Couple's Questionnaire

Name

Date (mm/dd/yyyy)

Birthday (mm/dd/yyyy)

I was referred by:

List website referral

Other:

Relationship Information:

Relationship Status

Name of partner (if applicable)

Partner's Date of Birth (mm/dd/yyyy)

Years dating

Years separated

Years Married

Years Divorced

Years Widowed

Description of Presenting Problem(s)

1. Describe the nature of your concerns, when they began (including dates, if possible), and what you think may have started the problem.

2. What solutions to your problem(s) have you found helpful?

3. On a scale of 1-10 (1 being mildly upset and 10 being extremely upset) how upsetting is/are your problem(s)?

	1	2	3	4	5	6	7	8	9	10
	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

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1. Where were you born?

2. Are your parents:

If divorced, how old were you at the time of your divorce?

3. Number of brothers

Brothers' ages:

4. Number of sisters

Sisters' ages:

5. Please fill out the following questions about deceased family members.

Are any siblings deceased?	How old were you at the time?	What was the cause of death?	Did you receive grief counseling?
◯ YES			◯ YES
◯ NO			◯ NO

If yes, who?

Is your father deceased?	How old were you at the time?	What was the cause of death?	Did you receive grief counseling?
◯ YES ◯ NO			◯ YES ◯ NO

Is your mother deceased?	How old were you at the time?	What was the cause of death?	Did you receive grief counseling?
◯ YES ◯ NO			◯ YES ◯ NO

6. Do or did any of your family members have (check all that apply):

A drinking problem

☐

If so, who?

A drug problem

☐

If so, who?

Depression

☐

If so, who?

Mood swings (depression with highs and lows)

☐

If so, who?

Mental Illness

☐

If so, who?

If yes, please specify mental illness

Anxiety

If so, who?

7. How would you describe your spiritual beliefs?

8. What level of education have you completed?

If other, please specify

9. Please check any of the following that applied during your childhood or adolescence:

- Happy Childhood
- Emotional Problems
- Eating Disorder
- Family Problems
- Alcohol Abuse
- Sexual Abuse
- Legal Trouble
- Unhappy Childhood
- Drug Abuse
- School Problems
- Behavioral Problems
- Medical Problems

Other

Who were you raised by?

If legal guardian, who?

11. What were the prevailing emotional overtones in your family when you were growing up?

12. What are the strengths that have helped you cope with problems in the past?

Substance and Alcohol Abuse History

Do you have a history of any recreational drug use?

If yes, please fill out the "Substance Abuse History" and the "Substance Abuse Treatment" forms found on the "Forms" page of our website.

- ◯ YES
- ◯ NO

Do you have a history of alcohol abuse and/or dependence?

If yes, please out the "AUDIT" form found on the "Forms" page of our website.

- ◯ YES
- ◯ NO

Developmental and Educational History

During your pregnancy/birth, did your mother have any problems with any of the following:

- ☐ None of these
- ☐ Exposure to drugs or alcohol during pregnancy
- ☐ A difficult pregnancy
- ☐ Problems with delivery

Other

Did you have any complications after your birth? (e.g. premature birth, jaundice, breathing difficulties)

- ◯ YES
- ◯ NO

Did you have any delays or difficulties in reaching the following developmental milestones?

- ☐ None of these
- ☐ Walking
- ☐ Talking
- ☐ Toilet Training
- ☐ Sleeping Alone
- ☐ Being away from parents
- ☐ Making friends

Other

Which options below best describe your childhood home atmosphere?

- ☐ Normal
- ☐ Supportive
- ☐ Parental fighting
- ☐ Parental violence
- ☐ Financial difficulties
- ☐ Frequent Moving

Other

Which of the following challenges were experienced during your childhood?

- ☐ None of these
- ☐ Tantrums
- ☐ Enuresis (bed wetting)
- ☐ Encopresis (fecal incontinence)
- ☐ Running away from home
- ☐ Fighting
- ☐ Stealing
- ☐ Property damage
- ☐ Fire setting
- ☐ Animal cruelty
- ☐ Separation anxiety
- ☐ Victim of bullying
- ☐ Engaged in bullying
- ☐ Depression
- ☐ Death of parent/caregiver
- ☐ Parental divorce

Which of the following best describe problems you may have had in school?

- [ ] None of these
- [ ] Tantrums
- [ ] School phobia
- [ ] Truancy
- [ ] Detentions
- [ ] Suspensions
- [ ] Expulsions
- [ ] School refusal
- [ ] Class failures
- [ ] Repetition of grades
- [ ] Special education
- [ ] Remedial classes

Did you have additional schooling outside of the standard classroom setting? (please check all that apply)

- [ ] None of these
- [ ] Speech classes
- [ ] Tutoring
- [ ] Accommodations

Other

If you have any further comments about your developmental or educational history and wish to elaborate further, please do so in the space provided below:

External Systems (those outside your immediate family)

1. Please indicate if any family members have ever interfered in your marriage, job, and/or school.

Marriage Select One

If other, please specify

Job Select One

If other, please specify

School Select One

☐

If other, please specify

2. Who have you reached out to for support prior to coming to therapy?

- ☐ Minister/Clergy/Spiritual advisor
- ☐ Friends
- ☐ Social agencies
- ☐ Other

If other, please specify

I have not reached out to anyone.

☐

3. Do you make friends easily?

	Very Easily	Somewhat Easily	Not Easily
	○	○	○
	○	○	○

4. Do you have difficulty maintaining friendships?

	Very Easily	Somewhat Easily	Not Easily
	○	○	○
	○	○	○

5. Do you keep friendships?

	Very Easily	Somewhat Easily	Not Easily
	○	○	○
	○	○	○

6. Have you recently moved here?

- ◯ YES
- ◯ NO

If yes, from another:

- ◯ City, same State/province
- ◯ State or Province
- ◯ Country

Please specify:

7. Rate the degree to which you generally feel comfortable and relaxed in social settings:

- ◯ Very relaxed
- ◯ Relatively comfortable
- ◯ Relatively uncomfortable
- ◯ Very anxious
- ◯ Avoid Social settings as much as possible.

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.