

Strategic Therapies and Coaching LLC

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COUPLES INFORMATION FORM

Instructions: To assist me 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 will be shared later with your partner during joint therapy sessions. 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 have 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.)	_____	_____	F M	_____	Yes ____ No ____
2.)	_____	_____	F M	_____	Yes ____ No ____
3.)	_____	_____	F M	_____	Yes ____ No ____
4.)	_____	_____	F M	_____	Yes ____ No ____
5.)	_____	_____	F M	_____	Yes ____ No ____
6.)	_____	_____	F M	_____	Yes ____ No ____
7.)	_____	_____	F M	_____	Yes ____ No ____
8.)	_____	_____	F M	_____	Yes ____ No ____

- | | |
|---|--|
| 11.) List three qualities that initially attracted you to your partner: | Does your partner still possess this trait? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |
| 12.) List three negative concerns that you initially had in the relationship: | Does your partner still possess this trait? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |
| 13.) List three positive attributes of your partner: | Do you often praise your partner for this trait? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |
| 14.) List three present negative attributes of your partner: | Do you nag your partner about this trait? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |
| 15.) List three things you do (or could do) to make the marriage more fulfilling for your partner: | Do you often implement this behavior? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |
| 16.) List three things that your partner does (or could do) to make the marriage more fulfilling for you: | Does your partner often implement this behavior? |
| 1.) _____ | Yes ____ No _____ |
| 2.) _____ | Yes ____ No _____ |
| 3.) _____ | Yes ____ No _____ |

17.) List three expectations or dreams you had about relationships before you met your partner: Has this been fulfilled?

- | | |
|-----------|--------------------|
| 1.) _____ | Yes _____ No _____ |
| 2.) _____ | Yes _____ No _____ |
| 3.) _____ | 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
1.) Affection	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
2.) Childrearing rules	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
3.) Commitment together	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
4.) Communication	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
5.) Emotional closeness	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
6.) Financial security	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
7.) Honesty	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
8.) Housework sharing	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
9.) Love	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
10.) Physical attraction	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
11.) Religious commitment	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
12.) Respect	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
13.) Sexual fulfillment	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
14.) Social life together	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
15.) Time together	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
16.) Trust	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
Other (specify)						
17.) _____	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
18.) _____	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
19.) _____	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
20.) _____	1 2 3 4 5		1 2 3 4 5		1 2 3 4 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	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 beds	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 spaces. 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)
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? _____

22.) When a MILD argument is over,
 how do you usually feel?

Check Appropriate Responses

- ___ Angry ___ Lonely
- ___ Anxious ___ Nauseous
- ___ Childish ___ Numb
- ___ Defeated ___ Regretful
- ___ Depressed ___ Relieved
- ___ Guilty ___ Stupid
- ___ Happy ___ Victimized
- ___ Hopeless ___ Worthless
- ___ Irritable

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

Check Appropriate Responses

- ___ Angry ___ Lonely
- ___ Anxious ___ Nauseous
- ___ Childish ___ Numb
- ___ Defeated ___ Regretful
- ___ Depressed ___ Relieved
- ___ Guilty ___ Stupid
- ___ Happy ___ Victimized
- ___ Hopeless ___ Worthless
- ___ Irritable

24.) Which of the following issues or behaviors or 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	M P B	Perfectionist	M P B
Childishness	M P B	Possessive	M P B
Controlling	M P B	Spends too much	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
Pornography	M P B	Sex Addiction	M P B
Lies	M P B	Other (specify)	
Past marriage(s)/relationship(s)	M P B	_____	M P B
Other's advice	M P B	_____	M P B
Outside interests	M P B	_____	M P B
Past failures	M P B	_____	M P B

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

I, _____, hereby give my permission for Carol Juergensen Sheets, LCSW, CSAT, PCC to share the information that I provide on this form to _____ (partner) when it is deemed appropriate by the therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature _____ Date: _____

PLEASE BRING THIS AND OTHER INTAKE FORMS TO YOUR FIRST COUPLES APPOINTMENT