

Couple's Information Form



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

4) Address: _____
Street & Number 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?
1. _____	_____	F M	_____	_____
2. _____	_____	F M	_____	_____
3. _____	_____	F M	_____	_____
4. _____	_____	F M	_____	_____
5. _____	_____	F M	_____	_____
6. _____	_____	F M	_____	_____
7. _____	_____	F M	_____	_____
8. _____	_____	F M	_____	_____
9. _____	_____	F M	_____	_____

11) List five qualities that initially Does your partner still attracted you to your partner: possess this trait?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

12) List four negative concerns that Does your partner still you initially had in the relationship: possess this trait?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

13) List five present positive Do you often praise your attributes of your partner: partner for this trait?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

14) List five present negative Do you nag your partner attributes of your partner: about this trait?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

15) List five things that you do (or could do) to make your relationship Do you often implement more fulfilling for your partner: this behavior?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

16) List five things that your partner Does your partner does (or could do) to make the often implement relationship more fulfilling for you: this behavior?

- 1) _____ Yes _____ No
- 2) _____ Yes _____ No
- 3) _____ Yes _____ No
- 4) _____ Yes _____ No
- 5) _____ Yes _____ No

17) List five expectations or dreams you had about relationships Has this been before you met your partner: 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 1 2 3 4 5
- 2) Your need or desire for it 1 2 3 4 5
- 3) Your partner's need or desire for it 1 2 3 4 5

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

Your needs in the relationship:

Poor – High:

- 1. Affection 1 2 3 4 5
- 2. Childrearing rules 1 2 3 4 5
- 3. Commitment together 1 2 3 4 5
- 4. Communication 1 2 3 4 5
- 5. Emotional closeness 1 2 3 4 5
- 6. Financial security 1 2 3 4 5
- 7. Honesty 1 2 3 4 5
- 8. Housework shared 1 2 3 4 5
- 9. Love 1 2 3 4 5
- 10. Physical attraction 1 2 3 4 5
- 11. Religious commitment 1 2 3 4 5
- 12. Respect 1 2 3 4 5
- 13. Sexual fulfillment 1 2 3 4 5
- 14. Social life together 1 2 3 4 5
- 15. Time together 1 2 3 4 5
- 16. Trust 1 2 3 4 5
- Other (specify)
- 17. _____ 1 2 3 4 5
- 18. _____ 1 2 3 4 5
- 19. _____ 1 2 3 4 5
- 20. _____ 1 2 3 4 5

19) FOR COUPLES LIVING TOGETHER. Which partner spends the most time conducting the following activities?:

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

M = Me, **P** = Partner, **E** = Equal time Is this equitable (fair)?

- | | | | | | |
|-------------------------|-------|-------|-----|-------|----|
| 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 P 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 spouse. 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? _____

CHECK APPROPRIATE RESPONSES CHECK APPROPRIATE RESPONSES

- | | |
|--|--|
| 22) After a <u>MILD</u> argument I feel: | 23) After a <u>SEVERE</u> argument I feel: |
| ___ Angry | ___ Angry |
| ___ Anxious | ___ Anxious |
| ___ Childish | ___ Childish |
| ___ Defeated | ___ Defeated |
| ___ Depressed | ___ Depressed |
| ___ Guilty | ___ Guilty |
| ___ Happy | ___ Happy |
| ___ Hopeless | ___ Hopeless |
| ___ Irritable | ___ Irritable |
| ___ Lonely | ___ Lonely |
| ___ Nauseous | ___ Nauseous |
| ___ Numb | ___ Numb |
| ___ Regretful | ___ Regretful |
| ___ Relieved | ___ Relieved |
| ___ Stupid | ___ Stupid |
| ___ Victimized | ___ Victimized |
| ___ Worthless | ___ 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, **S** = 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 money | 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 _____
Other's advice	M P B _____
Outside interests	M P B _____
Past failures	M P B _____

25) In the remaining space please provide additional information that would be helpful:

I, _____, hereby give my permission for _____
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