

Couple's Information Form

Name: _____ 2) Age: _____ 3) Date: _____

- 1) _____
- 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? No Yes When? _____
- 10) Fill out the following information for each child for 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 in)
- M = My natural child
- MA = My child, adopted (or taken in)
- P = Partner's natural child
- PA = Partner's child, adopted (or taken in)

*Whose

	Child's name	Age	Sex	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		Your need				Partner's need								
	the relationship		or desire				or desire								
	Poor	Great	Low	High	Low	High	Low	High							
1) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2) Child-rearing 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
				___	___	
1) Auto repairs				___	___	_____
2) Child care				___	___	_____
3) Child discipline				___	___	_____
4) Cleaning bathrooms				___	___	_____
5) Cooking				___	___	_____
6) Employment				___	___	_____
7) Grocery shopping				___	___	_____

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).

Date: _____

Client's signature: _____

Please Bring these papers and any others with you to your next Appointment.