

Couple #: \_\_\_\_\_

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

### PERSONAL DATA FORM

Please mark your sex:      \_\_\_\_\_ Male      \_\_\_\_\_ Female

What is your racial/ethnic background? \_\_\_\_\_

What was your age on your last birthday? \_\_\_\_\_

Check the status of your current relationship. You may check more than one if this is appropriate:

- \_\_\_\_\_ Regular dating
- \_\_\_\_\_ Exclusive dating
- \_\_\_\_\_ Planning marriage or formally engaged
- \_\_\_\_\_ Committed relationship, but not married or engaged
- \_\_\_\_\_ Married
- \_\_\_\_\_ Other – Write in \_\_\_\_\_

How long have you known your partner, in years and months? \_\_\_\_\_

How long have you been dating (romantically involved with, etc.) your partner, in years and months? \_\_\_\_\_

If you are married to your partner, how long have you been married, in years and months?

\_\_\_\_\_

Do you live with your partner?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever been divorced:      \_\_\_\_\_ Yes      \_\_\_\_\_ No      How many times? \_\_\_\_\_

If you are married to or living with your partner, please check your gross household income. If you are neither married to nor living with your partner, please check your own personal income.

- \_\_\_\_\_ Less than 10,000 per year
- \_\_\_\_\_ More than 10,000, less than 20,000
- \_\_\_\_\_ More than 20,000, less than 30,000
- \_\_\_\_\_ More than 30,000, less than 40,000
- \_\_\_\_\_ More than 40,000, less than 50,000
- \_\_\_\_\_ More than 50,000, less than 60,000
- \_\_\_\_\_ More than 60,000

Please check the number that most closely represents your level of education (years).

High School       9    10    11    12  
College             13    14    15    17  
Graduate School    18    18    19    20    Other

Please specify the highest educational degree attained. \_\_\_\_\_

How many children do you have with your spouse/partner? \_\_\_\_\_

Do you have other children?    Yes       No      If yes, how many? \_\_\_\_\_

Please indicate the age and sex of the children you have with your current spouse.

	Age	Sex		Age	Sex
1.	_____	_____	5.	_____	_____
2.	_____	_____	6.	_____	_____
3.	_____	_____	7.	_____	_____
4.	_____	_____	8.	_____	_____

Have you and your spouse/partner ever sought therapy for relationship problems prior to this time?       Yes       No

If yes, what was the approximate number of sessions? \_\_\_\_\_

Who referred you to your current therapist for couple therapy?

Self  
 Self, was seeing same therapist individually  
 Individual therapist different from couple therapist  
 Friend  
 Physician  
 Pastor  
 Other \_\_\_\_\_

Who was more interested in getting professional help for the relationship/marriage?

Me  
 Both, but I was more  
 Both equally  
 Both, but my partner was more.  
 My partner

About how frequently do you and your partner have sexual intercourse?

<input type="checkbox"/> Once a day or more	<input type="checkbox"/> Every other day
<input type="checkbox"/> Twice a week	<input type="checkbox"/> Weekly
<input type="checkbox"/> Twice a month	<input type="checkbox"/> Once a month
<input type="checkbox"/> Every 2-3 months	<input type="checkbox"/> Once every 6 months or less

How much time do you and your partner talk during an average week?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 30 minutes | <input type="checkbox"/> 30 minutes to an hour |
| <input type="checkbox"/> 1-2 hours            | <input type="checkbox"/> 3-5 hours             |
| <input type="checkbox"/> 6-10 hours           | <input type="checkbox"/> More than 10 hours    |

How often have you pushed, grabbed, shoved, hit, or slapped your partner?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Never              | <input type="checkbox"/> Once        |
| <input type="checkbox"/> Twice              | <input type="checkbox"/> 3-5 times   |
| <input type="checkbox"/> 6-10 times         | <input type="checkbox"/> 11-20 times |
| <input type="checkbox"/> More than 20 times |                                      |

Why did you push, grab or shove your partner?

- |  |   |
|--|---|
| <input type="checkbox"/> I was angry or frustrated   | <input type="checkbox"/> To hurt my partner |
| <input type="checkbox"/> To protect or defend myself | <input type="checkbox"/> Not applicable     |

If there has been physical aggression in your relationship, how long has it been since one of you has pushed, grabbed, shoved, or hit the other? \_\_\_\_\_

Did your parents divorce?

- Yes, when I was a child     Yes, after I grew up     No

Did either of your parents die while you were a child?

- Yes, before I was 10     Yes, before I was 18     No

How happy was your parents' marriage?

- Hardly happy at all  
 Not too happy  
 Somewhat happy  
 Very happy  
 Extremely happy

Were either of your parents alcoholic or abuse another substance?  Yes  No

Were you abused in some way as a child?  Yes  No

Have you ever had or are you now having an affair?

- Yes, currently     Yes, in the past     No

Please check your religious affiliation.

- Catholic
- Protestant
- Jewish
- Islamic
- New Age/Metaphysical
- None
- Other \_\_\_\_\_

Specific Denomination or sect, if any? \_\_\_\_\_

All things considered, how *religious* would you say that you are?

- 1    2    3    4    5    6    7
- Not at all                      Somewhat religious      Very religious

All things considered, how interested are you in spiritual matters?

- 1    2    3    4    5    6    7
- Not at all                      Somewhat                      Very interested

Please answer each of the next four questions by indicating how strongly you agree or disagree with the idea expressed.

- 1 = Strongly Disagree  
2  
3  
4 = Neither Agree Nor Disagree  
5  
6  
7 = Strongly Agree

1    2    3    4    5    6    7 What religion offers me most is comfort in times of trouble and sorrow.

1    2    3    4    5    6    7 My whole approach to life is based on my religion.

1    2    3    4    5    6    7 I go to church or synagogue mainly because I enjoy seeing people I know.

1    2    3    4    5    6    7 Life has no real meaning apart from a relationship with God.

Please check the number of times you attend religious services in a typical month.

1    2    3    4    5    6    7    8    9    10    11    12

## PROBLEM INVENTORY

Please read each question carefully and record your answer in the space provided.

Consider the list below of issues that most all relationships must face. Please rate how much of a problem each area currently is in your relationship by writing a number from 0 (not at all a problem) to 100 (a severe problem). For example, if "children" were somewhat of a problem, you might enter 25 next to "children." If "children" were not a problem in your relationship, you might enter a 0 next to "children." If "children" were a severe problem, you might enter 100. If you wish to add other areas not included in our list, please do so in the blank spaces provided. BE SURE TO RATE ALL AREAS.

- \_\_\_\_\_ Money
- \_\_\_\_\_ Recreation
- \_\_\_\_\_ Jealousy
- \_\_\_\_\_ Communication
- \_\_\_\_\_ Friends
- \_\_\_\_\_ Careers
- \_\_\_\_\_ In-laws (and relatives)
- \_\_\_\_\_ Alcohol and drugs
- \_\_\_\_\_ Sex
- \_\_\_\_\_ Children (or potential children)
- \_\_\_\_\_ Religion
- \_\_\_\_\_ Household tasks
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Based on: Knox, D. (1971). Marriage Happiness. Champaign, IL: Research Press

For more depth, see also: Notarius, C. & Vanzetti, N. (1983). Marital Agendas Protocol.  
In E. Filsinger (Ed.), A Sourcebook of Marriage and Family Assessment.  
Beverly Hills, CA: Sage



## RELATIONSHIP DYNAMICS SCALE

Please answer each of the following questions in terms of your relationship with your “mate” if married, or your “partner” if dating or engaged. We recommend that you answer these questions by yourself (not with your partner) using the ranges below for your own reflection.

Use the following 3-point scale to rate how often you and your mate or partner experience the following by putting an X in the blank before your answer.

- 1 = Almost never
- 2 = Once in a while
- 3 = Frequently

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 Little arguments escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 My partner criticizes or belittles my opinions, feelings, or desires.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 My partner seems to view my words or actions more negatively than I mean them to be.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 When we have a problem to solve, it is like we are on opposite teams.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 I hold back from telling my partner what I really think and feel.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 I think seriously about what it would be like to date or marry someone else.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 I feel lonely in this relationship.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 When we argue, one of us withdraws...that is, doesn't want to talk about it any more or leaves the scene.

Who tends to withdraw more when there is an argument? (*Put an X by your answer.*)

- \_\_\_ Male
- \_\_\_ Female
- \_\_\_ Both Equally
- \_\_\_ Neither tend to withdraw



## CONFIDENCE SCALE

Please answer each question below by indicating how strongly you agree or disagree with the idea expressed related to your marriage or dating relationship. Place an X by any number from 1 to 7 to indicate various levels of agreement or disagreement with the idea expressed. Please try to respond to each item.

- 1 = Strongly Disagree  
2  
3  
4 = Neither Agree Nor Disagree  
5  
6  
7 = Strongly Agree

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I believe that we can handle whatever conflicts will arise in the future.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I don't have much confidence in the future of my relationship.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I am not at all sure that we can make this relationship work for the long haul.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I feel good about our prospects to make this relationship work for a lifetime.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 We may not have what it takes to keep this relationship going.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 We can handle just about anything that comes our way.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I am not sure that we can avoid divorce or breaking up in the future.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 I am very confident when I think of our future together.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 We have the skills a couple needs to make a marriage last.

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 Our risk for divorce or breakup is probably greater than average.





For the following items, please CHECK the response which best answers the question.

10. When disagreements arise, they usually result in:  Your giving in  
 Your partner giving in  
 Agreement by mutual give and take
11. Do you and your partner engage in outside interests together?  All of them  
 Some of them  
 Very few of them  
 None of them
12. In leisure time, do you generally Prefer:  To be "on the go"  
 To stay at home
13. Do you confide in your partner?  Almost never  
 Rarely  
 In most things  
 In everything

Answer the following questions only if you are married to, or planning to marry, your partner.

14. Do you ever wish you had not married your partner (or planned marriage)?  Frequently  
 Occasionally  
 Rarely  
 Never
15. If you had your life to live over, do you think you would:  Marry (or plan to marry) your current partner  
 Marry (or plan to marry) a different person  
 Not marry (or plan to marry) at all

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

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female      Assessment Point: \_\_\_\_\_

### GOALS

Please list your key goals for relationship/marital counseling in the spaces below. You can list up to three goals, or less. Please try to list each goal in as specific a manner as possible. If you have filled this out previously, please list the same goals which you had originally listed. You can add a new goal if you desire, but please list the original goals first; and keep the total number of goals to five or less.

GOAL	RATING OF PROGRESS
1.	
2.	
3.	
New goals added after the initial list was made.	
4.	
5.	

Now, please use the scale below to rate the progress made toward each goal above. Place a number (1 to 6) to the right of each goal. If you are filling this out for the first time and work is just beginning on the goals, please put a 0 for each goal above. After counseling has been in progress, rate 1 to 6 as described above.

1. No progress has been achieved on this goal and things are worse regarding it.
2. No progress has been made, but things are no worse with regard to this goal.
3. Some limited progress has been made toward this goal.
4. Clear progress has been made toward reaching this goal.
5. Goal has been achieved to a satisfactory level.
6. Progress has well exceeded "satisfactory." More progress than I had even hoped for.

