Please **print two copies.** Prior to your first appointment, **each individual needs to answer all questions** below. Do not spend too much time on any question.

Name:

Name of your partner:

Relationship status (circle all that apply):

Married Separated Divorced Dating

Cohabitating/living together Living apart

Length of time in current relationship:

As you think about the primary reason that brings you here, how frequently does it occur?

No occurrence Occurs rarely Occurs sometimes

Occurs frequently Occurs nearly always

As you think about the primary reason that brings you here, how would you rate your overall concern about it?

No concern Little concern Moderate concern

Serious concern Very serious concern

What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by selecting the number that corresponds with your current feelings about the relationship:

1 = Extremely unhappy 2 3 4 5 6 7 8 9 10 = Extremely happy

Have you received prior couples counseling related to any of the above problems?

Yes / No

If you have received prior couples counseling, when did this occur?
Who did you see?
What was the length of treatment?
What were the problems that were treated?

If you have received prior couples counseling, what was the outcome? (If you have not received prior couples counseling, please type N/A.)
Much worse   Somewhat worse   Stayed the same   Somewhat successful   Very successful

If married, has either of you threatened to separate or divorce because of the current relationship problems? Yes / No   Which of you made the threat?

Have either you or your partner struck, physically restrained, used violence against, or injured the other person?   Yes / No

Do you perceive that either you or your partner has withdrawn from the relationship? Yes / No

If married, have either you or your partner consulted with a lawyer about divorce? Yes / No

How frequently have you had sexual relations during the last month?

How satisfied are you with the frequency of your sexual relations?
1 = Extremely unsatisfied 2   3   4   5   6   7   8   9   10 = Extremely satisfied

How enjoyable is your sexual relationship?
1 = Extremely unpleasant 2   3   4   5   6   7   8   9   10 = Extremely pleasant

What is your current level of stress (overall)?
1 = No stress   2   3   4   5   6   7   8   9   10 = High stress

What is your current level of stress (in the relationship)?
1 = No stress   2   3   4   5   6   7   8   9   10 = High stress

List your top three concerns that you have in your relationship with your partner (1 being the most problematic):

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does:

Have either you or your partner been in individual counseling before? Yes / No

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes / No

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Thank you for completing this. Please note that you will be asked to talk about your answers in appointments, but your partner will not be shown this form.