

Couple's Assessment Form

Your Name: _____

Instructions: To better assist me in helping you and your partner, 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.

Several of your answers on this form may be shared later with your partner during joint therapy sessions. 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.

Do not exchange this information with your partner at this time.

1) Have you been married before? Yes No

If Yes, how many previous marriages have you had? 1 2 3 4 5+

2) How long have you and your partner been in this relationship? _____

3) Are you and your partner presently living together? Yes No

4) Are you and your partner engaged to be married? Yes When? _____ No

5) Fill out the following information for each child of whom the natural parent is both yours and your partner's, children from previous relationships, and adopted children.

No children (go on to question 6)

One or each of us has children (continue to 'Whose Child' on the next page)

***"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	*Whose child?	Lives with you?
1)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6) List three qualities that initially attracted you to your partner:

- 1) _____
- 2) _____
- 3) _____

Does your partner still possess this trait?

- Yes No
- Yes No
- Yes No

7) List three negative concerns that you initially had in the relationship:

- 1) _____
- 2) _____
- 3) _____

Does your partner still possess this trait?

- Yes No
- Yes No
- Yes No

8) List three present positive attributes of your partner:

- 1) _____
- 2) _____
- 3) _____

Do you often praise your partner for this trait?

- Yes No
- Yes No
- Yes No

9) List three present negative attributes of your partner:

- 1) _____
- 2) _____
- 3) _____

Do you nag your partner about this trait?

- Yes No
- Yes No
- Yes No

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

- 1) _____
- 2) _____

Do you often implement this behavior?

- Yes No
- Yes No

3) _____

Yes No

11) List three things that your partner does (or could do) to make the marriage more fulfilling for you:

Does your partner often implement this behavior?

1) _____

Yes No

2) _____

Yes No

3) _____

Yes No

12) List three expectations or dreams you had about relationships before you met your partner:

Has this been fulfilled?

1) _____

Yes No

2) _____

Yes No

3) _____

Yes No

13) On a scale of 1 to 5 rate the following items:

Circle the Appropriate Response for Each (If not applicable, leave blank.)

	Present state of the relationship					Your need or desire					Partner's need or desire				
	Poor		Great			Low		High			Low		High		
1) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2) Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3) Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4) Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5) Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6) Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7) Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8) Housework sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9) Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10) Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11) Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

	Present State					Your need or desire					Partner's need or desire				
12) Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14) Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15) Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
16) Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other (specify):															
17) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
18) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
19) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
20) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

14) 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)

Comments: (use back for more room if needed)

- | | | | | | | |
|-----------------------|---|---|---|------------------------------|-----------------------------|-------|
| 1) Auto repairs | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Child care | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Child discipline | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Cleaning bathrooms | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Cooking | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Employment | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Grocery shopping | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8) House cleaning | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 9) Inside repairs | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

- 10) Laundry M P E Yes No _____
- 11) Making bed M P E Yes No _____
- 12) Outside repairs M P E Yes No _____
- 13) Recreational events M P E Yes No _____
- 14) Social activities M P E Yes No _____
- 15) Sweeping kitchen M P E Yes No _____
- 16) Taking out garbage M P E Yes No _____
- 17) Washing dishes M P E Yes No _____
- 18) Yard work M P E Yes No _____
- 19) Other: _____ M P E Yes No _____
- 20) Other: _____ M P E Yes No _____

15) 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?	
	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) Apologizing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Become silent	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Bringing up the past	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Criticizing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Cruel accusations	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Crying	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Leaving the house	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Making peace	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Moodiness	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11) Not listening	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Physical abuse	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Physical threats	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Sarcasm	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Slamming doors	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Speaking rationally	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Sulking	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Swearing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21) Threatening to break up	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22) Threatening to take kids	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23) Throwing things	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16) How often do you have:

Mild arguments? _____ Severe arguments? _____

17) When a MILD argument is over how do you usually feel?

When a SEVERE argument is over how do you usually feel?

Check Appropriate Responses

Check Appropriate Responses

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
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- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

18) 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	Spending too much	M	P	B
Defensiveness	M	P	B	Stealing	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	Working too much	M	P	B
Pornography	M	P	B	Sex Addiction	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

19) In the remaining space please provide additional information that would be helpful:

Important reminder: DO NOT SHARE THIS INFORMATION WITH YOUR PARTNER AT THIS TIME.