

North East Counseling and Trauma Services



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	Gender	*Whose child?	Lives with	whom?
1) _____	_____	_____	_____	___ Yes	___ No
2) _____	_____	_____	_____	___ Yes	___ No
3) _____	_____	_____	_____	___ Yes	___ No
4) _____	_____	_____	_____	___ Yes	___ No
5) _____	_____	_____	_____	___ Yes	___ No
6) _____	_____	_____	_____	___ Yes	___ No
7) _____	_____	_____	_____	___ Yes	___ No
8) _____	_____	_____	_____	___ Yes	___ No

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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:

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

Does your partner often implement this behavior?

- ___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)

				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	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

- ___ 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 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: _____ / _____ / _____