PRE-COUNSELING COUPLES / MARRIAGE QUESTIONNAIRE

Name: _______________________________________________________

BOTH PARTNERS NEED TO COMPLETE THIS QUESTIONNAIRE SEPARATELY AND INDEPENDENTLY. PLEASE
BRING TO YOUR FIRST SESSION, BUT DO NOT SHARE YOUR ANSWERS WITH YOUR SPOUSE / PARTNER

As you think about the primary reason that brings you to couples / marriage counseling, how would you rate your overall level of concern at this point in time?

☐ No concern (counseling was my partner’s idea) ☐ Serious concern
☐ Little concern ☐ Very serious concern
☐ Moderate concern

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

1. __________________________________________________________________________________________
2. __________________________________________________________________________________________
3. __________________________________________________________________________________________

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems? ☐ Yes ☐ No

If yes, who? ___Me ___Partner ___Both of us

If married, have either you or your partner consulted with a lawyer about divorce? ☐ Yes ☐ No

If yes, who? ___Me ___Partner ___Both of us

Have either you or your partner struck, physically restrained, used violence against or injured the other person? ☐ Yes ☐ No

If yes, please answer the following:

Who was the aggressor? ___Me ___Partner ___Both of us

What happened? _____________________________________________________________________________

Were the police involved? ☐ Yes ☐ No

Was a restraining order filed? ☐ Yes ☐ No

Was Child Protective Services (CPS) involved? ☐ Yes ☐ No

If so, what happened as a result of involvement by CPS? __________________________________________

How often did or has this occurred in the relationship?

Is this physical aggression / violence still occurring in the relationship? ☐ Yes ☐ No

If yes, how often does this occur? ___________________________________________________________________________
EARLY DYNAMICS AND CHARACTERISTICS OF YOUR RELATIONSHIP WITH EACH OTHER

Please indicate what you believe was the primary reason why you and your spouse / partner got married or began to cohabitate (check any and all that apply)?

- [ ] We were crazy in love
- [ ] We had a child out of wedlock
- [ ] I / my partner needed to be rescued or escape a difficult situation (e.g., family / previous partner)
- [ ] For financial security and stability
- [ ] Because I felt my spouse / partner needed me
- [ ] Because I did not know how to say “No”

What was the very beginning of your relationship like with your spouse / partner? And how long did this phase last?

_________________________________________________________________________________________________
_________________________________________________________________________________________________

What was your first relationship disillusionment / disappointment with your spouse / partner?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

What happened and how did you resolve it?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Did this lead to any changes in your relationship? Please explain.

_________________________________________________________________________________________________
_________________________________________________________________________________________________

CURRENT RELATIONSHIP STRENGTHS, NEEDS, AND ISSUES

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

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<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Very Unhappy</td>
<td>Somewhat Unhappy</td>
<td>Neither Happy Nor Unhappy</td>
<td>Somewhat Happy</td>
<td>Very Happy</td>
<td>Everything Is Perfect</td>
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How would you rate your current level of stress in your life (e.g., roles / responsibilities, relationships, work, finances, etc.)?

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<tr>
<td>No Stress At All</td>
<td>Moderately Stressed</td>
<td>Extremely Stressed</td>
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To what degree does your family and / or friends support you as a couple?

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<td>Extremely Unsupportive</td>
<td>Very Unsupportive</td>
<td>Somewhat Unsupportive</td>
<td>Neither Supportive Nor Unsupportive</td>
<td>Somewhat Supportive</td>
<td>Very Supportive</td>
<td>Extremely Supportive</td>
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To what degree do the two of you share a similar basic worldview / set of values?

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<th>Extremely Dissimilar</th>
<th>Very Dissimilar</th>
<th>Somewhat Dissimilar</th>
<th>Neither Similar Nor Dissimilar</th>
<th>Somewhat Similar</th>
<th>Very Similar</th>
<th>Extremely Similar</th>
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Rate how open you are in expressing your innermost wants, thoughts, desires, and feelings to your spouse / partner?

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<th>Totally Closed</th>
<th>Very Closed</th>
<th>Somewhat Closed</th>
<th>Neither Open Nor Closed</th>
<th>Somewhat Open</th>
<th>Very Open</th>
<th>Totally Open</th>
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Please indicate the approximate extent of agreement or disagreement between you and your spouse / partner on the following items by checking a response for each item.

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<tr>
<th></th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Always Disagree</th>
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<tbody>
<tr>
<td>Handling finances</td>
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<td>Recreation / hobbies / leisure time</td>
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<td>Demonstrations of affection</td>
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<td>Parenting / discipline</td>
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<td>Outside friendships</td>
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<td>Ways of dealing with in-laws</td>
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<td>Physical intimacy / sexual relations</td>
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<td>Philosophy of life / core values</td>
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<tr>
<td>Conventionality (right, good, or proper conduct and behavior)</td>
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<td>Social causes / politics</td>
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<td>Other (please list):</td>
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How are the two of you similar?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

How are you different?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

When did you first become aware of significant differences between the two of you?

_________________________________________________________________________________________________

_________________________________________________________________________________________________
When you feel like you want support or encouragement from your partner, do you get it? If yes, explain how.
__________________________________________________________________________________________________________________________________________________________

When your partner wants support or encouragement from you, do you feel that you give it? If yes, explain how.
__________________________________________________________________________________________________________________________________________________________

Do you support your partner’s development as an individual? If yes, explain how.
__________________________________________________________________________________________________________________________________________________________

What are your biggest strengths as a couple (include any that you believe also help with resolving conflicts or disagreements)?
__________________________________________________________________________________________________________________________________________________________

When do you feel most gratified / satisfied / validated in your relationship?
__________________________________________________________________________________________________________________________________________________________

What is one thing that your spouse or partner does very well and you would love for them to keep doing it?
__________________________________________________________________________________________________________________________________________________________

What is one thing that your spouse or partner is doing OK and you would like them to improve?
__________________________________________________________________________________________________________________________________________________________

What is one thing that your spouse or significant other is doing that is killing the relationship and you would like them to stop?
__________________________________________________________________________________________________________________________________________________________

When disagreements arise, they usually involve (left column is how you feel about your partner; right column is how you think your partner feels about you):

- My partner becomes very angry / over-reactive
- My partner tends to blame me for our problems
- My partner tends to withdraw affection from me
- My partner is often critical of me
- My partner does not appreciate me
- My partner does not respect or like me
- My partner does not understand my needs

- My partner feels I become very angry / over-reactive
- My partner feels I blame them for our problems
- My partner feels I tend to withdraw my affection
- My partner feels I am often critical of them
- My partner often feels unappreciated by me
- My partner feels I do not respect or like them
- My partner feels I do not understand their needs
When disagreements arise, they usually result in (check any and all that apply):

- Me giving in and / or apologizing
- Me blowing up
- Me ignoring my partner’s feelings and concerns
- My partner giving in and / or apologizing
- My partner blowing up
- My partner ignoring my feelings and concerns

Overall, I tend to view my spouse / partner as being:

- A complainer / is negative or pessimistic
- Responsible and helpful
- Thoughtful and caring
- Positive about life / challenges
- Irresponsible or unhelpful
- Not thoughtful or caring

My spouse / partner and I generally prefer (select one answer about yourself and one about your spouse / partner):

- My spouse / partner prefers to be “on the go”
- My spouse / partner prefers to stay at home
- I prefer to be “on the go”
- I prefer to stay at home

My spouse / partner and I engage in outside interests together:

- All of them
- Some of them
- Very few of them
- None of them

When it comes to spending time together or apart, I would like to:

- Spend more quality time together
- Go on more dates together
- Participate in more recreational activities together
- Travel more / go on more vacations together
- Spend more time together with our families
- Spend more time together with our mutual friends
- Spend more time apart with our separate friends
- Have more autonomy / do more things independently

If I had my life to live over again, I believe I would:

- Marry or partner with the same person
- Marry or partner with a different person
- Date longer before marrying / cohabitating
- Not marry or cohabitate with a partner at all

How often do you ever wish you had not married or weren’t in a domestic partnership?

- Frequently
- Occasionally
- Rarely
- Never

What roles / responsibilities do you feel stuck in, uncertain about, or out of balance for you at this moment in your life, work, and / or relationship?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

What have you already done to deal with the difficulties in your relationship?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

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

_________________________________________________________________________________________________

_________________________________________________________________________________________________
PHYSICAL INTIMACY / SEXUAL RELATIONSHIP

Have you or your spouse / partner been unfaithful to each other (i.e., emotionally, physically, or both)? □ Yes □ No

If yes, who was unfaithful? ___Me ___Partner ___Both of us

When was the first incident? ___________________________________________________________

Was this the only time you or your spouse / partner were unfaithful? □ Yes □ No

Is the affair still ongoing? □ Yes □ No

Does your partners / spouse know? □ Yes □ No

Rate how enjoyable is your sexual relationship with each other?

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<tr>
<td></td>
<td>Terrible</td>
<td>Very Unpleasant</td>
<td>Somewhat Unpleasant</td>
<td>Neither Pleasant Nor Unpleasant</td>
<td>Somewhat Pleasant</td>
<td>Very Pleasant</td>
<td>Fantastic</td>
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How satisfied are you with the frequency of physical intimacy / sexual relations with each other?

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<tr>
<td></td>
<td>Way Too Often</td>
<td>A Bit Too Often</td>
<td>About Right</td>
<td>A Bit Too Infrequent</td>
<td>Way Too Infrequent</td>
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How many times on average in a month are you physically intimate / have sex with each other?

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What do you find most satisfying about physical intimacy / sex with each other?

________________________________________________________________________________________

What do you find least satisfying about it?

________________________________________________________________________________________

How has your sexual relationship changed since you were first together?

________________________________________________________________________________________

What is one thing that you wish was different about your sexual relationship?

________________________________________________________________________________________

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. 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 SPOUSE / PARTNER WILL NOT BE SHOWN THIS FORM.