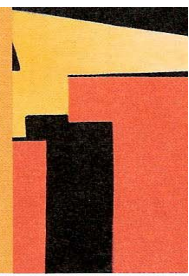


Kentlands Psychotherapy

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COUPLES COUNSELING QUESTIONNAIRE

Date: _____

GENERAL INFORMATION

Name: _____

Age: _____

Date of Birth: _____

This is my (Circle one) first/second/third/fourth marriage.

Spouse's Name: _____

Age: _____

This is his/her (Circle one) first/second/third/fourth marriage.

We have been **together** _____ years *or* _____ months.

We have been **married** _____ years *or* _____ months

Current Home Address _____

Home Phone # _____

Cellular Phone # _____

Is it OK to communicate with you by e-mail? Yes / No

Your e-mail: _____

My occupation: _____

If currently unemployed, prior profession: _____

My spouse's occupation: _____

If currently unemployed, prior profession: _____

Who lives in household with you?

Last Name:

First Name:

Age:

Relationship to YOU:

List any children not in the home: Yours _____ Spouses _____

My parents are currently (circle one) married, divorced - _____ years, separated - _____ months or years, were never married, father widowed, mother widowed.

Describe parents and in-laws involvement in the marriage: _____

REFERRAL SOURCE/HOW DID YOU FIND THIS PROVIDER:

- | | | |
|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Primary Care Manager | <input type="checkbox"/> Other Medical Professional | <input type="checkbox"/> Maryland Psychological Association |
| <input type="checkbox"/> Business Card or Brochure | <input type="checkbox"/> Referral Web Site (Psychology Today) | <input type="checkbox"/> Dr. Carr's web site |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Attorney/Lawyer | <input type="checkbox"/> Other _____ |

MENTAL HEALTH HISTORY

1. Have you ever sought **individual** help for an emotional, psychological or substance problem before (psychiatrist, psychologist, social worker, counselor, clergy, etc.) Yes No

If yes, complete the following:

Age	Type of Professional	Problem	Treatment/Rx	Length of Treatment

2. Have you ever sought help as a couple? Yes No Year sought _____ Duration of Treatment _____

SAFETY CONCERNS

1. Is/has anyone, including you, being/been abused in your family? Please indicate who was abused, by whom and the type of abuse.

WHO WAS ABUSED	BY WHOM	VERBAL	PHYSICAL	SEXUAL	EMOTIONAL

MARITAL HISTORY

1. List all previous marriages of you and your spouse/partner:

YOU	DATE	YOUR SPOUSE	DATE

2. Please indicate reasons for your own divorce(s) : _____

3. Was or is there any abuse within the relationship with you as the victim? You as the abuser?

Sexual Physical Emotional Verbal

FINANCIAL CONCERNS

1. Are you currently having any financial difficulties? Yes No, If Yes, Please describe _____

2. Who makes the financial decisions in the relationship? _____

3. What are your financial goals as a couple? _____

INTIMACY

1. In what ways to you inform your partner that you love him/her? _____

2. Describe your sex life in term of your satisfaction. _____

3. Partners satisfaction. _____

4. How do you communication your sexual needs to your partner? _____

RECREATION

1. What do you do as a couple/family for fun? _____

CURRENT MARRIAGE/RELATIONSHIP

1. How have you changes since the two of you became a couple? _____

2. How has your partner changed? _____

3. What does your partner like about you most? Least? _____

4. What goals are you pursuing as a couple? _____

5. What goals are you pursuing as an individual? _____

6. What subjects do you and your partner discuss on a regular basis? _____

7. What subjects do you and your partner regularly disagree about? Describe:

Money/Spending Disagreements: _____

Parenting Disagreements: _____

In-Law Problems: _____

Blended family/ex complications: _____

Work/Employment Demands: _____

Sexual incompatibility: _____

Pornography use (self/spouse/both): _____

Infidelity (self/spouse/both): _____

Someone's emotional needs are primarily being meet by someone other then spouse: _____

Alcohol Use (self/spouse/both): _____

Drug Use (self/spouse/both): _____

Mental Illness (self/spouse/both): _____

Sexual Orientation Uncertainty (self/spouse): _____

Other (please specify):: _____

8. How do you express yourselves when you disagree (circle all that apply):

- | | | | |
|---------------------------------------|--------------------------|-----------------------|--------------------------|
| a calm discussion | a heated discussion | a civil disagreement | yelling |
| raised voices | name calling | cheap remarks | sarcastic remarks |
| cold war | throwing things | tearful exchange | low blows (figuratively) |
| catty remarks | insults | condescending remarks | Physical altercations |
| retreat to our two corners | one retreats/one pursues | give & take | compromise |
| venting to others (friends/relatives) | | | |

9. So far I have done the following to try to improve our relationship:

spoken to friends spoken to relatives spoken to religious leader

Read books/articles: _____

Done on-line research: _____

Participated in couples counseling in past, marriage enrichment retreat in the past, workshop, etc.

Other efforts: _____

10. As far as I know, my spouse has done the following to try to improve our relationship:

spoken to friends spoken to relatives spoken to religious leader

Read books/articles: _____

Done on-line research: _____

Participated in couples counseling in past, marriage enrichment retreat in the past, workshop, etc.

Other efforts: _____

11. In my opinion, the biggest threat to our marriage is: _____

Our greatest strength is: _____

12. I think my spouse would say they are: _____

13. The question I would most like to ask my spouse is: _____

14. What could help our situation most would be: _____

15. I'm hoping couples counseling can help us to: _____

16. Please quickly review your answers to this questionnaire. Is there anything that has not been covered so far that you think I should know to better understand you and your spouse's present difficulties? Please comment: _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE