

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	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) _____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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
				___ Yes	___ No	
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	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)

Behavior	By me			By partner			Should this change?		
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

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

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

Check Appropriate Responses

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

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: ____/____/____