

COUPLE QUESTIONNAIRE

Date: _____

How long married? _____

Name _____

Spouse _____

Age _____ Of Spouse _____

Religion _____

Of Spouse _____

Occupation _____

Of Spouse _____

Education _____

Of Spouse _____

Name of Person or Agency who referred you:

Name: _____

Address: _____

May we have your permission to thank them for the referral? _____

What do you want to accomplish in marital therapy?

Violence in the Marriage: Yes No

(Physical, emotional, verbal, sexual – Examples: name calling, belittling, slapping, pushing, swearing, demanding sex, putting family down, refusing to “meet in the middle” accusing one another of having an affair, keeping one or the other from going places, intimidation etc.)

If yes, please answer the following questions:

Date of last incident _____ What happened? _____

**What are your specific complaints about your marriage? First circle and then describe:
Please use the backs of pages as necessary**

a) Lack of Communication

i) Domineering Spouse

b) Constant Arguments

j) Suspicious Spouse

c) Unfulfilled emotional needs

k) Other: _____

d) Sexual dissatisfaction

l) _____

e) Financial Disagreements

m) _____

f) In-Law Trouble

n) _____

g) Infidelity-Emotional/Physical

o) _____

h) Conflicts about Children

p) _____

Why are you NOW seeking help?

If you have received any help with respect to your marriage, circle the following:

Psychiatrist Psychologist Physician Clergy

Social Worker Counselor Agency Other

Name the people you saw, the date, and your opinion of the results:

Have you or your spouse ever attempted suicide? If Yes, please give details:

How did you meet?

Describe dating your partner. How long and whether stormy, etc.

Did you have a honeymoon? _____

Describe your reactions, partner's behavior, etc. during this time. (Please use back if needed)

If you had a previous marriage how did it end?

Divorce

Death

Desertion

Explain what happened in that relationship:

Describe how you feel about that relationship now:

Children from that relationship? _____
If yes, tell me about their adjustment:

Original Family:

Father (Name):

Age if living:

Mother (Name):

Age if living:

Occupation:

Age at death:

Occupation:

Age at death:

Please describe *current* relationship w/ Father:

Please describe *current* relationship w/Mother:

What was each parent like as people (during childhood)?

How did they get along in their marriage?

How did you get along with them *in childhood*?

Describe your family's circumstances as you were growing up:

**Example: calm vs. explosive ** distant vs. close ** spoiled vs. lacking needs ** supportive vs. non supportive
** controlling vs. indifferent or neglectful, moved a lot, etc. Please include anything that would give a clearer picture of your family experiences and relationships. Feel free to use the back of the page or add pages as necessary.**

Brothers and Sisters:

Name: **Age:** **Sex:** **Describe Relationship: (good, bad, etc.)**

What are the problems and conflicts that arise with your siblings and how do you deal with them?

How do you feel about each brother or sister?

Your Children:

Name:

Age: Sex:

Describe Relationship: (good, bad, etc.)

What are the problems and conflicts that arise with your children and how do you deal with them?

Do you have any special concerns about your children?

How do you feel about being a parent?

Describe the kind of person you are:

Strengths:

Weaknesses:

Feelings about yourself (Examples: inferior, sensitive, anxiety, boredom, etc.):

High School and/or College:

How well did you do as far as grades are concerned?

Extracurricular activities?

What problems did you have in school?

When did you first leave home?

What was that experience like for you?

Military Experience

Were you in the armed services?

If so, please describe what kind of experience you had in the military:

(What this was like for you)

Medical History:

Family Physician:

Present state of health:

Last medical checkup:

What serious medical illnesses have you had and when?

Surgical operations and when?

Worries or concerns about your health?

Habits:

What drugs are you presently taking?

How much do you smoke?

How much do you drink and how often?

Did you experiment with drugs in high school and college?

If yes, please describe:

Do you think you eat/drink/shop/other things too much?

Social and Civic Activities:

What are your hobbies and interests?

How much satisfactions do you get from these?

What problems are there in these areas?

Occupation:

Describe what you do for work:

Explain how you feel about your work:

How do you get along with coworkers, boss, or associates?

Have you changed jobs frequently and if so, give details:

Religion:

What is your religious preference?

What church sponsored or religious activities do you participate in?

How often do you participate?

How have the teachings of your church and your faith influenced your marriage?

Descriptions:

How would your best friend describe you?

How would your parents describe you?

How would your partner describe you?

How would your worst enemy describe you?

Add anything else you feel might be important:

**Are there any additional comments you wish to make about your marriage?
(Please use the back of this page if necessary)**