



Couples Counseling Intake & Questionnaire

Personal Information

1. Name:	DOB
_____	_____
Address:	

State:	City:
_____	_____
Phone:	Work Phone:
_____	_____
Email:	May we leave a message at home or work?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts

2. Name:	Relationship:
_____	_____
Phone:	Work Phone:
_____	_____
Email Address:	

Employment Status

3. What is your current employment situation? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed and satisfied | <input type="checkbox"/> Employed but dissatisfied | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Coworker conflicts | <input type="checkbox"/> Supervisor conflicts | <input type="checkbox"/> Unstable work history |
| <input type="checkbox"/> Disabled | | |

4. If employed, what is your occupation?

Who is your employer?

Do you enjoy your work?

How many hours a day do you work?

Do you take work home with you?

Relationship Status

5. Marital Status:

Single, never married

Engaged for how long?

Married for how long?

Separated for how long?

Divorced for how long?

Divorce in process for how long?

Live-in partner for how long?

Prior marriages (self)

Prior marriages (partner)

6. List those currently living in your household:

	Name	Age	Sex	Relationship to you
1				
2				
3				
4				
5				

Support System

7. What individual support do you have in your life (e.g., Family / Friends / School / Work / Social activities, etc)?

8. What support do you have as a couple (e.g., Family / Friends / Church / Social / etc)?

9. Who do you have in your life that you can call and talk to in times of trial or crisis?

Mental Health History

10. Have you ever been diagnosed with a mental health disorder?

Yes No

If yes, please provide a brief explanation.

Have you ever taken medication for mental health symptoms (e.g., depression or anxiety)?

Yes No

If yes, please explain what medication(s) you took and why.

Have you ever been hospitalized due to mental health?

Yes No

If "yes" please explain why you were hospitalized.

Substance Use

11. We realize that some people can have a lot of shame around their substance use. We also know that people tend to under report their use. We ask that you please be honest in answering the following questions about substances. We are not here to judge you. Rather, it is important for us know if substance use factors into your life.

Do you drink alcohol?

Yes No

If "Yes" how much, on average, per a weekly basis do you drink (standard drink defined as: 12 oz = 1 beer; 5 oz = 1 glass of wine; 1.5 oz = 1 hard liquor drink)?

- N/A
- 1-3 standard drinks
- 4-8 standard drinks
- 9-12 standard drinks
- 12 or more standard drinks

Do you use recreational drugs (i.e., any drugs not prescribed to you)?

- Yes No

If "Yes" what substances do you use? How often do you use?

Do you look at pornography or lust after sexual images?

- Yes No

If yes, explain what type of lustful behaviors you engage and how frequently (i.e., hours per a day, number of times a week)

Do you use any type of tobacco products (e.g., cigarettes, cigars, dip, chew)?

- Yes No

If yes, describe how often you use tobacco and amount used.

12. Is there a history of alcohol/drug abuse in your family? Please use the box below to indicate the type of drugs and if the abuse is active or in remission:

- | | | |
|---|---|---|
| <input type="checkbox"/> No-one | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Stepparent (live-in) |
| <input type="checkbox"/> Uncle(s)/Aunt(s) | <input type="checkbox"/> Spouse/Significant other | <input type="checkbox"/> Children |
| <input type="checkbox"/> Other (please specify) _____ | | |

Questionnaires

13. Please describe what has led you to seek couples counseling.

How long has this been a problem?

What other help have you and your spouse sought?

How do your current difficulties affect you?

What are one or two goals you have for couples counseling (i.e. what do you want to accomplish)?

A.R.E. Questionnaire

This questionnaire seeks to discern your partner's **accessibility, responsiveness, and engagement.**

14. From your viewpoint, is your partner accessible to you?

I can get my partner's attention easily.

True False

My partner is easy to connect with emotionally.

True False

My partner shows me that I come first with him/her.

True False

I am not feeling lonely or shut out in this relationship.

True False

I can share my deepest feelings with my partner. He/she will listen.

True False

15. From your viewpoint, is your partner responsive to you?

If I need connection and comfort, he/she will be there for me.

True False

My partner responds to signals that I need him/her to come close.

True False

I find I can lean on my partner when I am anxious or unsure.

True False

Even when we fight or disagree, I know that I am important to my partner and we will find a way to come together.

True False

If I need reassurance about how important I am to my partner, I can get it.

True False

16. Are you positively emotionally engaged with each other?

I feel very comfortable being close to, trusting my partner.

True False

I can confide in my partner about almost anything.

True False

I feel confident, even when we are apart, that we are connected to each other.

True False

I know that my partner cares about my joys, hurts, and fears.

True False

I feel safe enough to take emotional risks with my partner.

True False

Relationship Questionnaire

17. Please answer the following questions as completely and accurately as possible.

Whose idea is it to engage in couples counseling? Briefly explain why you are engaging in counseling together.

What are the things you like most about your relationship?

What are the things you most want to change?

How often do you argue?

What do you argue about most?

Describe your most recent argument. How did it start? How did it end?

When you argue, does someone end up leaving? Who? How long before they come back?

How long do you stay mad at each other?

Who is the first to attempt to make things better?

Do your arguments get physical? If so, please briefly explain.

Who initiates sex most often?

How frequent, and often, are you and your spouse sexually intimate?

Conflict Pattern

18. When my partner and I are not getting along:

I often react by (describe your behaviors)...

My partner often reacts to me by (describe partner's behaviors)...

When my partner reacts this way, I often feel...

When I feel this way, I see myself as...

When I feel this way I long for or need...

When I react the way I do, I guess that my partner feels...
