



## COUPLE'S INTAKE FORM

*This questionnaire will help us get to know a little more about you and how we may be of help. If you feel uncomfortable with any question you may leave it blank and we can discuss it when we meet. Please complete this questionnaire as honestly and completely as possible.*

*All responses you provide will be kept confidential unless you choose to release this information to someone or report that you are seriously harming yourself or someone else, or someone has seriously harmed you.*

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: ☐ Male ☐ Female ☐ Transgender ☐ Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Religious Preference/Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Your Partner's Name: \_\_\_\_\_

### RELATIONSHIP HISTORY:

How long have you and your partner been together? \_\_\_\_\_

What is your current relationship status?

☐ Dating ☐ Cohabiting/living together ☐ Engaged ☐ Married ☐ Separated/Divorced

What is your current living arrangement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What initially attracted you to your partner? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



In what ways are you and your partner similar? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what ways are you and your partner different? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the things you like most about your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your sources of pleasure as a couple? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What traits do you appreciate in your partner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What traits do you think your partner appreciates in you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel supported or encouraged by your partner? ☐ Yes ☐ No  
Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that you provide your partner with support and encouragement? ☐ Yes ☐ No  
Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the percentage of your commitment in staying in your relationship? \_\_\_\_\_%



**PAST TREATMENT HISTORY:**

Have you had individual therapy or couple's therapy in the past? ☐ Yes ☐ No

If yes, with whom did you work and what were the approximate dates? \_\_\_\_\_

\_\_\_\_\_

If yes, what was helpful in therapy? \_\_\_\_\_

\_\_\_\_\_

If yes, what did you find least helpful in therapy and what did not work for you? \_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY:**

How would you describe the home in which you were raised? \_\_\_\_\_

\_\_\_\_\_

Please describe your relationship with your mother. What was it like as a child? At present?

\_\_\_\_\_

\_\_\_\_\_

Please describe your relationship with your father. What was it like as a child? At present?

\_\_\_\_\_

\_\_\_\_\_

Please describe your parents' relationship. What was it like as a child? At present?

\_\_\_\_\_

\_\_\_\_\_



Please describe your relationship with your children (if applicable). Please indicate their name(s), age(s), and the quality of your relationship.

Name	Age	Our Relationship Is:		
		Poor	Average	Good
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your relationship with your sibling(s) (if applicable). Please indicate their name(s), age(s), and the quality of your relationship.

Name	Age	Our Relationship Is:		
		Poor	Average	Good
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CONFLICT RESOLUTION HABITS:

How often do you and your partner argue? How long do you stay mad at each other? (e.g. frequency of verbal arguments, approximate length of time verbal arguments last).

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What do you and your partner most often argue about? \_\_\_\_\_

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What do you do when you are angry? What does your partner do? \_\_\_\_\_

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What do you do when there is conflict between you and your partner? What does your partner do? \_\_\_\_\_

\_\_\_\_\_

What is the first to attempt to make things better? How do you resolve conflict? \_\_\_\_\_

\_\_\_\_\_

What strengths and weaknesses do you have in resolving conflict? What would you say are your partner's strengths and weaknesses in resolving conflict? \_\_\_\_\_

\_\_\_\_\_

Do you ever feel like leaving your partner? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

### **RELATIONSHIP STRESSORS:**

Have there ever been any incidents of physical violence or threat of violence in your relationship? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you or your partner have any difficulties with alcohol or substance use? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Has there been any infidelity in your relationship? ☐ Yes ☐ No ☐ Unsure

If yes or unsure, please explain. \_\_\_\_\_

\_\_\_\_\_



## HOUSEHOLD HABITS AND FINANCIAL STRESSORS:

Please describe your household roles and responsibilities. \_\_\_\_\_

\_\_\_\_\_

Do you feel your household contributions are equitable? ☐ Yes ☐ No ☐ Unsure

Please explain. \_\_\_\_\_

\_\_\_\_\_

What are the financial practices in your relationship (e.g. do you share expenses, different spending habits, do you maintain separate bank accounts)? Please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you faced any financial stressors as a couple? ☐ Yes ☐ No ☐ Unsure.

If yes or unsure, please explain. \_\_\_\_\_

\_\_\_\_\_

## SEXUAL AND EMOTIONAL INTIMACY:

Are you and your partner sexually active? ☐ Yes ☐ No

If yes, who initiates sexual activity most often? \_\_\_\_\_

Please describe your sexual relationship. What do you find most satisfying about it? What don't you like about it? \_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, how satisfied are you with your current sexual activity (1 = Not at all, 10 = Extremely satisfied)? \_\_\_\_\_

Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



On a scale of 1-10, how emotionally connected do you feel to your partner (1 = Not at all, 10 = Extremely connected)? \_\_\_\_\_

Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On a scale of 1-10, how open are you in expressing your innermost thoughts and feelings with your partner (1 = Not at all, 10 = Extremely open)? \_\_\_\_\_

Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On a scale of 1-10, how much do you respect your partner (1 = Not at all, 10 = Extremely respect)? \_\_\_\_\_

Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On a scale of 1-10, please indicate your level of commitment to your relationship (1 = Not at all, 10 = Extremely committed)? \_\_\_\_\_

Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **SOCIAL ACTIVITY AND CONNECTEDNESS:**

What are some social activities in which you and your partner participate as a couple? How often? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What social activities do you enjoy most together? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



Do you enjoy participating in activities separate from your partner? ☐ Yes ☐ No

Please explain. \_\_\_\_\_

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Does your partner enjoy participating in activities separate from you? ☐ Yes ☐ No

Please explain. \_\_\_\_\_

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How comfortable are you doing activities separate from your partner? \_\_\_\_\_

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Do you have separate friendships with people whom are not mutual friends? ☐ Yes ☐ No

If yes, please name these individuals and whether these friendships create conflict in your relationship. \_\_\_\_\_

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### VALUES, GOALS, LIFE PURSUITS:

Do you have joint commitments to goals, projects, work, or social causes? ☐ Yes ☐ No

If yes/no, does this add or detract from the bond between you? Please explain. \_\_\_\_\_

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### OTHER INFORMATION:

Is there anything else you feel is important for us to know about you and/or your relationship? \_\_\_\_\_

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