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Name: _____

1. Please provide a brief statement explaining your greatest concerns about the relationship:

2. What do you believe are your partner's greatest concerns about the relationship?

3. Have you attended therapy in the past? ___yes ___no

If yes, was it: ___individual ___couple

What was the purpose?

Who was the therapist? _____

How helpful was it? How did you feel about the experience?

4. Are you currently seeing a therapist? ___yes ___no

If yes, who is the therapist? _____

What is the purpose? _____

How long have you been seeing him/her? _____

5. Please indicate if there are or have been any significant events that have impacted your relationship (e.g., an affair, infertility, etc.).

6. On a scale from 0 to 100, please indicate your overall happiness and satisfaction, everything considered, in your marriage at this point in time. On this scale 50 represents a middle point of “neither happy nor unhappy,” and the scale gradually ranges from to 0 (for the rare person who is completely unhappy) and to 100 (for the rare person who is completely happy).

Your happiness	Your partner's happiness