

COUPLE'S COUNSELING QUESTIONNAIRE

Please help me to get to know you and your relationship by completing without your partner's help. Each partner will complete their own questionnaire. (If more space is needed to answer, use back.)

Name Date of Birth Education Occupation Religion, if any

You _____

Your partner _____

(Circle One) Engaged / Married / Separated / Divorced / Live Together / Other _____

How long have you been in this relationship? _____

If married, how long have you been married? _____ If you lived together before marriage, how long?

Children: Name Sex Date of Birth Is child yours? Your Partner's ? Or both? Living at home?

If anyone else lives in your household, please list including age and relationship:

List major relationships you had before your partner:

When Current status (divorced, friends, etc.) Children from this relationship?

What concerns bring you to couple's counseling? _____

What goals do you have for your relationship? _____

Have you had therapy or couple's counseling in the past and, if so, what and when? _____

If so, what was helpful? _____

What was not helpful? _____

What traits do you appreciate in your partner? _____

What traits do you think your partner appreciates in you? _____

Describe 2 behaviors which you personally could change to make relationship better: _____

Describe 2 of your partner's behaviors which are challenging to you: _____

Have there been any incidents of physical violence or threat of violence? _____

If yes, describe: _____

Do you or your partner have difficulties with alcohol or substance abuse? _____

If yes, describe: _____

FAMILY OF ORIGIN

We often bring what we have learned about family in childhood to our current relationships. Please help me to get to know your family of origin.

What words describe the home in which you were raised (ex. loving, unsafe, hectic, etc.)

What words come to mind when you think of your parents' relationship to each other? _____

Are your parents:

(Circle One) Engaged / Married / Separated / Divorced / Living Together / One or both deceased

If your parents separated from each other or remarried/entered into new partnerships, how old were you at the time? Separated _____ New Spouse/ Partner: Mom _____ Dad _____

If you were adopted, how old were you when placed? _____

If you have siblings, please list below:

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Parent (Mom, Dad or both?)</u>	<u>Lived with you growing up?</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What strengths do you remember in your family of origin? _____

What weaknesses do you remember in your family of origin? _____

Was there any physical or sexual abuse in your family? _____ If yes, what kind of abuse and with who? _____

List any important events or "family secrets" in your family of origin: _____
