**Larry Goodman, LMFT**

**COUPLES HISTORY QUESTIONNAIRE**

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_

Ethnicity \_\_\_\_\_\_\_ Language \_\_\_\_ Sex \_\_\_ Sexual Orientation \_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immigration Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. (Home) \_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to contact you?

\_\_ Cell \_\_ Home \_\_ Work \_\_ Text \_\_ Email

**PRESENTING PROBLEM:** What brIngs you into therapy at this time? Is there a history of the problem? What are the symptoms, behaviors, or effect on your life?

**CURRENT SITUATION** (as applicable):

Years together: \_\_\_\_\_\_ Date of Marriage: \_\_\_\_\_\_

Reason you married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for current problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently separated? Yes/No Date of separation: \_\_\_\_\_\_\_\_\_

Filed for divorce? Yes/No Date of filing: \_\_\_\_\_\_\_\_\_

Who filed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorneys engaged? Yes/No

Check one (if applicable):

Did you expect this separation? Did you want this separation?

Yes, for a long time \_\_\_ Not at all \_\_\_

Yes, but only recently \_\_\_ Have mixed feelings \_\_\_

Unexpected \_\_\_ Want it very much \_\_\_

No, but am resigned to it \_\_\_

Feel it is for the best \_\_\_

If previously married, list the date(s) of previous marriages and divorces:

**COUPLES HISTORY QUESTIONNAIRE**

**CHILDREN (if applicable):**

Name Date of Birth Currently lives with

Mother Father Both

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

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

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

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

**SUPPORT SYSTEM** (Current sources of emotional support):

Friends \_\_\_ Neighbors \_\_\_

Family \_\_\_ Co-workers \_\_\_

Religion or spiritual practice \_\_\_ Therapist/counselor \_\_\_

Lawyer \_\_\_ Other (explain) \_\_\_

FACTORS CONTRIBUTING TO THE CURRENT SITUATION (check all that apply)

Recently had difficulty communicating \_\_\_

Always had difficulty communicating \_\_\_

Differences in interests \_\_\_

Differences in education \_\_\_

Differences in ethnic or racial background \_\_\_

Differences in expectations about marriage \_\_\_

Differences in expectations about family life \_\_\_

Differences in parenting styles \_\_\_

Changes in lifestyle, values \_\_\_

Lacked love for one another \_\_\_

Verbal abuse \_\_\_

Bored \_\_\_

Sexual difficulties \_\_\_

In love with another person \_\_\_

Financial problems \_\_\_

Unfaithful, infidelity \_\_\_

Abuse or neglect of children \_\_\_

Job or school commitment \_\_\_

Suspiciousness, jealousy \_\_\_

Neglect of home \_\_\_

Trouble with in-laws \_\_\_

Drinking \_\_\_

Drug use \_\_\_

Physical abuse \_\_\_

Depression \_\_\_

Sexual abuse \_\_\_

Other (explain) \_\_\_

**COUPLES HISTORY QUESTIONNAIRE**

**LEVEL OF CONFLICT**:

On a scale of 1-10, rate the level of conflict and anger in your relationship prior to the current problem:

**Low ----------------------High**

Level of conflict 1 2 3 4 5 6 7 8 9 10

Level of your anger 1 2 3 4 5 6 7 8 9 10

Level of other’s anger 1 2 3 4 5 6 7 8 9 10

Now,, rate the level of conflict and anger:

**Low ----------------------High**

Level of conflict 1 2 3 4 5 6 7 8 9 10

Level of your anger 1 2 3 4 5 6 7 8 9 10

Level of other’s anger 1 2 3 4 5 6 7 8 9 10

**MAJOR LIFE EVENTS AND/OR CHANGES WITHIN THE LAST TWELVE MONTHS**: (Check all that apply)

Started school or training program \_\_\_

Graduated from school or training program \_\_\_

Entered job market \_\_\_

Changed Job \_\_\_

Lost job \_\_\_

Moved residence \_\_\_

Financial troubles \_\_\_

Increase in financial responsibilities \_\_\_

Legal problems or Arrested and/or jailed \_\_\_

Separation or divorce of friend or relative \_\_\_

Health problems (self, spouse, children) \_\_\_

Drinking or drug problems \_\_\_

Began treatment for drinking or drug problems \_\_\_

Began psychotherapy \_\_\_

Began new medications \_\_\_

Significant weight gain or loss \_\_\_

Nanny, au pair or aging parent joined the household \_\_\_

Nanny, au pair or aging parent left the household \_\_\_

Death of a household pet \_\_\_

Pregnancy, miscarriage or abortion \_\_\_

Fertility problems \_\_\_

Changes in childcare \_\_\_

Children had trouble in school \_\_\_

Onset of menopause \_\_\_

Mid-life crisis \_\_\_

Victim of a crime \_\_\_

Auto accident \_\_\_

Undertaken major new expenses \_\_\_

Home repair or major addition \_\_\_

Natural disaster \_\_\_

Other (explain) \_\_\_

**COUPLES HISTORY QUESTIONNAIRE**

**OCCUPATION**

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? Yes/No (circle one)

Is yes, where are you employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you held your current position? \_\_\_\_\_\_\_\_\_

How satisfied are you with your current job/work situation?

Very satisfied \_\_ Moderately satisfied \_\_

Moderately unhappy \_\_ Extremely unhappy \_\_

What is your approximate gross monthly income you lave to live on at the present time? \_\_\_\_\_\_\_\_\_\_\_\_\_

Describe changes, if any, in your income since your separation:

**PERSONAL HISTORY**

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affected you for an extended period of time? If so, please list:

At present, your health is generally:

Good \_\_ Fair \_\_ Poor \_\_

Medical History: (asthma, headaches, weight changes)

Current medical problems:

Current medications taken:

Are you concerned about your own drug/alcohol use or that of your partner? Yes/No (circle one) If yes, please explain:

Are you currently in couple’s, family or individual therapy or counseling? Yes/No (circle one) If yes,

For how long? \_\_\_\_\_\_\_\_\_\_ With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did it help? \_\_\_\_\_\_\_\_\_\_

Have you previously been in couple’s, family or individual therapy or counseling? Yes/No (circle one) If yes,

For how long? \_\_\_\_\_\_\_\_\_\_ With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did it help? \_\_\_\_\_\_\_\_\_\_\_

Have you ever thought about hurting or killing yourself? \_\_\_ When? \_\_\_\_\_\_\_\_\_ What were the circumstances of these experiences?

**COUPLES HISTORY QUESTIONNAIRE**

Have you ever had depression? \_\_\_ Manic feelings? \_\_\_ Problems with eating or sleeping? \_\_\_

Ever hear things or see things that others don’t? \_\_\_

Any confusing thoughts? \_\_\_ Please explain:

Drug and Alcohol History and Treatment (NA, AA, Rehab):

(Circle appropriate answer)

Do you vape? Yes No What do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink? No Yes: 1-3 drinks/day 4-10 drinks/day

Do you smoke pot? No Yes: < 1 joint/day 2-3+ joints/day

Do you use illegal drugs? N Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often? 1-2 times/day 1-2 times/week More

Drugs Start Date Stop Date Amount/day/week

Rehab Start Date Stop Date Was it successful?

**FAMILY HISTORY** (Include parents, siblings, grandparents, etc.) and

Relationship Relationship

Condition to You Condition to You

\_\_ Alcoholism/Drugs \_\_ Mental Illness

\_\_ Other Addictions \_\_ Depression

\_\_ Cancer/Diabetes \_\_ Suicide/Attempts

\_\_ Heart Trouble \_\_ Difficulty with the law

\_\_ Deaths \_\_ Divorce

\_\_ Domestic Violence \_\_ Child Abuse

\_\_ Prior Therapy \_\_ Domestic Violence

**EDUCATION**

Highest Grade \_\_\_\_\_ Type of Degree \_\_\_\_\_\_\_\_\_\_

**MILITARY SERVICE**? Yes/No (circle one) Date of Discharge \_\_\_\_\_\_\_

**OTHER**

Beyond the information you have listed here, what else do you feel it is important for us to know about you and your current situation?

**Do you exercise? What do you do?**

**What do you do to relax?**

**What would you like to do?**

**What prevents you from doing that?**

**COUPLES HISTORY QUESTIONNAIRE**

**DECISION MAKING: HOW DO YOU MAKE DECISIONS? WHO DECIDES:**

What movie to see?

What to eat at home or out?

What restaurant to go out to?

When dinner will be ready?

Who does the dishes? Vacuums?

Who decides if the house is clean?

Who picks up after whom?

When to have sex?

Which house or car to buy?

Who teaches the children values?

how to spend money?

Who pays the bills, writes the checks and keeps the checkbook?

Where will you go on vacation?

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**Do you experience any of the following thoughts or feelings in your relationship?**

\_\_ You walk on eggshells at home when your partner is around

\_\_ Your partner is always right and everyone else is wrong

\_\_ You feel ignored, dismissed or “second class” in the relationship

\_\_ You are exhausted having to deal with your partner’s behaviors

\_\_ You feel criticized

\_\_ You want to spend time alone but don’t want to upset your partner

\_\_ You believe you do more than your share in the relationship

\_\_ Your partner is controlling

\_\_ Anger and/or alcohol is a problem in your relationship

COMMENTS: