Couple, Marital, and Family Life History Questionnaire

(to be completed by client)

Purpose **Date: _____**

The purpose of this questionnaire is to get a complete picture of your couple, marital, and family background. In marriage and family therapy we are concerned with issues that impact on you, your marriage, and your family from many sources. Among those sources are (a) your family of origin, that is your parents and grandparents, (b) your physical health, (c) your life history, (d) things that are influencing you right now. By asking you about these things in questionnaire form we can save a great deal of valuable therapy interview time. Therefore, answering these routine questions as fully and as accurately as you can, it will make it possible for us to work on the things that concern you much more quickly.

All case records are confidential. Except where legally mandated, these records will be seen by no one without your written permission.

If you have any questions about this questionnaire, please feel free to ask at any time. If you do not wish to answer a question, you may write "I do not wish to answer." **Please do not answer or simply write N/A (Not applicable) to any questions that are not applicable to you**.

If a client chooses to send me this Couple, Marital, and Family Life History Questionnaire via email, since transmission of information via internet (email) is not 100% secure, I, Ivana Redmond, do not take responsibility for any lost or misdirected client's personal information contained in this document.

1. General Information

Name: _____ Age: _____

Address: _____

Telephone: (home) _____ Work: _____ Email: _____

Relationship Status: ___ Single (never married) ___ Significant Other ___ Cohabiting ___ 1st Marriage

___ Separated ___ Divorced ___ Widowed ___ Remarried (after Divorce ___ Remarried (after spouse's death

Partner's name (if applicable): _____ Age: _____ Relationship Length: _____

Child Name:	Sex:	Age:	Type (bio, step, etc.)	Custody?	
_____	_____	_____	_____	__ Yes	__ No
_____	_____	_____	_____	__ Yes	__ No
_____	_____	_____	_____	__ Yes	__ No
_____	_____	_____	_____	__ Yes	__ No
_____	_____	_____	_____	__ Yes	__ No

Can I leave a message at home? ___ Yes ___ No At work? ___ Yes ___ No

What is the best phone number to reach you at or leave a message? _____ Best Time: _____

Can you be reached by email? ___ Yes ___ No

When is the best time to send you an email to you? _____

Your Occupation: _____

Partner's Occupation: _____

Have you been referred to this agency? ___ Yes ___ No If yes, by whom? _____

Reasons for the referral: _____

May I thank them for the referral? _____

Person to contact in case of an emergency:

Name: _____

Address: _____

Phone: Home _____ Work _____

2. Description of Presenting Problems:
   Please state in your own words the nature of your concern

_____

_____

_____

_____

_____

On the scale below, please indicate how upsetting your problem(s) is/are right now:

Upsetness	**Frequency**
___ Mildly Upsetting	___ No occurrence
___ Moderately Upsetting	___ Occurs rarely
___ Very Upsetting	___ Occurs sometimes
___ Extremely Upsetting	___ Occurs frequently
___ Totally Upsetting	___ Occurs nearly always

When did your problem(s) begin (give dates if possible)?

_____

_____

Please describe any important events occurring at that time or since then which may have started the problem(s) or which keep them going:

_____

_____

What solutions to your problem(s) have been found helpful?

_____

_____

Have you been in therapy before or received any prior professional assistance related to these or any other problem(s)? If so, please give name(s), professional title(s), dates of treatment, and results:

If yes, was it: _____ Outpatient _____ Inpatient

When: _____ Where: _____

By whom: _____ Length of treatment: _____

Problem(s) treated: _____

Outcome: ___ Very Successful ___ Somewhat Successful ___ Stayed the same ___ Somewhat Worse ___ Much Worse

Check each concern(s) that presently applies to you:

DECISIONS: Decisions concerning

___ Whether to marry

___ Whether to divorce or separate

___ Whether to have children

___ Career or life goals that affect my family

___ Other Decisions. Please specify: _____

_____

_____

ADJUSTING TO NEW OR DIFFERENT LIFE STYLES OR WAYS OF LIVING: Adjusting to:

___ Being divorced or separated

___ Being married (if concerns only relate to children, check box)

___ Living in a remarried family with children (step-family)

___ Moving to a new location

___ Parenting a newborn

___ Being a single parent

___ Addition of a relative or friend to the household

___ Other adjustment(s) specify: _____

_____

ADULT PERSONAL, MARITAL OR INTIMATE RELATIONSHIP CONCERNS (Problems related to children should be noted in the two major categories following this section).

___ Grief / mourning following loss
___ Depression / feeling blue
___ Suicidal thoughts
___ Suicide attempt
___ Anger or difficulty controlling temper
___ Loneliness
___ Lack of trust
___ Feeling rejected
___ Low self-esteem
___ High anxiety
___ Guilt
___ Midlife crisis or difficulties related to growing older
___ Physical problem(s) illness
___ Financial difficulties / stress
___ Employment difficulties / stress
___ Poor relationships with opposite sex adults (other than marital partner)
___ Alcohol or drugs
___ Religion
___ Sexual difficulties
___ Sexual identity / sexual orientation concerns
___ Intellectual differences
___ Poor communication
___ Arguing or handling conflict
___ Differences in personality
___ Infidelity or running around
___ Amount of time spend together
___ Use of leisure time or shared activities
___ The role of men and women
___ Domestic tasks / who does what around the house
___ Emotional abuse of / by partner
___ We have different expectations about what marriage or an intimate relationship should be
___ Physical abuse of / by partner
___ Careers of both partners conflict
___ One partner is domineering / controlling
___ One or both of us no longer feel in love with the other
___ One or both of us do not feel emotional support from the other
___ One or both of us can't accept faults in spouse
___ One or both of us are jealous of partner's relationships with others
___ Other problems with friends
___ Problems with relatives
___ Contact from ex-spouse or former partners upsetting our relationship
___ Relationship takes second place to the children
___ Other, please specify: _____
_____
_____

FAMILY PROBLEMS

___ One or both of us not spending enough time with family
___ Poor communication among one or more family members
___ One of more family members(s) does / do not get along with each other
___ Custody or visitation problems
___ Disagreement with partner about childrearing and / or discipline
___ Not sure what to expect of children
___ Don't feel I'm a good parent
___ Physical abuse of child(ren)
___ Fear of abusing child(ren)
___ Emotional abuse of child(ren)
___ Sexual abuse of child(ren)
___ Difficulty allowing child(ren) to grow up
___ Other family problem(s). Please specify:
_____
_____
_____

CHILD AND TEEN PROBLEMS

___ Arguing	___ Talking back	___ Eating issues
___ Competitiveness	___ Fearfulness	___ Peer pressure
___ Complaining	___ Being bullied or bullying	___ Overweight / underweight
___ Crying	___ Masturbation	___ Fighting

3. Family of Origin History

Date of Birth: _____ Place of Birth: _____

Number of Brothers: _____ Brothers' Ages: _____

Number of Sisters: _____ Sisters' Ages: _____

Father: Living? _____ If alive, give father's age: _____ Health: _____

If deceased, age at time of death: _____ How old were you at the time? _____

Cause of death: _____ Occupation: _____

Does or did father have (check all that apply)

___ Drinking Problem ___ Drug Problem ___ Depression ___ Depression with highs and lows ___ Mental Illness

Mother: Living? If alive, give mother's age: _____ Health: _____

_____

If deceased, age at time of death: How old were you at the time? _____

_____

Cause of death: _____ Occupation: _____

Does or did mother have (check all that apply)

___ Drinking Problem ___ Drug Problem ___ Depression ___ Depression with highs and lows ___ Mental Illness

Did or does any other member of your family have problems with:

___ Drugs ___ Alcohol ___ Depression ___ Diabetes ___ Mental Illness ___ Epilepsy

If so, state who: _____

How would you describe your spiritual or religious beliefs? _____

_____

Your education: What is the last grade completed (degree)? _____

Check any of the following that applied during your childhood or adolescence:

___ Family Childhood	___ Alcohol Abuse	___ School Problems
___ Emotional Problems	___ Sexually Abused	___ Behaviour Problems

___ Eating Disorder ___ Legal Trouble ___ Medical Problems

___ Family Problems ___ Unhappy Childhood ___ Other Problems: _____

___ Physically Abused ___ Drug Abuse _____

If you were not brought up by your parents, who raised you and between what years? _____

_____

Give a description of your father's (or father's substitute's) personality and his methods of discipline (past & present):

_____

_____

How did your father (or father figure) show affection and how often did he share affection with you? With others in the family? (past & present):

_____

_____

Give a description of your mother's (or mother figure's) personality and her methods of discipline (past & present):

_____

_____

How did your mother (or mother figure) show affection and how often did she share affection with you? With others in the family? (past & present):

_____

_____

What specific methods did your father (or father figure) use to control you and other members of the family?

_____

_____

What specific methods did your mother (or mother figure) use to control you and other members of the family?

_____

_____

What did your father (or father figure do to control the expression of affection in the family?

_____

_____

What did your mother (or mother figure do to control the expression of affection in the family?

_____

_____

What were the prevailing emotional overtones in your family when you were growing up?

_____

_____

Has any relative attempted or committed suicide? ___ Yes ___ No

Has any relative had serious problems with the law? ___ Yes ___ No

4. Your Personal History

What is your height? _____ feet _____ inches

What is your weight? _____ pounds

Do you have, or have you ever had (check all that apply):

____ High Blood Pressure ____ Unusual Physical Symptoms ____ Epilepsy

____ Alcohol Problems ____ Strange or Unusual Sensations ____ Drug Problems

Other Illnesses: _____

_____

Have you ever been hospitalized for psychological problems? ___ Yes ___ No

If yes, when and where? _____

Do you have a family physician? ___ Yes ___ No

Is so, please give his / her name and telephone number: _____

Have you ever attempted suicide? ___ Yes ___ No

Have you ever seriously contemplated suicide? ___ Yes ___ No

What is your current health? _____

_____

What kinds of jobs have you held in the past? _____

_____

_____

What sort of work are you doing now? _____

_____

_____

Does your present work satisfy you? ___ Yes ___ No

If no, please explain: _____

_____

What is your annual family income? $ _____

How much does it cost you to live? $ _____

What were your dreams / goals when you were younger? _____

_____

_____

What are your current dreams / goals? _____

_____

_____

Check any of the following behaviours that apply to you:

___ Overeat	___ Nervous tic	___ Drink too much	___ Can't keep a job
___ Take drugs	___ Outbursts of temper	___ Work too hard	___ Take too many risks
___ Odd behaviour	___ Insomnia	___ Suicidal attempts	___ Eating problems
___ Smoke	___ Lazy	___ Compulsion	___ Impulsive reactions
___ Crying	___ Aggressive behaviour	___ Concentration difficulties	___ Excessive sexual behaviour
___ Vomiting	___ Loss of control	___ Withdrawal	___ Sleep disturbance
___ Excessive fear	___ Procrastination		

What kinds of hobbies or leisure activities do you enjoy or find relaxing? _____

_____

_____

Menstrual History:

Age at first period: _____ Were you informed or did it come as a shock? _____

Are your periods regular? ___ Yes ___ No

Do you have pain? ___ Yes ___ No

Does your period affect your mood? ___ Yes ___ No

5. Family Background

Marriage / Significant Relationship:

How long have you been in relationship with your partner? _____

If married:

How long did you know your spouse before your engagement? _____

How long were you engaged? _____

How long have you been married? _____

If you have been previously married, please complete the following:

1st Marriage: Date began: _____ Date ended:_____

Ex-Spouse's name: _____

Children: ___ Yes ___ No

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Reason for divorce: _____

_____

2nd Marriage: Date began: _____ Date ended:_____

Ex-Spouse's name: _____

Children: ___ Yes ___ No

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Reason for divorce: _____

_____

Sexual Relationships:

Describe your parents' attitude toward sex? _____

_____

Was sex discussed in your home? ___ Yes ___ No

When and how did you derive your first sexual knowledge? _____

_____

When did you first become aware of your own sexual impulses? _____

_____

Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation? _____ ___ Yes ___ No

If yes, please explain? _____

Any relevant details regarding your first or subsequent sexual experiences? _____

_____

How satisfying is your present sex life?

Not at all Extremely

_____ _____ _____ _____ _____

Please explain? _____

_____

Provide information about any significant homosexual reactions or relationships? _____

_____

Please note any sexual concerns not discussed above. _____

_____

Children and Family

Who parents your child or children?

_____

_____

Give a description of your methods of discipline (past & present): _____

_____

How do you show affection and how often do you share affection with your spouse / partner? _____

_____

_____

With others in the family? (past & present): _____

_____

Give a description of your spouse's / partner's methods of discipline (past & present): _____

_____

How does your spouse show affection and how often does s/he share affection with you? _____

_____

With others in the family? (past & present): _____

_____

What specific methods do you use to control other members of the family? _____

_____

_____

What specific methods does your spouse / partner use to control you and other members of the family? _____

_____

What do you do to control the expression of affection in the family? _____

_____

What does your spouse / partner do to control the expression of affection in the family? _____

_____

What are the prevailing emotional overtones in your family? _____

_____

_____

Do any of your children present special problems? _____

_____

Spouse or Partner Relationship Assessment

Below are listed a variety of ways that one person may feel or behave in relation to another person. Please consider each statement with reference to your present relationship with your spouse or partner. Mark each statement in the left margin, according to how strongly you fell that it is true, or not true, in this relationship. Please respond to every statement. Place one of the following numbers in the black provided.

+3: Yes, I strongly feel this is true	**-3:** No, I strongly feel that this is not true
+2: Yes, I feel this is true	**-2:** No, I feel this is not true
+1: Yes, I feel that is probably true, or more true than untrue	**-1:** No, I feel that this is probably untrue, or more untrue than true

___ 1. He / she respects me as a person.

___ 2. He / she wants to understand how I see things.

___ 3. He / she is comfortable and at ease in our relationship.

___ 4. He / she feels a true liking for me.

___ 5. He / she may understand my words but he / she does not see the way I feel.

___ 6. I feel that he / she puts on a role or front with me.

___ 7. He / she is impatient with me.

___ 8. He / she nearly always knows exactly what I mean.

___ 9. I feel that he / she is real and genuine with me.

___ 10. I feel appreciated by him / her.

___ 11. He / she looks at what I do from his / her own point of view.

___ 12. It makes him / her uneasy when I ask or talk about certain things.

___ 13. He / she is indifferent to me.

___ 14. He / she usually senses or realizes what I am feeling.

___ 15. I nearly always feel that what he / she says expresses exactly what he / she is feeling and thinking as he / she says it.

___ 16. He / she finds me rather dull and uninteresting.

___ 25. He / she just tolerates me.

___ 26. He / she usually understands the whole of what I mean.

___ 27. He / she expresses his / her true impressions and feelings with me.

___ 28. He / she is friendly and warm with me.

___ 29. He / she just takes no notice of some things that I think or feel.

___ 30. At times I sense that he / she is not aware of what he / she is really feeling with me.

___ 31. I feel that he / she really values me.

___ 32. He / she appreciates exactly how the things I experience feel to me.

___ 33. He / she is willing to express whatever is actually in his / her mind with me, including any feelings about him / her or about me.

___ 34. He / she doesn't like me for myself.

___ 35. At times, he / she thinks that I feel a lot more strongly about a particular thing than I really do.

___ 36. He / she is openly him / herself in our relationship.

___ 37. I seem to irritate and bother him / her.

___ 38. He / she does not realize how sensitive I am about some of the things we discuss.

___ 39. There are times when I feel that his / her outward response to me is quite different from the way he / she feels underneath.

___ 40. At times, he / she feels contempt for me.

___ 17. His / her own attitudes toward some of the things I do or say prevent him / her from understanding me.

___ 18. He / she wants me to think that he / she likes me or understands me more than he / she really does.

___ 19. He / she cares for me.

___ 20. Sometimes he / she thinks that I feel a certain way, because that's the way he / she feels.

___ 21. He / she does not avoid anything that is important for our relationship.

___ 22. I feel that he / she disapproves of me.

___ 23. He / she realizes what I mean even when I have difficulty in saying it.

___ 24. Sometimes he / she is not at all comfortable but we go on, outwardly ignoring it.

___ 41. He / she understands me.

___ 42. I have not felt he / she tries to hide anything from him / herself that he / she feels with me.

___ 43. He / she is truly interested in me.

___ 44. His / her response to me is usually so fixed and automatic that I don't really get through to him / her.

___ 45. What he / she says to me often gives a wrong impression of his / her whole thought or feeling at the time.

___ 46. He / she feels deep affection foe me.

___ 47. When I am hurt or upset he / she can recognize my feelings exactly, without becoming upset him / herself.

___ 48. I believe that he / she has feelings he / she does not tell me about that are causing difficulty in our relationship.

For each question below, circle the number for the answer that best fits how you see your immediate family.

		YES Fits our family very well	**SOME** Fits our family some	**NO** Does not fit our family
1.	Family members pay attention to each other's needs.	1	2	3
2.	Our family would rather do things together than with other people.	1	2	3
3.	We all have a say in family plans.	1	2	3
4.	In our family, the parents expect to help the children out of trouble.	1	2	3
5.	We think and feel so much alike it is hard to disagree.	1	2	3
6.	The grownups in the family compete and fight with each other.	1	2	3
7.	There is closeness in my family but each person is allowed to be special and different.	1	2	3
8.	We accept each other's friends.	1	2	3
9.	There is confusion in our family because there is no leader.	1	2	3
10.	Our family members touch and hug each other.	1	2	3
11.	Family members put each other down.	1	2	3
12.	We speak our mind, no matter what.	1	2	3
13.	In our home, we feel loved.	1	2	3
14.	Even when we feel close, our family is embarrassed to admit it.	1	2	3

15. Our happiest times are at home.	1	2	3
16. The grownups in this family are strong leaders.	1	2	3
17. Making a good impression on others is important to our family.	1	2	3
18. The future looks good to our family.	1	2	3
19. We usually blame one person in our family when things aren't going right.	1	2	3
20. Family members go their own way most of the time.	1	2	3
21. Our family is proud of being close.	1	2	3
22. Our family is good at solving problems together.	1	2	3
23. Family members easily express warmth and Caring toward each other.	1	2	3
24. In our family, it's okay to be sad, happy, angry, loving, excited, scared, or whatever we feel.	1	2	3
25. It's okay to fight and yell in our family.	1	2	3
26. One of the adults in this family has a favourite child.	1	2	3
27. When things go wrong we blame each other.	1	2	3
28. We say what we think and feel.	1	2	3
29. Our family members would rather do things with other people than together.	1	2	3
30. Family members pay attention to each other and listen to what is said.	1	2	3
31. We worry about hurting each other's feelings.	1	2	3
32. The mood in my family is usually sad and blue.	1	2	3
33. We argue a lot.	1	2	3
34. The grownups in this family have friends or relatives that really care.	1	2	3
35. Without asking, we know what others in our family are thinking.	1	2	3
36. One person controls and leads the family.	1	2	3
37. My family is happy most of the time.	1	2	3
38. Each person takes responsibility for his/her behavior.	1	2	3
39. The grownups in this family keep to themselves and don't talk much.	1	2	3

40. On a scale from 1 to 10, I would say my family: (circle the number where you think your family belongs.)

1 2 3 4 5 6 7 8 9 10

Functions very well together

Does not function well together at all. We really need help.

41. On a scale from 1 to 10, I would rate the independence in my family as: (circle the number where you think your family belongs.)

1 2 3 4 5 6 7 8 9 10

No one is independent	Sometimes independent	Members usually go their own way
No open arguments	Some disagreements	Disagreements are open
Family members rely on each other for satisfaction rather than on outsiders	Family members find satisfaction both within and outside the family	Family members look outside the family for satisfaction

Stress

Check any of the following which apply and indicates the family member involved such as spouse, child, father, mother, brother, sister, yourself, and so on.

Event	**Family Member(s) Involved**
___ Death in the family	_____
___ Divorce	_____
___ Trouble with the law	_____
___ Financial trouble	_____
___ Job / School	_____
___ Serious / Chronic Illness	_____
___ Serious Operation	_____
___ Mental Illness	_____
___ Alcohol	_____
___ Drugs	_____
___ Interpersonal Problems	_____
___ Sexual abuse (past or present)	_____
___ Depression	_____
___ Physical abuse	_____
___ Suicide or suicide attempt	_____
___ Other	_____

6. Systems Outside of Your Family

How do you get along with your in-laws, including brothers and sisters-in-law? _____

_____

_____

Have your parents, brothers, or sisters ever interfered in your marriage?

_____

_____

Are you having trouble on the job or in school?

_____

_____

Have your parents, relatives, or friends interfered in your job or school?

_____

_____

Has your Minister / Clergy made a special effort to talk to you about your behaviour or the behaviour of a member of your family? ___ Yes ___ No

Have the police or other social agencies been involved with your family ___ Yes ___ No

Have there been any other outside disturbances to your family? ___ Yes ___ No

Friendships:	Very Easily			Not Easily
Do you make friends easily?	_____	_____	_____	_____
Do you have difficulty maintaining friendships?	_____	_____	_____	_____
Do you keep them?	_____	_____	_____	_____

Rate the degree to which you generally feel comfortable and relaxed in social situations:

___ Very relaxed ___ Relatively comfortable ___ Relatively uncomfortable ___ Very anxious

Expectations Regarding Therapy:

In a few words, what do you think therapy is all about?_____

_____

How long do you think therapy should last?_____

How do you think your therapist should interact with you?_____

_____

What personal qualities do you think the ideal therapist should possess?_____

_____