

Suzanne Etheridge, MFT

Couples Relationship Information Form

- 1) Name: _____ 2) Age: _____ 3) Date: _____
4) Address: _____ City: _____ State: _____ Zip: _____
5) Briefly, what is your main purpose in coming to couples therapy? _____

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couples therapy that is most suitable for you and your partner. Do not exchange this information with your partner.

Several of your answers on this form may be shared later with your partner during joint therapy sessions if you give us permission to share this information. For this reason you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

- 6) How long have you and your present partner been together? _____
7) Are you and your partner presently living together? _____ Yes _____ No
If so, how long have you been living together? _____
8) How many times have you and your partner separated? _____
9) Have you ever been committed to? ___ Yes _____ No
If Yes, How many times? 1 2 3 4 5+
10) Do you have any children? If so, fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.

*"Whose child?" answering options: B = Both of ours, natural child
BA = Both of ours, adopted (or taken on)
M = My natural child
MA = My child, adopted (or taken on)
S = Partner's natural child
SA = Partner's child, adopted (or taken on)

| | Child's name | Age | Sex | *Whose child? | Lives with you and partner? |
|----|--------------|-------|-----|---------------|-----------------------------|
| 1) | _____ | _____ | F M | _____ | ___ Yes ___ No |
| 2) | _____ | _____ | F M | _____ | ___ Yes ___ No |
| 3) | _____ | _____ | F M | _____ | ___ Yes ___ No |
| 4) | _____ | _____ | F M | _____ | ___ Yes ___ No |

11) List five qualities that initially attracted you to your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Does your partner still possess this trait?

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

12) List four negative concerns that you initially had in the relationship:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Does your partner still possess this trait?

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

13) List five present positive attributes of your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often praise your partner for this trait?

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

14) List five present negative attributes of your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you nag your partner about this trait?

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

15) List five things you do (or could do) to make the relationship more fulfilling for your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often implement this behavior?

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

16) List five things that your partner does (or could do) to make the relationship more fulfilling for you: behavior?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Does your partner often implement this

- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

- 17) List five expectations or dreams you had about this relationship before you committed to your partner: Has this been fulfilled?
- | | | | |
|----------|---------|--------|--|
| 1) _____ | ___ Yes | ___ No | |
| 2) _____ | ___ Yes | ___ No | |
| 3) _____ | ___ Yes | ___ No | |
| 4) _____ | ___ Yes | ___ No | |
| 5) _____ | ___ Yes | ___ No | |

- 18) On a scale of 1 to 5 rate the following items as they pertain to:
- 1) The present state of the relationship
 - 2) Your need or desire for it
 - 3) Your partner's need or desire for it

Circle the Appropriate Response for Each

| | Present state of the relationship | | Your need or desire | | Partner's need or desire | |
|--------------------------|-----------------------------------|-----------|---------------------|-----------|--------------------------|-----------|
| | Poor | Great | Low | High | Low | High |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1) Affection | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2) Commitment together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 3) Communication | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 4) Emotional closeness | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 5) Financial security | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 6) Honesty | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 7) Love | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 8) Physical attraction | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 9) Religious commitment | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 10) Respect | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 11) Sexual fulfillment | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 12) Social life together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 13) Time together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 14) Trust | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Other (specify) | | | | | | |
| 15) _____ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 16) _____ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 17) _____ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 18) _____ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

- 19) If living together, which partner spends more time conducting the following activities?

Circle the Appropriate Response for Each

(M = Me P = Partner E = Equal time)

| | M | P | E | Is this equitable (fair)? | Comments |
|-----------------------|---|---|---|---------------------------|----------|
| | | | | ___ Yes ___ No | _____ |
| 1) Auto repairs | M | P | E | ___ Yes ___ No | _____ |
| 4) Cleaning bathrooms | M | P | E | ___ Yes ___ No | _____ |
| 5) Cooking | M | P | E | ___ Yes ___ No | _____ |
| 6) Employment | M | P | E | ___ Yes ___ No | _____ |
| 7) Grocery shopping | M | P | E | ___ Yes ___ No | _____ |

| | | | | | | | | |
|------------------------|---|---|---|-----|-----|-----|----|-------|
| 8)House cleaning | M | P | E | ___ | Yes | ___ | No | _____ |
| 9)Inside repairs | M | P | E | ___ | Yes | ___ | No | _____ |
| 10)Laundry | M | P | E | ___ | Yes | ___ | No | _____ |
| 11)Making bed | M | P | E | ___ | Yes | ___ | No | _____ |
| 12)Outside repairs | M | P | E | ___ | Yes | ___ | No | _____ |
| 13)Recreational events | M | P | E | ___ | Yes | ___ | No | _____ |
| 14)Social activities | M | P | E | ___ | Yes | ___ | No | _____ |
| 15)Sweeping kitchen | M | P | E | ___ | Yes | ___ | No | _____ |
| 16)Taking out garbage | M | P | E | ___ | Yes | ___ | No | _____ |
| 17)Washing dishes | M | P | E | ___ | Yes | ___ | No | _____ |
| 18)Yard work | M | P | E | ___ | Yes | ___ | No | _____ |
| 19)Other: _____ | M | p | E | ___ | Yes | ___ | No | _____ |
| 20)Other: _____ | M | P | E | ___ | Yes | ___ | No | _____ |

20) If some of the following behaviors take place only during MILD arguments circle an "M" in the appropriate blanks. If they take place only during SEVERE arguments, circle an "S." If they take place during ALL arguments circle an "A." Fill this out for you and you impression of your partner. If certain behaviors do not take place, leave them blank.

Circle the Appropriate Response for Each

(M = Mild arguments only S = Severe arguments only A = All arguments)

| Behavior | By me | | | By partner | | | Should this change? | |
|--------------------------|--------------|---|---|-------------------|---|---|----------------------------|------------|
| 1)Apologize | M | P | A | M | P | A | ___ | Yes ___ No |
| 2)Become silent | M | P | A | M | P | A | ___ | Yes ___ No |
| 3)Bring up the past | M | P | A | M | P | A | ___ | Yes ___ No |
| 4)Criticize | M | P | A | M | P | A | ___ | Yes ___ No |
| 5)Cruel accusations | M | P | A | M | P | A | ___ | Yes ___ No |
| 6)Cry | M | P | A | M | P | A | ___ | Yes ___ No |
| 7)Destroy property | M | P | A | M | P | A | ___ | Yes ___ No |
| 8)Leave the house | M | P | A | M | P | A | ___ | Yes ___ No |
| 9)Make peace | M | P | A | M | P | A | ___ | Yes ___ No |
| 10)Moodiness | M | P | A | M | P | A | ___ | Yes ___ No |
| 11)Not listen | M | P | A | M | P | A | ___ | Yes ___ No |
| 12)Physical abuse | M | P | A | M | P | A | ___ | Yes ___ No |
| 13)Physical threats | M | P | A | M | P | A | ___ | Yes ___ No |
| 14)Sarcasm | M | P | A | M | P | A | ___ | Yes ___ No |
| 15)Scream | M | P | A | M | P | A | ___ | Yes ___ No |
| 16)Slam doors | M | P | A | M | P | A | ___ | Yes ___ No |
| 17)Speak irrationally | M | P | A | M | P | A | ___ | Yes ___ No |
| 18)Speak rationally | M | P | A | M | P | A | ___ | Yes ___ No |
| 19)Sulk | M | P | A | M | P | A | ___ | Yes ___ No |
| 20)Swear | M | P | A | M | P | A | ___ | Yes ___ No |
| 21)Threaten divorce | M | P | A | M | P | A | ___ | Yes ___ No |
| 22)Threaten to take kids | M | P | A | M | P | A | ___ | Yes ___ No |
| 23)Throw things | M | P | A | M | P | A | ___ | Yes ___ No |
| 24)Verbal abuse | M | P | A | M | P | A | ___ | Yes ___ No |
| 25)Yell | M | P | A | M | P | A | ___ | Yes ___ No |
| 26) _____ | M | P | A | M | P | A | ___ | Yes ___ No |
| 27) _____ | M | P | A | M | P | A | ___ | Yes ___ No |
| 28) _____ | M | P | A | M | P | A | ___ | Yes ___ No |

21) How often do you have: Mild arguments? _____
 Severe arguments? _____

22) When a MILD argument is over
 how do you usually feel?

Check Appropriate Responses

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Nauseous |
| <input type="checkbox"/> Childish | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Regretful |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Irritable | |

23) When a SEVERE argument is over
 how do you usually feel?

Check Appropriate Responses

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Nauseous |
| <input type="checkbox"/> Childish | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Regretful |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Irritable | |

24) Which of the following issues or behaviors of you and/or your partner may be attributable to your couples or personal conflicts? If an item does not apply, leave it blank.

Circle the Appropriate Responses

(M = My behavior S = Partner's behavior B = Both)

- | | | | | | | | |
|----------------------|---|---|---|-----------------|---|---|---|
| Alcohol consumption | M | P | B | Perfectionist | M | P | B |
| Childishness | M | P | B | Possessive | M | P | B |
| Controlling | M | P | B | Spends too much | M | P | B |
| Defensiveness | M | P | B | Steals | M | P | B |
| Degrading | M | P | B | Stubbornness | M | P | B |
| Demanding | M | P | B | Uncaring | M | P | B |
| Drugs | M | P | B | Unstable | M | P | B |
| Flirts with others | M | P | B | Violent | M | P | B |
| Gambling | M | P | B | Withdrawn | M | P | B |
| Irresponsibility | M | P | B | Works too much | M | P | B |
| Lies | M | P | B | Other (specify) | | | |
| Past relationship(s) | M | P | B | _____ | M | P | B |
| Other's advice | M | P | B | _____ | M | P | B |
| Outside interests | M | P | B | _____ | M | P | B |
| Past failures | M | P | B | _____ | M | P | B |

25) In the remaining space please provide additional information that would be helpful:

I, _____, hereby give my permission for this clinic to share the information that I provide on this form to _____ (partner) when it is deemed appropriate by an agreement between me, my partner, and out therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature: _____ Date: ____/____/____