



LIN HALEY

LMFT #92501

## Couple's Assessment Form

**Instructions:** To better assist your therapist in helping you and your partner, please fill out this form as fully and openly as possible. Your answers will help plan a course of couple's therapy that is most suitable for you and your partner.

**Do not exchange this information with your partner at this time.**

Several of your answers on this form will be shared later with your partner during joint therapy sessions. 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.

1) Have you been married before?       Yes       No

If Yes, how many previous marriages have you had?      1    2    3    4    5+

2) How long have you and your partner been in this relationship? \_\_\_\_\_

3) Are you and your partner presently living together?       Yes       No

4) Are you and your partner engaged to be married?       Yes    When? \_\_\_\_\_       No

5) Fill out the following information for each child of whom the natural parent is both yours and your partner's, children from previous relationships, and adopted children.

No children (go on to question 6)

One or each of us has children (continue to 'Whose Child' section on page 2)

**\*“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)
- P = Partner’s natural child
- PA = Partner’s child, adopted (or taken on)

	<b>Child’s name/Age</b>	<b>Sex</b>	<b>*Whose child?</b>	<b>Lives with you?</b>
1)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	_____	F M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6) List three qualities that initially attracted you to your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Does your partner still possess this trait?

- Yes  No
- Yes  No
- Yes  No

7) List three negative concerns that you initially had in the relationship:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Does your partner still possess this trait?

- Yes  No
- Yes  No
- Yes  No

8) List three present positive attributes of your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you often praise your partner for this trait?

- Yes  No
- Yes  No
- Yes  No

9) List three present negative attributes of your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you nag your partner about this trait?

- Yes  No
- Yes  No
- Yes  No

10) List three things you do (or could do) to make the marriage more fulfilling for your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you often implement this behavior?

- Yes  No
- Yes  No
- Yes  No

11) List three things that your partner does (or could do) to make the marriage more fulfilling for you:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Does your partner often implement this behavior?

- Yes  No
- Yes  No
- Yes  No

12) List three expectations or dreams you had about relationships before you met your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Has this been fulfilled?

- Yes  No
- Yes  No
- Yes  No

13) On a scale of 1 to 5 rate the following items as they pertain to:

- The present state of the relationship
- Your need or desire for each item
- Your partner's need or desire for each item

**Circle the Appropriate Response for Each (If not applicable, leave blank.)**

	Present state of the relationship					Your need or desire					Partner's need or desire				
	Poor		Great			Low		High			Low		High		
1) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2) Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3) Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4) Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5) Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6) Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7) Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

	Present state of the relationship					Your need or desire					Partner's need or desire				
	Poor		Great			Low		High			Low		High		
8) Housework sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9) Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10) Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11) Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
12) Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14) Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15) Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
16) Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<b>Other (specify):</b>															
17) _____	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
19) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
20) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

14) For couples living together. Which partner spends more time conducting the following activities?

**Circle the Appropriate Response for Each (If not applicable, leave blank.)**

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

**Comments: (use back for more room if needed)**

- |                       |   |   |   |                              |                             |       |
|-----------------------|---|---|---|------------------------------|-----------------------------|-------|
| 1) Auto repairs       | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Child care         | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Child discipline   | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Cleaning bathrooms | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Cooking            | M | P | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

6) Employment	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7) Grocery shopping	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
8) House cleaning	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9) Inside repairs	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
10) Laundry	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
11) Making bed	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
12) Outside repairs	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
13) Recreational events	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
14) Social activities	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
15) Sweeping kitchen	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
16) Taking out garbage	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
17) Washing dishes	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
18) Yard work	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
19) Other: _____	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
20) Other: _____	M	P	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

15) Fill this out for you and your impression of your partner. If certain behaviors do not take place, leave them blank.

- 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".

**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?	
	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) Apologizing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Become silent	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Behavior	By me			By partner			Should this change?	
	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Bringing up the past	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Criticizing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Cruel accusations	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Crying	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Leaving the house	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Making peace	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Moodiness	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Not listening	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Physical abuse	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Physical threats	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Sarcasm	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Slamming doors	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Speaking rationally	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Sulking	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Swearing	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21) Threatening to break up	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22) Threatening to take kids	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23) Throwing things	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Please continue on the next page.)

16) How often do you have:

Mild arguments? \_\_\_\_\_ Severe arguments? \_\_\_\_\_

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

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

**Check Appropriate Responses**

**Check Appropriate Responses**

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

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

**Circle the Appropriate Responses**

(M = My behavior P = 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	Spending too much	M	P	B
Defensiveness	M	P	B	Stealing	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	Working too much	M	P	B
Pornography	M	P	B	Sex Addiction	M	P	B
Lies	M	P	B	Other (specify):			
Past marriage(s)/ 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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete the following section after thoroughly reading and completing the Couples Assessment Form.**

I, \_\_\_\_\_, hereby give my permission for Growth Counseling Services, Inc. to share the information that I provide on this form to: \_\_\_\_\_ (your partner's name) when it is deemed appropriate by the therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's name (printed): \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BRING THIS AND ALL REQUIRED INTAKE FORMS TO YOUR FIRST COUPLES APPOINTMENT.**

**Important reminder: DO NOT SHARE THIS INFORMATION WITH YOUR PARTNER AT THIS TIME.**