**COUPLE’S COUNSELING QUESTIONNAIRE**

*Please help me to get to know you and your relationship by completing without your partner’s help. Each partner will complete their own questionnaire. (If more space is needed to answer, use back.)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Education</th>
<th>Occupation</th>
<th>Religion, if any</th>
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<tbody>
<tr>
<td>You</td>
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<td>Your partner</td>
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(Circle One) Engaged / Married / Separated / Divorced / Live Together / Other _________

How long have you been in this relationship? ____________________________________________

If married, how long have you been married? _____ If you lived together before marriage, how long?

Children:  | Name | Sex | Date of Birth | Is child yours? Your Partner’s? Or both? | Living at home? |
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If anyone else lives in your household, please list including age and relationship:

_________________________________________________________________________________

_________________________________________________________________________________

List major relationships you had before your partner:

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<th>When</th>
<th>Current status (divorced, friends, etc.)</th>
<th>Children from this relationship?</th>
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What concerns bring you to couple’s counseling? ____________________________________________

_________________________________________________________________________________
What goals do you have for your relationship? 

__________________________________________________________________________

__________________________________________________________________________

Have you had therapy or couple’s counseling in the past and, if so, what and when? ________

__________________________________________________________________________

If so, what was helpful? ____________________________________________________________________

What was not helpful? ____________________________________________________________________

What traits do you appreciate in your partner? ____________________________________________

__________________________________________________________________________

What traits do you think your partner appreciates in you? ____________________

__________________________________________________________________________

Describe 2 behaviors which you personally could change to make relationship better: ________

__________________________________________________________________________

__________________________________________________________________________

Describe 2 of your partner’s behaviors which are challenging to you: ____________________

__________________________________________________________________________

__________________________________________________________________________

Have there been any incidents of physical violence or threat of violence? ________________

If yes, describe: ____________________________________________________________________

Do you or your partner have difficulties with alcohol or substance abuse? ________________

If yes, describe: ____________________________________________________________________

FAMILY OF ORIGIN

We often bring what we have learned about family in childhood to our current relationships. Please help me to get to know your family of origin.

What words describe the home in which you were raised (ex. loving, unsafe, hectic, etc.)

__________________________________________________________________________
What words come to mind when you think of your parents’ relationship to each other? __________
____________________________________________________________________________________

Are your parents:
(Circle One) Engaged / Married / Separated / Divorced / Living Together / One or both deceased

If your parents separated from each other or remarried/entered into new partnerships, how old were you at the time? Separated ______ New Spouse/Partner: Mom _________ Dad _______

If you were adopted, how old were you when placed? __________

If you have siblings, please list below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Parent (Mom, Dad or both?)</th>
<th>Lived with you growing up?</th>
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What strengths do you remember in your family of origin? ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

What weaknesses do you remember in your family of origin? ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

Was there any physical or sexual abuse in your family? ________ If yes, what kind of abuse and with who? ____________________________________________

List any important events or “family secrets” in your family of origin: ____________________________
____________________________________________________________________________________
____________________________________________________________________________________