


GENERAL INFORMATION
Each partner should complete this form.

Name _____ Date Questionnaire Completed _____

Current Address _____

Date of Marriage _____ Date of Any Separations _____

**IF YOUR CURRENT MARRIAGE IS YOUR FIRST AND ONLY MARRIAGE,
TURN TO THE NEXT PAGE. **

Complete the rest of this page only if you were married before. For more than two previous marriages, use the back of this page and provide the information requested here.

FIRST MARRIAGE (not the current marriage)

How old were you when you were married? _____

How long were you married? _____

Does your current spouse know about this marriage? _____

Under what circumstances did this marriage end? (Circle)

DIVORCE DEATH ANNULMENT OTHER Date _____

SECOND MARRIAGE (not the current marriage)

How old were you when you were married? _____

How long were you married? _____

Does your current spouse know about this marriage? _____

Under what circumstances did this marriage end? (Circle)

DIVORCE DEATH ANNULMENT OTHER Date _____

Use the following space to write your understanding of the reason for your divorce(s):

CURRENT FAMILY STRUCTURE AND BACKGROUND

	Name	Age	Highest Level of Education	Profession
Me				
My Spouse				

	Name	Age	Sex	Living in the House? (Yes or No / Part Time or Full Time)	Child of you, your spouse, or both?
Child					
Child					
Child					
Child					
Child					

Any children lost through death? Yes No

Any children placed in an institution? Yes No

Any grandparents/in-laws living in your home? Yes No

Your own living quarters: Rent Own

Type _____ (home, apartment, etc.)

Living Space: Spacious Adequate Crowded

PERSONAL INFORMATION

1. Are there any significant health problems that you experience? _____

2. Are there any significant health problems that your spouse experiences?

3. When was your last physical? _____ Your spouse's? _____
4. Fill in the following as best you can:
Hours of work per day _____ Hours of sleep per night _____
Time spent in enjoyable hobbies each day _____
Time spent in significant conversation with spouse each day _____
5. Check any of the following that apply to you and/or to your spouse:

Condition	Applies to me	My spouse
Cries		
Has difficulty at work		
Behaves impulsively		
Is lazy		
Has sleep problems		
Is suicidal		
Type "A" personality		
Withdraws from others		
Has low self esteem		
Overworks		
Is physically abusive		
Procrastinates		
Behaves aggressively		
Behaves compulsively		
Spends too much time on-line		
Not a great listener		

Condition	Applies to me	My spouse
Is depressed		
Uses drugs		
Has insomnia		
Takes risks		
Smokes		
Threatens suicide		
Is verbally abusive		
Worries		
Overeats		
Is a perfectionist		
Uses pornography		
Loses control		
Uses alcohol		
Distracted from relationship		
Spends too much time with friends		
Doesn't care about relationship		

6. Which of the above concerns you the most?

MARITAL EVALUATION

7. Describe how much significant time you spend together as a couple and when you spend it. _____

8. Describe five behaviours or tasks your spouse does that you appreciate.

9. List five personal qualities of your spouse that you appreciate.

10. How frequently do you affirm or reinforce your spouse for the behaviors or tasks and the qualities described in questions 8 & 9?

11. List four important requests you have for your spouse at this time.

12. How frequently do you make these requests?

13. What is your spouse's typical response to your requests?

14. List four important requests your spouse has for you at this time.

15. How frequently does your spouse make these requests?

16. What is your typical response?

17. What do you appreciate about your spouse's communication? _____

18. What frustrates you the most about your spouse's communication?

19. What do you do to let your spouse know that you love him or her?

20. What does your spouse do to let you know that he or she loves you?

21. What has been one of the most fulfilling aspects of your marriage?

22. What has been one of the most upsetting experiences in your marriage?

23. What personal behaviours would you like to change in yourself?

24. What personal behaviours would you like to see changed in your partner?

25. What personal and marital behaviours would your spouse like to see changed in you? _____

26. What would "successful counselling" lead to in your relationship? _____
