

Azimuth Counseling and Therapeutic Services, Inc.
Couple's Information Form

Updated 07/21/16

Date: ____/____/____

1) Name: _____ 2) Age: ____ 3) Date of Birth: ____/____/____

3a) Location of birth _____

4) Address: _____ City: _____ State: ____ Zip: _____

5) Briefly, what is your main purpose in coming to couple's counseling?

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 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 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) Have you been married before? ____ Yes ____ No

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

7) How long have you and your partner been in this relationship? _____

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

9) Are you and your partner engaged to be married? ____ No ____ Yes When? _____

10) 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.

_____ Neither of us has children (go to number 11)

_____ One or each of us has children(continue)

Child's name	Age	Sex	Whose child?*	Lives with you both?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> PA <input type="checkbox"/> MA	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> PA <input type="checkbox"/> MA	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> PA <input type="checkbox"/> MA	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> PA <input type="checkbox"/> MA	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> PA <input type="checkbox"/> MA	<input type="checkbox"/> Yes <input type="checkbox"/> No

* "Whose child?" answering options:

B= Both of ours, natural child

PA = Partner's child, adopted (or taken on)

P= Partner's natural child

MA= My child, adopted (or taken on)

M= My natural child

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 marriage 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 marriage more fulfilling for you:

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

Does your partner often implement this behavior?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

17) List five expectations or dreams you had about relationships before you met your partner:

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

Has this been fulfilled?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ 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 (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
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
<i>Other (specify)</i>															
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

19) 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)

				Is this equitable (fair)?	Comments
1) Auto repairs	M	P	E	___ Yes ___ No	_____
2) Child care	M	P	E	___ Yes ___ No	_____
3) Child discipline	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	S	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 your 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	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	
3) Bring up the past	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4) Criticize	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) Cry	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7) Destroy property	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8) Leave the house	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9) Make 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 listen	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	
15) Scream	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16) Slam doors	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17) Speak irrationally	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18) Speak rationally	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19) Sulk	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20) Swear	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21) Threaten breaking up	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22) Threaten to take kids	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23) Throw things	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24) Verbal abuse	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25) Yell	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Other (Please Specify):</i>									
26) _____	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27) _____	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28) _____	M	S	A	M	S	A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

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

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

Check Appropriate Responses

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

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- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

24) 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	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 (Please 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

25) In the space below 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 our therapist. This sharing of information may take place only during a joint counseling session (both partners present).

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

Clinician signature: _____ Date: ____ / ____ / ____

Job Title/Credentials: _____

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.