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Couple Intake Questionnaire: Individual

Please bring this completed questionnaire to your first appointment. Note that you will be asked to talk about your answers in session but your partner will not be shown this form.

PRESENTING ISSUES AS A COUPLE

Please *rank* (1 = Most Important) your top three presenting issues. *Check* all others that apply.

Alcohol/Substance Abuse		Impact of Others Outside of Relationship		Relationship Violence
Balancing Work & Family		Infidelity		Religious/Spiritual Differences
Communication		Jealousy		Sexual Intimacy Issues
Differences in Family Culture		Loss/Death of Significant Person		Trust
Fair Fighting/Conflict Resolution		Managing In-Laws/Family Relationships		Other:
Finances/Money		Parenting Issues		Other:
Household Management		Pregnancy/Fertility Issues		Other:

PRESENTING ISSUES AS AN INDIVIDUAL

Please *rank* (1 = Most Important) your top three presenting issues. *Check* all others that apply.

Alcohol/Substance Abuse		Family Relationships		Self-Esteem
Anger		Finances/Money		Self-Injurious Behavior (e.g., cutting)
Anxiety		Gender Identity		Stress
Attachment Issues		Legal/Judicial Problems		Spiritual/Religious Issues
Childhood Abuse		Loss/Death of Significant Person		Other:
Career/Vocation		Physical/Sexual Assault		Other:
Depression		Physical Health Problems		Other:
Eating/Body Image Issues		Pregnancy/Abortion		Other:



Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship (1=extremely unhappy, 10=extremely happy).

1 2 3 4 5 6 7 8 9 10

Has either you or your partner struck, physically restrained, used violence against or injured the other person?

Yes No If yes, who, when, how often and what happened?

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

Yes No If yes, Self Partner Both

If married, has either you or your partner consulted with a lawyer about divorce?

Yes No If yes, Self Partner Both

Do you perceive that either you or your partner has withdrawn from the relationship?

Yes No If yes, Self Partner Both

How aware or in touch with your emotions are you (1=not at all and 10=extremely)? Explain the rating you give yourself.

1 2 3 4 5 6 7 8 9 10

How open are you in expressing your innermost feelings, desires and thoughts to your partner (1=totally closed and 10=totally open)? Explain the rating you give yourself.

1 2 3 4 5 6 7 8 9 10



What is the area or topic that it is most difficult for you to open with your partner about? Why?

How enjoyable is your sexual relationship (1=extremely unpleasant, 10=extremely pleasant)?

1 2 3 4 5 6 7 8 9 10

How satisfied are you with the frequency of your sexual relations (1=extremely unsatisfied, 10=extremely satisfied)?

1 2 3 4 5 6 7 8 9 10

What is your current level of overall stress (1=no stress, 10=high stress)?

1 2 3 4 5 6 7 8 9 10

What is your current level of stress in the relationship (1=no stress, 10=high stress)?

1 2 3 4 5 6 7 8 9 10

Describe your level of commitment to your relationship (1=not at all, 10= extremely). Explain the rating you give yourself.

1 2 3 4 5 6 7 8 9 10

How much do you still love your partner (1=not at all, 10=very deeply)? Explain the rating you give yourself.

1 2 3 4 5 6 7 8 9 10

How much do you respect your partner (1=not at all, 10=very highly)? What is it about your partner that creates that level of respect in you?

1 2 3 4 5 6 7 8 9 10



What I do to enhance the relationship:

- A. _____
- B. _____
- C. _____

What does my partner do to enhance the relationship?

- A. _____
- B. _____
- C. _____

Things I need to do to improve the relationship:

- A. _____
- B. _____
- C. _____

What does my partner need to do to make the relationship better?

- A. _____
- B. _____
- C. _____

What are your goals for therapy?

- 1. _____
- 2. _____
- 3. _____

Name: _____

Date: _____