**Demographic Information**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is it ok to leave a voicemail? YES NO*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Would you like to receive email communication? YES NO*

*Is it ok to send something in the mail? YES NO*

How were you introduced to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* *Please complete below for additional client*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is it ok to leave a voicemail? YES NO*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Would you like to receive email communication? YES NO*

*Is it ok to send something in the mail? YES NO*

How were you introduced to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship that you are seeking help for**

**How long have you and your partner been together**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your **living arrangements**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had therapy or couples **counseling in the past**?

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Is there a **history of mental illness** in your family? Is there a history of mental illness in your partners family? If yes, please describe:

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What was the very **beginning of your relationship** like?

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What initially **attracted you to your partner**?

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What do you **like most about your relationship**? What are your **sources of pleasure** as a couple?

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In what important ways are the two of you **similar? Different? Share in common?**

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What **traits do you appreciate** in your partner?

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

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Do you **feel supported** by your partner? If so, how and when?

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Do you feel that you **feel that you provide your partner with support** or encouragement? How?

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How often do you **argue**?

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What do you do when you **get angry**? What does your partner do?

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How long do you **stay mad at each other**? Who is the first to attempt to make things better in the conflict?

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Describe your **most recent argument**. How did it start? How did it end?

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Do you ever feel like **leaving your partner**? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

How **open are you in expressing** your innermost thoughts and feelings with your partner ?

(Totally Closed) 1 2 3 4 5 6 7 8 9 10 (Totally opened)

How **connected do you feel** to your partner?

(completely separate) 1 2 3 4 5 6 7 8 9 10 (completely attached)

Please rate your **current level of relationship satisfaction** by circling the number that corresponds with your current feelings about the relationship:

(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

How comfortable are you doing **activities away from your partner**? How comfortable is your **partner spending time away from you**?

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Do you confine in a **special person outside of your relationship**? If so, who? Describe your relationship.

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**Length of problem**/ issue has been occurring:

How is your relationship issue **currently impacting** your individual functioning?

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**What attempts have you made** to address your presenting issue prior to seeking therapy?

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**How do you hope therapy will help** your relationship?

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**Whose idea** was it to come to therapy?

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Was there a **prompting event** that led someone to make this call? (Why seek help now)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name the **top three concerns** that you have in your relationship with your partner (“1” being most problematic):

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your **biggest strengths** as a couple?

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Please make a **list of 3 suggestions** that you could personally do to improve the relationship regardless of what your partner does:

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Do either you or your partner **drink alcohol** or **take drugs** to intoxication? Yes No

If yes for either, who, how often and what drug/alcohol?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have either you or your partner **physically restrained, harmed, or injured** the other person?

E.g., pushed, shoved, grabbed, or slapped, etc. Yes No

If yes for either partner, who, how often and what happened?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has either of you **threatened to separate/ divorce** as a result of the current relationship problems?

Yes No If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

If married, have either of you **consulted with a lawyer about divorce?**

Yes No If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

Do you perceive that either you or your partner has **withdrawn from the relationship?**

Yes No If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

Have you or your partner **ever emotionally or physically cheated on each other?**

Yes No If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

How satisfied are with the **frequency of your sexual activities?** (circle one)

(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

How satisfied are you with the **quality of your sexual activities?** (circle one)

(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

What is your current level of **stress (overall)?** (circle one)

(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

What is your current level of **stress in the relationship?** (circle one)

(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

**How important** is it to you to improve the quality of your relationship?

(not important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**How willing** are you to make “working on this relationship” a priority in your life?

(not important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

What are your **treatment objectives** (check all that apply):

Improving communication Conflict resolution Parenting skills

Problem solving More intimacy (emotional) More intimacy (sexual)

More quality time together Resolve individual issues More autonomy

More respect/understanding Power and control issues More hobbies

More social contacts More sharing of chores Help for children’s behavior

Other (specify):

Please **draw a graph indicating your level of relationship satisfaction** beginning with when you met your partner. Mark pivotal/significant events in your relationship (e.g., birth of your child, one of you cheated, one of you moved out, etc.).

|  |
| --- |
|  |

Complete satisfaction (100)

 No satisfaction (0)

 RELATIONSHIP OVER TIME

 When you met/ began dating Now

Is there **anything else** that you would like to mention?

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