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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Relationship Status: (check all that apply)  Married  Separated  Divorced  Dating  
 Cohabiting  Living together  Living apart

Length of time in current relationship: \_\_\_\_\_

1. As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern now?

Concern  No concern  Little concern  Moderate concern  Serious concern  Very serious concern  
Frequency  No occurrence  Occurs rarely  Occurs sometimes  Occurs frequently  Occurs nearly always

2. What do you hope to accomplish through counseling?

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3. What have you already done to deal with the difficulties?

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4. What are your biggest strengths as a couple?

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Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

(extremely unhappy) 1 2 3 4 5 6 7 8 9 10  
(extremely happy)



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Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

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5. Have you received prior couples counseling related to any of the above problems?  Yes  No  
If yes,

- When: \_\_\_\_\_
- Where: \_\_\_\_\_
- With whom: \_\_\_\_\_
- Length of treatment: \_\_\_\_\_
- Problems treated: \_\_\_\_\_

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6. What was the outcome (check one)?  Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse  
Have either you or your partner been in individual counseling before?  Yes  No

- If so, give a brief summary of concerns that you addressed.

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7. Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

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8. Have either you or your partner struck, physically restrained, used violence against or injured the other person? If yes for either, who, how often and what happened.

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9. Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

- If yes, who?  Me  Partner  Both of us
- If married, have either you or your partner consulted with a lawyer about divorce?
- If yes, who?  Me  Partner  Both of us

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

- If yes, which of you has withdrawn?  Me  Partner  Both of us

11. Have you or your partner ever emotionally or physically cheated on each other?  Yes  No  Unsure  
If yes, who?  Me  Partner  Both of us

12. How frequently have you had sexual relations during the last month? \_\_\_\_\_ times

How enjoyable is your sexual relationship? (Circle one)

1      2      3      4      5      6      7      8      9      10 (extremely unpleasant)  
(extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

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

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

1      2      3      4      5      6      7      8      9      10 (no stress) (high stress)

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

1      2      3      4      5      6      7      8      9      10 (no stress) (high stress)

STRESSFUL LIFE EVENTS Please describe any significant or stressful life events that you have been experiencing: \_\_\_ No \_\_\_ Yes

If yes, please describe Economic problems?

Difficulty accessing health care?

Legal issues or crime?

Cultural issues?

Family conflict or lack of support?

Social problems?

Educational or occupational difficulties?

Housing problems?

Grief or bereavement?

Other?

13. Whose idea was it to come to therapy?

\_\_\_\_\_

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

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

Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. What are your treatment objectives (check all that apply):  Improve 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 the chores  Help for children's behavior  Other (specify):

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 willing)

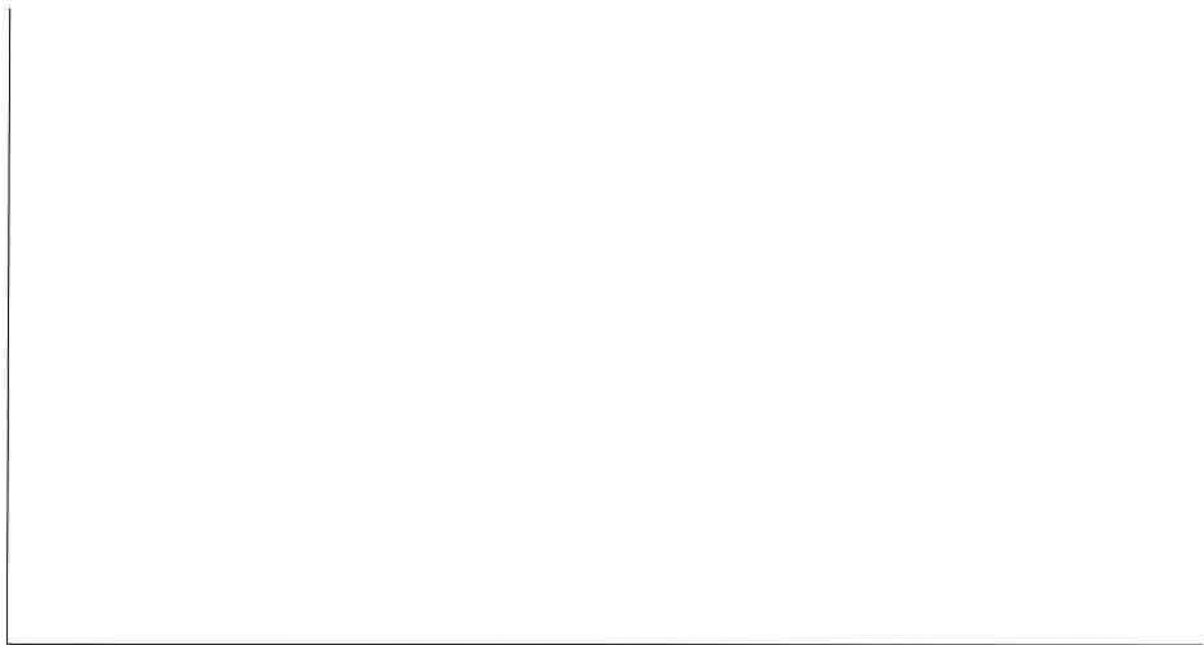
1      2      3      4      5      6      7      8      9      10 (extremely willing)

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated). Complete satisfaction No satisfaction Relationship over time When you met/began dating Current Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions, but your partner will not be shown this form.

INSERT GRAPH HERE



Is there anything else that you would like to mention?

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