

Couples History 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), or

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	Sex	Child?	Lives with whom?
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a) _____ F M _____ Yes No

- b) _____ F M _____ Yes No
- c) _____ F M _____ Yes No
- d) _____ F M _____ Yes No
- e) _____ F M _____ Yes No
- f) _____ F M _____ Yes No
- g) _____ F M _____ Yes No
- h) _____ F M _____ Yes No

11) List five qualities that initially attracted you to your partner. Does your partner still possess this trait?

- 1) _____ Yes No
- 2) _____ Yes No
- 3) _____ Yes No
- 4) _____ Yes No
- 5) _____ Yes No

12) List four negative concerns for you initially. Does your partner still possess this trait?

- 1) _____ Yes No
- 2) _____ Yes No
- 3) _____ Yes No
- 4) _____ Yes No

13) List five present positive attributes of your partner, Do you often praise your partner for this trait?

- 1) _____ Yes No
- 2) _____ Yes No
- 3) _____ Yes No
- 4) _____ Yes No
- 5) _____ Yes No

14) List five present negative attributes of your partner. Do you nag your partner about this trait?

- 1) _____ Yes No
- 2) _____ Yes No
- 3) _____ Yes No
- 4) _____ Yes No
- 5) _____ Yes No

15) List five things you do (or could do) to make the marriage more fulfilling for your partner:

Do you often implement this behavior?

- 1) _____ Yes No
- 2) _____ Yes No
- 3) _____ Yes No
- 4) _____ Yes No
- 5) _____ Yes No

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
a) Auto repairs	M	P	E	___ Yes	___ No	_____
b) Child care	M	P	E	___ Yes	___ No	_____
c) Child discipline	M	P	E	___ Yes	___ No	_____
d) Cleaning bathrooms	M	P	E	___ Yes	___ No	_____
e) Cooking	M	P	E	___ Yes	___ No	_____
f) Employment	M	P	E	___ Yes	___ No	_____
g) Grocery shopping	M	P	E	___ Yes	___ No	_____
h) House cleaning	M	P	E	___ Yes	___ No	_____
i) Inside repairs	M	P	E	___ Yes	___ No	_____
j) Laundry	M	P	E	___ Yes	___ No	_____
k) Making bed	M	P	E	___ Yes	___ No	_____
l) Outside repairs	M	P	E	___ Yes	___ No	_____
m) Recreational events	M	P	E	___ Yes	___ No	_____
n) Social activities	M	P	E	___ Yes	___ No	_____
o) Sweeping kitchen	M	P	E	___ Yes	___ No	_____
p) Taking out garbage	M	P	E	___ Yes	___ No	_____
q) Washing dishes	M	P	E	___ Yes	___ No	_____
r) Yard work	M	P	E	___ Yes	___ No	_____
s) Other: _____	M	P	E	___ Yes	___ No	_____
t) 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?	
a) Apologize	M	S	A	M	S	A	___ Yes	___ No
b) Become silent	M	S	A	M	S	A	___ Yes	___ No
c) Bring up the past	M	S	A	M	S	A	___ Yes	___ No
d) Criticize	M	S	A	M	S	A	___ Yes	___ No
e) Cruel accusations	M	S	A	M	S	A	___ Yes	___ No
f) Cry	M	S	A	M	S	A	___ Yes	___ No
g) Destroy property	M	S	A	M	S	A	___ Yes	___ No
h) Leave the house	M	S	A	M	S	A	___ Yes	___ No
i) Make peace	M	S	A	M	S	A	___ Yes	___ No
j) Moodiness	M	S	A	M	S	A	___ Yes	___ No
k) Not listen	M	S	A	M	S	A	___ Yes	___ No
l) Physical abuse	M	S	A	M	S	A	___ Yes	___ No

m) Physical threats	M S A	M S A	___ Yes	___ No
n) Sarcasm	M S A	M S A	___ Yes	___ No
o) Scream	M S A	M S A	___ Yes	___ No
p) Slam doors	M S A	M S A	___ Yes	___ No
q) Speak irrationally	M S A	M S A	___ Yes	___ No
r) Speak rationally	M S A	M S A	___ Yes	___ No
s) Sulk	M S A	M S A	___ Yes	___ No
t) Swear	M S A	M S A	___ Yes	___ No
u) Threaten breaking up	M S A	M S A	___ Yes	___ No
v) Threaten to take kids	M S A	M S A	___ Yes	___ No
w) Throw things	M S A	M S A	___ Yes	___ No
x) Verbal abuse	M S A	M S A	___ Yes	___ No
y) Yell	M S A	M S A	___ Yes	___ No
z) _____	M S A	M S A	___ Yes	___ No
aa) _____	M S A	M S A	___ Yes	___ No
ab) _____	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: ____/____/____

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.