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PREMARITAL/MARITAL/COUPLE/RELATIONSHIP THERAPY QUESTIONNAIRE

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

CURRENT ADDRESS _____

PHONE (HOME) _____ (WORK) _____

OCCUPATION _____

YEARS EMPLOYED _____

DATE OF LAST PHYSICAL BY M.D. _____

CURRENT MEDICATIONS _____

CHILDREN(S) NAME(S) & AGE(S) _____

WHERE DO YOUR CHILDREN LIVE? _____

Do you regularly use drugs/alcohol? YES/NO

Frequency? _____

Date first started _____

Amount Used _____

Ever had a DUI? YES/NO

Ever tried to quit? YES/NO

Ever been to 12 step meetings? YES/NO

Ever been hospitalized for drug/alcohol? YES/NO

Ever assigned yourself to an outpatient drug/alcohol program? YES/NO

Ever fought with spouse/partner over your substance use? YES/NO

List any known allergies you have _____

Ever had counseling/psychotherapy before? YES/NO
If so, what was helpful about it?

What did not work for you about it?

What ultimate conclusions did you draw about/from your previous therapy?

What are you sure therapy will **not** help you with?

What losses have you had in your life that made a major impact?

What is your belief about loss and how to deal with it?

What conflict(s) do you typically find in your relationships?

What particular conflict has come up for you in the relationship which brings you to therapy?

What is your best method of dealing with conflict in this relationship?

What are the obstacles you find in interacting with your partner?

What is the most important thing your partner needs to know about you that might help you get along better with each other?

What strengths does the relationship have that you want to enhance and keeping going for it?

If you could simply state it, what is the chief problem you wish to solve or the main thing you want your couples work to accomplish? (Please describe in terms of behavior so we can measure when we arrive at the desired aim.)

If the main problem was solved, would there be any down side?

On a scale of 1-10: How committed to solving the main problem are you?

On a scale of 1-10: How willing are **you** to change **your** behavior in order to solve the main problem?

Do you believe there is only one main person in charge of a relationship? YES/NO

What level of conflict would be tolerable to you in your relationship?

What arrangements have you made so far in your discussions about arguments?

Do you ever argue with your partner with the motivation to win? YES/NO

How often do you acknowledge your partner's "good points?" How do you let them know?

What would you say your partner already knows about you that you realize you need to work on within yourself or in your behavior?

What in your relationship history makes it hard for you to work on these things?

What difficult situations have you gone through in your life and what did they teach you?

When you find yourself in a most difficult challenge what do you rely on? What beliefs help you how did you come to know this?

Have your conflicts with your partner ever drawn a physically or emotionally violent response?
YES/NO

Have law enforcement or other first responders (paramedics, ambulance etc.) ever been involved with a domestic dispute of yours? YES/NO

Have you ever been arrested, convicted on domestic violence charges, or gone to a court ordered domestic violence diversion program? YES/NO

If so, have there been further incidents? Please explain.

Do you own or have weapons or firearms in your home? YES/NO

If so, have you taken a course in their safe handling and use? YES/NO

What precautions do you use to ensure safety of all family members regarding the weapons?

Have you ever verbalized suicidal thoughts, made suicidal gestures or attempts? YES/NO

If so, give full details using as much extra paper as required to give a complete accounting of any and all details.

Is there any current thought or plan on your part to take your own life? Include any details.

If you answered YES to any of the questions mentioned on suicide, are you or are you not willing to abide by appropriate guidelines directing you to seek recommended concurrent treatment by a psychiatrist, including directions to prescribed medications? YES/NO

How often do you and your partner have intimate relations and what is the quality of them from your perspective?

What is something very important about love making you wish your partner would do?

Are you able to openly discuss sex and intimacy with your partner? YES/NO
If so, what response follows these discussions?

If not, what would make it easier for you to discuss these things more openly?

Are you having any specific problems that have to do with sexual arousal or orgasms?

If so, have these been medically checked out? YES/NO

Is sex ever physically painful for your? YES/NO

If so, has this been medically checked out? YES/NO

Have you ever had symptoms of or been diagnosed with a sexually transmitted disease?
YES/NO

If yes, what is the current status of treatment?

How many marriages and how many divorces have you had?

If divorced, what helped you make your decision to do so?

Have you ever had problems with finances or credit problems? YES/NO

Do you in your relationship have and stick to some sort of budget? YES/NO

What is your current monthly debt load and what is your current joint income?

Do you have savings/retirement plan, college fund for children, investments and what percent of your monthly income goes to savings of some sort?

If married, did you go on a honeymoon? YES/NO

Do you currently take couple time, day trips or weekend get-aways on a regular basis? YES/NO

What visions/goals does your relationship share?

How does the previous answer reflect or depart from your own personal sense of purpose?

What are your dreams or your heart's desire?

What is your diet like? Give a brief listing of a typical day's meals.

When you wake up, when is the first meal and what is it?

Description and time of next meal.

What and when is the last meal of the day?

What form of regular exercise do you partake?

How much do you disclose about your life to your primary care physician?

How well do you usually follow medical advice?

Have you ever taken yourself off medications despite medical advice to continue them and not consulted the prescribing physician? YES/NO

Are you willing to take suggestions about changes in your behavior whether or not you immediately understand how they might work to effect changes you and your partner desire?
YES/NO

Does your household have emergency plan for fire or other disaster? YES/NO

Do you own fire extinguishers, smoke detectors, carbon monoxide detectors? YES/NO

Do you have a handy list of emergency numbers you could utilize in situations that might need immediate response? YES/NO

What form of individual relaxation do you regularly participate in?

Do you engage in any regular spiritual pursuits and what help do they hold for you?

What marital couple interaction do you recall being expressed (set as example) by your caretakers/parents and that influenced your own behavior to date?

My answers reflect my full disclosure of the facts about myself and my relationship.

Client, Patient name PRINTED

Client, Patient name SIGNATURE

DATE