulfilling for your partner:

Do you often implement this behavior?

1) _____

___ Yes ___ No

2) _____

___ Yes ___ No

3) _____

___ Yes ___ No

4) _____

___ Yes ___ No

5) _____

___ Yes ___ No

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

Does your partner often implement this behavior?

1) _____

___ Yes ___ No

2) _____

___ Yes ___ No

3) _____

___ Yes ___ No

4) _____

___ Yes ___ No

5) _____

___ 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) Affection	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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				___ Yes ___ No	_____
2) Child care				___ Yes ___ No	_____
3) Child discipline				___ Yes ___ No	_____
4) Cleaning bathrooms				___ Yes ___ No	_____
5) Cooking				___ Yes ___ No	_____
6) Employment				___ Yes ___ No	_____
7) Grocery shopping				___ Yes ___ No	_____

8) House cleaning	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9) Inside repairs	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
10) Laundry	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
11) Making bed	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
12) Outside repairs	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
13) Recreational events	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
14) Social activities	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
15) Sweeping kitchen	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
16) Taking out garbage	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
17) Washing dishes	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
18) Yard work	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
19) Other: _____	M P E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
20) Other: _____	M S E	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

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

21) How often do you have: Mild arguments? _____
 Severe arguments? _____

22) When a MILD argument is over 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 | |

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 DURING YOUR NEXT APPOINTMENT