



Kristine Kirsch, M. Coun., LPC

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	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8)	_____	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Does your partner still possess this trait?

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

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

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

Does your partner still possess this trait?

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

13. List five present positive attributes of your partner:

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

Do you often praise your partner for this trait?

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

14. List five present negative attributes of your partner:

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

Do you nag your partner about this trait?

- ___ 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:

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

Do you often implement this behavior?

- ___ 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) _____ 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: _____ 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 need or desire					
	Poor	Great	Low	High	Low	High				
(1) Affection	1	2	3	4	5	1	2	3	4	5
(2) Childrearing rules	1	2	3	4	5	1	2	3	4	5
(3) Commitment together	1	2	3	4	5	1	2	3	4	5
(4) Communication	1	2	3	4	5	1	2	3	4	5
(5) Emotional closeness	1	2	3	4	5	1	2	3	4	5
(6) Financial security	1	2	3	4	5	1	2	3	4	5
(7) Honesty	1	2	3	4	5	1	2	3	4	5
(8) Housework sharing	1	2	3	4	5	1	2	3	4	5
(9) Love	1	2	3	4	5	1	2	3	4	5
(10) Physical attraction	1	2	3	4	5	1	2	3	4	5
(11) Religious commitment	1	2	3	4	5	1	2	3	4	5
(12) Respect	1	2	3	4	5	1	2	3	4	5
(13) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5
(14) Social life together	1	2	3	4	5	1	2	3	4	5
(15) Time together	1	2	3	4	5	1	2	3	4	5
(16) Trust	1	2	3	4	5	1	2	3	4	5
Other (specify)										
(17) _____	1	2	3	4	5	1	2	3	4	5
(18) _____	1	2	3	4	5	1	2	3	4	5
(19) _____	1	2	3	4	5	1	2	3	4	5
(20) _____	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 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	P	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

- | | |
|---------------|----------------|
| ___ 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 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 with _____ (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.