

Suwanee Counseling
970 Peachtree Industrial Blvd.
Suite 100
Suwanee, Ga. 30024

Couple's 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 both 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) | _____ | _____ | 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

11) _____
attracted you to
your partner:

List five qualities that initially
Does your partner still
possess this trait?

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

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

12) List four negative concerns that you initially
had in the relationship:

Does your partner still
possess this trait?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

13) List five present positive attributes of
your partner:

Do you often praise your
partner for this trait?

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

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

14) List five present negative attributes of
your partner:

Do you nag your partner
about this trait?

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

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

15) List five things you do (or could do) to make
the marriage more fulfilling for your partner:

Do you often implement
this behavior?

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

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

16) List five things that your partner does (or could do)
to make the marriage more fulfilling for you:

Does your partner often
implement this behavior?

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

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

- 17) List five 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 |
| 4) _____ | ___ | Yes | ___ | No |
| 5) _____ | ___ | 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)

| | M | P | E | Is this equitable (fair)? | | Comments |
|-----------------------|---|---|---|---------------------------|---------|----------|
| 1) Auto repairs | | | | ___ | Yes ___ | No _____ |
| 2) Child care | | | | ___ | Yes ___ | No _____ |
| 3) Child discipline | | | | ___ | Yes ___ | No _____ |
| 4) Cleaning bathrooms | | | | ___ | Yes ___ | No _____ |
| 5) Cooking | | | | ___ | Yes ___ | No _____ |
| 6) Employment | | | | ___ | Yes ___ | No _____ |
| 7) Grocery shopping | | | | ___ | 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 bed | 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 | S | E | ___ | Yes | ___ | 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)

| 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

- | | |
|------------------------------------|-------------------------------------|
| <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 | 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 |
| 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 this clinic to share the information that I provide on this form to _____ (partner) when it is deemed appropriate by an agreement between me, my partner, and our therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature: _____ Date: ____/____/____

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.