

Couples 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
17) Washing dishes	M	P	E	_____Yes	_____No

- 18) Yard work M P E Yes No
- 19) Other _____ M S 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 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

CHECK APPROPRIATE RESPONSES

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

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

___ Hopeless
___ Irritable

___ Worthless

___ Hopeless
___ Irritable

___ Worthless

I, _____, hereby give my permission for _____
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

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