

Couples Therapy Supplemental Questionnaire

(Please complete this questionnaire independent of your partner.)

Name: _____ Partner's Name: _____

Status (circle one): Engaged Married/Partnered Separated Divorced Live Together

Other _____

How long have you been in this relationship? _____

If living together, how long did you date before cohabiting? _____

List *previous* marriages and long-term relationships:

Approximate Dates	Status (e.g., divorced, friends)	Children (name/age)
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your sexual orientation (circle one): Bisexual Gay/Lesbian Heterosexual Unsure

Other _____

What is your partner's sexual orientation (circle one): Bisexual Gay/Lesbian Heterosexual Unsure

Other _____

Do you and your current partner have children? _____ If yes, please list names/ages:

What concerns or problems led to your calling my office? _____

Have you sought therapy or other assistance with these problems before? _____

If yes, when and with whom? _____

What has been helpful in the past? _____

What was NOT helpful? _____

What do you like about your relationship and want to keep the same?

What do you NOT like about your relationship and want to change?

What are the areas or behaviors that you personally could change to make your relationship better?

What do you see as the primary problems in the relationship?

What do you wish your partner knew and understood and/or accepted about you?

FAMILY OF ORIGIN:

Where were you born and raised? _____

Who lived in your home while you were growing up? _____

Using a word or phrase, how would you describe the home in which you were reared? (e.g., "chaotic," "loving," "unsafe") _____

How would you describe the socio-economic status of your family of origin? (e.g., "middle class," "affluent," "impoverished") _____

Who and what relation were your primary caregivers? (e.g., biological parents, grandmother, etc)

How would you describe your caregivers' relationship with each other? _____

How did they attempt to resolve conflicts that arose between them? _____

What is the status of your parents' marriage? (e.g., divorced, one parent deceased) _____

Describe your relationship with your father as a child: _____

Describe your relationship with your father currently (if applicable). _____

Describe your relationship with your mother as a child: _____

Describe your relationship with your mother currently (if applicable): _____

Describe your relationship with each of your siblings as a child: _____

Describe your relationship with each of your siblings currently: _____

If parents or siblings are deceased, please list the relationship, date, cause and age at death:

If your parents divorced, how old were you when that occurred? _____

Did either parent remarry? _____

If yes, please provide details: _____

Please provide the following information on your siblings:

Name	Age	Education	Occupation	Marital Status	# of Children
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As you think of your family-of-origin, what character strengths might you have gained from growing up in that environment? Similarly, are there particular weaknesses that you may have as a result of your family experience?

Was there any physical, emotional, or sexual abuse in your family-of-origin? _____ If yes, how were you directly involved or impacted? _____

Please list any major family events or “family secrets” that might be important: _____

If you were adopted, please answer the following questions:

How old were you when you were placed? _____

What do you know about your biological (birth) parents? _____

How did you learn you were adopted? _____

Solvable Problems Survey

Please rate each of the following statement as they represent areas in your relationship that you think require some change. If it is a very serious problem, circle a "5," if it is only a small problem circle a "1," and use the numbers in-between 5 and 1 to indicate the severity of the problem in your view. Circle 0 for any item that does not represent an issue for you.

1. I would like us to talk to each other more. 0 1 2 3 4 5
2. I would like our sex life to become more satisfying. 0 1 2 3 4 5
3. I would like us to have more independence in this relationship. 0 1 2 3 4 5
4. I would like it if my partner was more organized. 0 1 2 3 4 5
5. I would like it if my partner spent more time with me. 0 1 2 3 4 5
6. I would like my partner to do more to help out around the house. 0 1 2 3 4 5
7. I would like my partner's relationships with our children to improve. 0 1 2 3 4 5
8. I would like my partner's relationships with our families to improve. 0 1 2 3 4 5
9. I would like us to have more fun together. 0 1 2 3 4 5
10. I would like to have fewer problems with my jealousy. 0 1 2 3 4 5
11. I would like to have fewer problems with my partner's jealousy. 0 1 2 3 4 5
12. I would like my partner to have fewer problems with alcohol and drugs. 0 1 2 3 4 5
13. I would like to have fewer problems with my alcohol and drug use. 0 1 2 3 4
14. I would like to be consulted on important decisions. 0 1 2 3 4 5
15. I would like my partner to show more physical affection toward me. 0 1 2 3 4 5
16. I want us to go out on more "dates" together. 0 1 2 3 4 5
17. I want more help with the finances. 0 1 2 3 4 5
18. I would want to receive more appreciation for what I do. 0 1 2 3 4 5
19. There's an extramarital affair that we need help getting over. 0 1 2 3 4 5
20. I would like it if our lives were less chaotic. 0 1 2 3 4 5
21. I would like for my partner to treat me with more kindness and respect. 0 1 2 3 4 5
22. I would like for my partner to share what he/she is feeling, thinking or needing. 0 1 2 3 4 5
23. I don't feel my partner listens to me when I am upset. 0 1 2 3 4 5
24. I don't feel supported by my partner. 0 1 2 3 4 5
25. I am afraid that my partner may physically harm me or my children. 0 1 2 3 4 5

“The Four Horsemen “ Self-Test

Circle Y if the statement is true for you and N if it is not true for you.

I will discuss the results with you in session, along with the meaning of “The Four Horsemen.”

1. Y N At times, during an argument, I think it is best just not to respond at all.
2. . Y N During an argument I keep thinking of ways to retaliate.
3. . Y N During a hot argument I think, “It doesn’t matter what you say” and I stop listening.
4. . Y N During arguments, it is important to me to point out inaccuracies or explain my position.
5. . Y N I don’t get credit for all the positive things I do in our relationship.
6. . Y N When my partner is upset, I think “I don’t have to take this kind of treatment.”
7. . Y N When I see a glaring fault in my partner I can’t recall my partner’s positive qualities
8. . Y N I hate it when things in our discussions stop being rational.
9. . Y N My partner can be pretty stubborn, arrogant and smug at times
10. . Y N I let things build up for a long time before I complain. I don’t complain until I feel very hurt.
11. . Y N I often feel a sense of righteous indignation when my partner is complaining.
12. . Y N I only bring up problems if I know I’m right and want my partner to accept my point of view.
13. . Y N I point out patterns and analyze my partner’s personality as part of my complaints.
14. . Y N I think that it is best to withdraw to calm down, avoid a big fight and not get my feelings hurt.
15. . Y N I withdraw when my partner’s emotions seem out of control.
16. . Y N In a disagreement, I think it’s important to determine who is at fault.
17. . Y N In a discussion, I make general points instead of being specific about one situation or action.
18. . Y N In arguments I may be emotional, sarcastic, or call my partner names. Later, I regret this.
19. . Y N It’s hard for me to see my partner’s point of view when I don’t agree.
20. . Y N When complaining to or about my partner, I use phrases like “you always” or “you never”.
21. . Y N My partner is too touchy and gets his/her feelings hurt too easily.
22. . Y N To avoid blame, I have to explain why and how the problem arose.

23. . Y N When my partner complains, I feel like I just want to get away from there.

24. . Y N When my partner complains, I have to control myself to keep from saying what I really feel.

25. . Y N When my partner complains, I realize that I also have complaints that need to be heard.

26. . Y N In arguments, sometimes my response is to sigh, or roll my eyes.

Circle any numbers you said “yes” to.	How many items did you circle?
4 10 12 13 16 17 20	
2 7 9 18 19 21 26	
2 3 4 5 11 21 22 25	
1 3 6 8 14 15 23 24	

Adapted from John Gottman, 1994, *Why Marriages Succeed or Fail*