## Couples Information Form

1)	Name:	2) Age	e:	3) Date:					
4)	Address:								
		City State	Zip						
5)	Briefly, what is your main purpose i	in coming to couple	's counse	eling?					
IN:	STRUCTIONS: To assist us in help	ping you, please fil	l out this	form as fully	and openly as possible				
	ur answers will help plan a course of exchange this information with your			st suitable for	you and your partner. Do				
Sev	veral of your answers on this form m	ay be shared later w	ith your	partner during	g joint therapy sessions is				
you	give us permission to share this inf	Formation. For this	reason yo	ou are advised	to respond honestly and				
car	efully to each item. If certain que	estions do not app	ly to yo	u or you do	not want to share this				
info	ormation, please leave them blank.								
6)	Have you been married before?:								
7)	If Yes, how many previous marria	•							
1/1									
7)	A	8) Are you and your partner presently living together?: Yes N							
8)					— N-				
8) 9)	Are you and your partner engaged	to be married?: Ye	s,	When?					
8)	Are you and your partner engaged Fill out the following information	to be married?: Ye for each child of wh	s, nom the r	When? natural parent					
8) 9)	Are you and your partner engaged Fill out the following information your partner, children from previo	to be married?: Ye for each child of who relationships, an	s, nom the r d adopted	When? natural parent d children.	is both you and				
8) 9) 10)	Are you and your partner engaged Fill out the following information your partner, children from previo Neither of us has children (go to	to be married?: Ye for each child of who relationships, an	s, nom the r d adopted	When? natural parent d children.	is both you and				
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11)	List five qualities that initially	Doog your partner still	
11)	attracted you to your partner:	Does your partner still possess this trait?	
	· · · · · · · · · · · · · · · · · · ·	YesN	No.
	1)	YesN	NO No
	2)	YesN	
	3)	YesN	
	4)	YesN	
	5)		NO
12)	List four negative concerns that	Does your partner still	
	you initially had in the relationship:	possess this trait?	
	1)	YesN	
	2)	YesN	No
	3)	YesN	No
	4)	YesN	No
13)	List five present positive	Do you often praise your	
10)	attributes of your partner:	partner for this trait?	
	1)	YesN	No
	2)	YesN	
		YesN	
	3)	YesN	
	5)	YesN	
	/		
14)	List five present negative	Do you nag your partner	
	attributes of your partner:	about this trait?	
	1)	YesN	
	2)	YesN	
	3)	YesN	No
	4)	YesN	No
	5)	YesN	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)	YesN	No
	2)	YesN	
	3)	YesN	
	4)	YesN	
	5)	Yes N	
10			
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)	YesN	
	2)	YesN	
	3)	YesN	
	4)	YesN	
	5)	YesN	No
17)	List five expectations or dreams you had about relationships before you met your partner:	Has this been fulfilled?	
	1)		No
	2)		No
	3)		No
	4)		No
	5)		No
	~/	1	.0

- 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 Your Need of the Relationship or Desire	Partner's Need or Desire		
	Poor Great Low High Low High			
<ol> <li>Affection</li> <li>Childrearing rules</li> <li>Commitment together</li> <li>Communication</li> <li>Emotional closeness</li> </ol>	1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5		
<ul><li>6) Financial security</li><li>7) Honesty</li><li>8) Housework shared</li><li>9) Love</li><li>10) Physical attraction</li></ul>	1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5       1     2     3     4     5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5		
<ul> <li>11) Religious commitment</li> <li>12) Respect</li> <li>13) Sexual fulfillment</li> <li>14) Social life together</li> <li>15) Time together</li> <li>16) Trust Other (specify)</li> </ul>	1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5         1       2       3       4       5	1 2 3 4 5 1 2 3 4 5		
17)	1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 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)?

					•	` ′
Auto repairs	M	P	Е		Yes	No
Child care	M	P	E		Yes	No
Child discipline	M	P	Е		Yes	No
Cleaning bathrooms	M	P	Е		Yes	No
Cooking	M	P	E		Yes	No
Employment	M	P	E		Yes	No
Grocery shopping	M	P	Е		Yes	No
House cleaning	M	P	E		Yes	No
Inside repairs	M	P	E		Yes	No
Laundry	M	P	E		Yes	No
Making bed	M	P	E		Yes	No
Outside repairs	M	P	E		Yes	No
Recreational events	M	P	E		Yes	No
Social activities	M	P	Е		Yes	No
Sweeping kitchen	M	P	E		Yes	No
Taking out garbage	M	P	E		Yes	No
Washing dishes	M	P	E		Yes	No
	Child care Child discipline Cleaning bathrooms Cooking Employment Grocery shopping House cleaning Inside repairs Laundry Making bed Outside repairs Recreational events Social activities Sweeping kitchen Taking out garbage	Child care M Child discipline M Cleaning bathrooms M Cooking M Employment M Grocery shopping M House cleaning M Inside repairs M Laundry M Making bed M Outside repairs M Recreational events Social activities M Sweeping kitchen M Taking out garbage M	Child care M P Child discipline M P Cleaning bathrooms M P Cooking M P Employment M P Grocery shopping M P House cleaning M P Inside repairs M P Laundry M P Making bed M P Outside repairs M P Recreational events M P Social activities M P Sweeping kitchen M P Taking out garbage M P	Child care M P E Child discipline M P E Cleaning bathrooms M P E Cooking M P E Employment M P E Grocery shopping M P E House cleaning M P E Inside repairs M P E Laundry M P E Making bed M P E Outside repairs M P E Recreational events M P E Social activities M P E Sweeping kitchen M P E Taking out garbage M P E	Child care M P E Child discipline M P E Cleaning bathrooms M P E Cooking M P E Employment M P E Grocery shopping M P E House cleaning M P E Inside repairs M P E Laundry M P E Making bed M P E Outside repairs M P E Recreational events M P E Social activities M P E Sweeping kitchen M P E Taking out garbage M P E	Child care M P E Yes Child discipline M P E Yes Cleaning bathrooms M P E Yes Cooking M P E Yes Employment M P E Yes Grocery shopping M P E Yes House cleaning M P E Yes Inside repairs M P E Yes Laundry M P E Yes Making bed M P E Yes Outside repairs M P E Yes Recreational events M P E Yes Social activities M P E Yes Sweeping kitchen M P E Yes Taking out garbage M P E Yes

18)	Yard work	M	P	E	Yes	No
19)	Other	M	S	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 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

<i>2</i>	C	•	
			SHOULD
<b>BEHAVIOR</b>	BY ME	<b>BY PARTNER</b>	THIS CHANGE?
1) Apologize	M S A	M S A	YesNo
2) Become silent	M S A	M S A	YesNo
3) Bring up the past	M S A	M S A	YesNo
4) Criticize	M S A	M S A	YesNo
5) Cruel accusations	M S A	M S A	YesNo
6) Cry	M S A	M S A	YesNo
7) Destroy property	M S A	M S A	YesNo
8) Leave the house	M S A	M S A	YesNo
9) Make peace	M S A	M S A	YesNo
10) Moodines	M S A	M S A	YesNo
11) Not listen	M S A	M S A	YesNo
12) Physical abuse	M S A	M S A	YesNo
13) Physical threats	M S A	M S A	YesNo
14) Sarcasm	M S A	M S A	YesNo
15) Scream	M S A	M S A	YesNo
16) Slam doors	M S A	M S A	YesNo
17) Speak irrationally	M S A	M S A	YesNo
18) Speak rationally	M S A	M S A	YesNo
19) Sulk	M S A	M S A	YesNo
20) Swear	M S A	M S A	YesNo
21) Threaten breaking up	M S A	M S A	YesNo
22) Threaten to take kids	M S A	M S A	YesNo
23) Throw things	M S A	M S A	YesNo
24) Verbal abuse	M S A	M S A	YesNo
25) Yell	M S A	M S A	YesNo
26)	_ M S A	M S A	YesNo
27)	_ M S A	M S A	YesNo
28)	_ M S A	M S A	YesNo
21) How often do you have	MILD ARGU	MENTS?	
•	SEVERE AR	GUMENTS?	
22) When a <b>MILD</b> argumen	t is over	23) When a	SEVERE argument is
how do you usually feel?	?	over how do	you usually feel?
CHECK APPROPRIATE R	RESPONSES	CHECK A	PPROPRIATE RESPONSES
Angry	Lonely	Ans	gry Lonely
Anxious	Nauseous		xious Nauseous
Childish	Numb		ldish Numb
Defeated	Regretful	Def	Teated Regretful
Depressed	Relieved		pressed Relieved
Guilty	Stupid	Gui	
Happy	Victimized	Hat	

Hopeless	Worthless	Hopeless	Worthless
Irritable		Irritable	

24)	Which of the following issues your relationship or personal concern CIRCLE THE APPROPRIATION	flicts	? If a	ın item does	• •	be attr	ribut	able to
	$\mathbf{M} = \mathbf{M}\mathbf{y}$ behavior, $\mathbf{S} = \mathbf{Partner's}$							
	Alcohol consumption	M	P	В	Perfectionist	M	P	В
	Childishness	M	P	В	Possessive	M	P	В
	Controlling	M	P	В	Spends too much money	M	P	В
	Defensiveness	M	P	В	Steals	M	P	В
	Degrading	M	P	В	Stubbornness	M	P	В
	Demanding	M	P	В	Uncaring	M	P	В
	Drugs	M	P	В	Unstable	M	P	В
	Flirts with others	M	P	В	Violent	M	P	В
	Gambling	M	P	В	Withdrawn	M	P	В
	Irresponsibility	M	P	В	Works too much	M	P	В
	Lies	M	Р	В	Other (specify)			
	Past marriage(s)/relationship(s)	M	P	В		M	P	В
	Other's advice	M	P	В		_ 	P	В
	Outside interests		P	В		M	P	В
	Past failures	M		В		— М	P	В
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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	

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.