

# Couples Information Form

1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Date: \_\_\_\_\_

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?  Yes When? \_\_\_\_\_  No

10) Fill out the following information for each child of whom the natural parent is 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 whom?
1)			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
3)			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
4)			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
5)			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No

11) List five qualities that initially attracted you to your partner:

- 1)
- 2)

Does your partner still possess this trait?

- Yes  No
- Yes  No

- 3)  Yes  No
- 4)  Yes  No
- 5)  Yes  No
- 12) List four negative concerns that you initially had in the relationship:
- 1)  Yes  No
- 2)  Yes  No
- 3)  Yes  No
- 4)  Yes  No
- 13) List five present positive attributes of your partner:
- 1)  Yes  No
- 2)  Yes  No
- 3)  Yes  No
- 4)  Yes  No
- 5)  Yes  No
- 14) List five present negative attributes of your partner:
- 1)  Yes  No
- 2)  Yes  No
- 3)  Yes  No
- 4)  Yes  No
- 5)  Yes  No
- 15) List five things you do (or could do) to make the marriage more fulfilling for your partner:
- 1)  Yes  No
- 2)  Yes  No
- 3)  Yes  No
- 4)  Yes  No
- 5)  Yes  No
- 16) List five things that your partner does (or could do) to make the marriage more fulfilling for you:
- 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 before you met your partner:

- 1)
- 2)
- 3)
- 4)
- 5)

Has this been fulfilled?

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 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 the relationship		Your need or desire		Partner's need or desire	
	Poor	Great	Low	High	Low	High
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
1) Affection	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2) Childrearing rules	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3) Commitment together	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4) Communication	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5) Emotional closeness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6) Financial security	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
7) Honesty	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
8) Housework sharing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
9) Love	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
10) Physical attraction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
11) Religious commitment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
12) Respect	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
13) Sexual fulfillment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
14) Social life together	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
15) Time together	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
16) Trust	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other (specify)						
17)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
18)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
19)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
20)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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)

		Is this equitable (fair)?	Comments
1) Auto repairs	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Child care	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Child discipline	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Cleaning bathrooms	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Cooking	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Employment	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Grocery shopping	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- |                         |  |  |
|-------------------------|--|--|
| 8) House cleaning       | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Inside repairs       | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Laundry             | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11) Making bed          | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12) Outside repairs     | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13) Recreational events | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14) Social activities   | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15) Sweeping kitchen    | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16) Taking out garbage  | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17) Washing dishes      | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18) Yard work           | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19) Other:              | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20) Other:              | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> 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)

- | <b>Behavior</b>           | <b>By me</b>   | <b>By partner</b>  | <b>Should this change?</b>                               |
|---------------------------|--|--|--|
| 1) Apologize              | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Become silent          | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Bring up the past      | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Criticize              | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Cruel accusations      | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Cry                    | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Destroy property       | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Leave the house        | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Make peace             | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Moodiness             | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11) Not listen            | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12) Physical abuse        | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13) Physical threats      | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14) Sarcasm               | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15) Scream                | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16) Slam doors            | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17) Speak irrationally    | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18) Speak rationally      | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19) Sulk                  | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20) Swear                 | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21) Threaten breaking up  | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22) Threaten to take kids | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23) Throw things          | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24) Verbal abuse          | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25) Yell                  | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26)                       | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27)                       | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28)                       | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> A | <input type="checkbox"/> Yes <input type="checkbox"/> 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**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

23) When a SEVERE argument is over  
how do you usually feel?

**Check Appropriate Responses**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

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              | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Perfectionist   | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Childishness                     | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Possessive      | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Controlling                      | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Spends too much | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Defensiveness                    | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Steals          | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Degrading                        | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Stubbornness    | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Demanding                        | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Uncaring        | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Drugs                            | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Unstable        | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Flirts with others               | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Violent         | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Gambling                         | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Withdrawn       | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Irresponsibility                 | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Works too much  | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Lies                             | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | Other (specify) |  |
| Past marriage(s)/relationship(s) | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | _____           | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Other's advice                   | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | _____           | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Outside interests                | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | _____           | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |
| Past failures                    | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B | _____           | <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> B |

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

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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 my partner, our therapist, and me. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature:

Date: / /

Typing your name above represents your digital signature and makes this a legally binding document

**PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS DURING YOUR NEXT APPOINTMENT**