

**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)
- Little concern
- Moderate concern
- Serious concern
- Very serious 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
- For financial security and stability
- We had a child out of wedlock
- Because I felt my spouse / partner needed me
- I / my partner needed to be rescued or escape a
- Because I did not know how to say “No” difficult situation (e.g., family / previous partner)

**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.**

- |                   |              |                  |                           |                |            |                       |
|-------------------|--------------|------------------|---------------------------|----------------|------------|-----------------------|
| <b>0</b>          | <b>1</b>     | <b>2</b>         | <b>3</b>                  | <b>4</b>       | <b>5</b>   | <b>6</b>              |
| Extremely Unhappy | Very Unhappy | Somewhat Unhappy | Neither Happy Nor Unhappy | Somewhat Happy | Very Happy | Everything Is Perfect |

**How would you rate your current level of stress in your life (e.g., roles / responsibilities, relationships, work, finances, etc.)?**

- |           |            |           |          |          |          |          |          |          |          |           |
|-----------|------------|-----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>0</b>  | <b>1</b>   | <b>2</b>  | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> |
| No Stress | Moderately | Extremely | At All   | Stressed | Stressed |          |          |          |          |           |

**To what degree does your family and / or friends support you as a couple?**

- |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|
| <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> |
|----------|----------|----------|----------|----------|----------|----------|

Extremely Supportive   Very Supportive   Somewhat Supportive   Neither Supportive Nor Supportive   Somewhat Unsupportive   Very Unsupportive   Extremely Unsupportive   Unsupportive   Unsupportive

Unsupportive

**To what degree do the two of you share a similar basic worldview / set of values?**

**0**                      **1**                      **2**                      **3**                      **4**                      **5**                      **6**  
 Extremely          Very Dissimilar          Somewhat          Neither Similar          Somewhat          Very Similar          Extremely  
 Dissimilar          Very Dissimilar          Dissimilar          Nor Dissimilar          Similar          Very Similar          Similar

**Rate how open you are in expressing your innermost wants, thoughts, desires, and feelings to your spouse / partner?**

**0**                      **1**                      **2**                      **3**                      **4**                      **5**                      **6**  
 Totally Closed          Very Closed          Somewhat          Neither Open          Somewhat Open          Very Open          Totally Open  
    Closed                      Nor Closed

**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.**

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

**How are the two of you similar?**

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**How are you different?**

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

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

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

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

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

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

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

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

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

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**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):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> My partner becomes very angry / over-reactive  | <input type="checkbox"/> <b>When</b>           | <input type="checkbox"/> My partner feels I become very angry / over-reactive |
| <input type="checkbox"/> My partner tends to blame me for our problems  | <input type="checkbox"/> <b>disagreements</b>  | <input type="checkbox"/>  |
| <input type="checkbox"/> My partner tends to withdraw affection from me | <input type="checkbox"/> <b>arise, they</b>    | <input type="checkbox"/> My partner feels I blame them for our problems       |
| <input type="checkbox"/>  | <input type="checkbox"/> <b>usually result</b> | <input type="checkbox"/> My partner feels I tend to withdraw my affection     |
| <input type="checkbox"/> My partner is often critical of me             | <input type="checkbox"/> <b>in (check any</b>  | <input type="checkbox"/> My partner feels I am often critical of them         |
| <input type="checkbox"/> My partner does not appreciate me              | <input type="checkbox"/> <b>and all that</b>   | <input type="checkbox"/> My partner often feels unappreciated by me           |
| <input type="checkbox"/> My partner does not respect or like me         | <input type="checkbox"/> <b>apply):</b>        | <input type="checkbox"/> My partner feels I do not respect or like them       |
| <input type="checkbox"/> My partner does not understand my needs        |  | <input type="checkbox"/> My partner feels I do not understand their needs     |
| <br>  |  |   |
| <input type="checkbox"/> Me giving in and / or apologizing              |  | <input type="checkbox"/> My partner giving in and / or apologizing            |
| <input type="checkbox"/> Me blowing up                                  |  | <input type="checkbox"/> My partner blowing up                                |
| <input type="checkbox"/> Me ignoring my partner's feelings and concerns |  | <input type="checkbox"/> My partner ignoring my feelings and concerns         |

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

- |  |   |
|--|---|
| <input type="checkbox"/> A complainer / is negative or pessimistic | <input type="checkbox"/> Positive about life / challenges |
| <input type="checkbox"/> Responsible and helpful                   | <input type="checkbox"/> Irresponsible or unhelpful       |
| <input type="checkbox"/> Thoughtful and caring                     | <input type="checkbox"/> Not thoughtful or caring         |

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

- |  |   |
|--|---|
| <input type="checkbox"/> My spouse / partner prefers to be "on the go" | <input type="checkbox"/> I prefer to be "on the go" |
| <input type="checkbox"/> My spouse / partner prefers to stay at home   | <input type="checkbox"/> I prefer to stay at home   |

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

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> All of them  | <input type="checkbox"/> Very few of them |
| <input type="checkbox"/> Some of them | <input type="checkbox"/> None of them     |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Spend more quality time together                     | <input type="checkbox"/> Spend more time together with our mutual friends  |
| <input type="checkbox"/> Go on more dates together                            | <input type="checkbox"/>   |
| <input type="checkbox"/> Participate in more recreational activities together | <input type="checkbox"/> Spend more time apart with our separate friends   |
| <input type="checkbox"/> Travel more / go on more vacations together          | <input type="checkbox"/> Have more autonomy / do more things independently |
| <input type="checkbox"/> Spend more time together with our families           |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Marry or partner with the same person    | <input type="checkbox"/> Date longer before marrying / cohabitating    |
| <input type="checkbox"/> Marry or partner with a different person | <input type="checkbox"/> Not marry or cohabitate with a partner at all |

**How often to 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?**

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

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

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**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?**

- |          |                 |                     |                                 |                   |               |           |
|----------|-----------------|---------------------|---------------------------------|-------------------|---------------|-----------|
| <b>0</b> | <b>1</b>        | <b>2</b>            | <b>3</b>                        | <b>4</b>          | <b>5</b>      | <b>6</b>  |
| Terrible | Very Unpleasant | Somewhat Unpleasant | Neither Pleasant Nor Unpleasant | Somewhat Pleasant | Very Pleasant | Fantastic |

**How satisfied are you with the frequency of physical intimacy / sexual relations with each other?**

- |               |                 |             |                      |                    |
|---------------|-----------------|-------------|----------------------|--------------------|
| <b>0</b>      | <b>1</b>        | <b>2</b>    | <b>3</b>             | <b>4</b>           |
| Way Too Often | A Bit Too Often | About Right | A Bit Too Infrequent | Way Too Infrequent |

**How many times on average in a month are you physically intimate / have sex with each other?**

- |          |          |          |          |          |          |          |          |          |          |            |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10+</b> |
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**What do you find most satisfying about physical intimacy / sex with each other?**

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**What do you find least satisfying about it?**

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

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**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.**

