## PRE-COUNSELING COUPLES / MARRIAGE QUESTIONNAIRE

BOTI	H PARTNERS NE	ED TO COMPLETE TE	HIS QUESTIONNAIR	E SEPARATI	ELY AND INDEPENDE	NTLY, PLEASE
As you		FIRST SESSION, BUT I primary reason that bri point in time?				
	No concern (cou Little concern Moderate concer	inseling was my partner's	s idea)		us concern serious concern	
Rank (	•	e concerns that you hav	•			ost problematic):
Has eit		ened to separate or divo				
	If yes, who?	Me	Partner	B	oth of us	
If mar	ried, have either y	you or your partner con	sulted with a lawyer	about divorce	e? 🗆 Yes 🗆 No	
	If yes, who?	Me	Partner	B	oth of us	
Have e	ither you or your	partner struck, physica	ally restrained, used v	iolence agains	st or injured the other p	person?   Yes   No
	If yes, please ans	swer the following:				
	Who was the agg	gressor?Me	Partne	er	Both of us	
	What happened?					
	Were the police	involved? □ Yes □ No				
	Was a restraining	g order filed? $\Box$ Yes $\Box$ N	lo			
	Was Child Prote	ctive Services (CPS) inv	olved? □ Yes □ No			
	If so, what happe	ened as a result of involv	ement by CPS?			
	How often did or	r has this occurred in the	relationship?			
	Is this physical a	ggression / violence still	occurring in the relation	onship? □ Ye	s 🗆 No	
	If yes, how often	does this occur?				

## EARLY DYNAMICS AND CHARACTERISTICS OF YOUR RELATIONSHIP WITH EACH OTHER

Please indicate what you believe was the primary reason why you and your spouse / partner got married or began

to cohabita	te (check	any and all tha	t apply)?							
□ W∈	my partne	zy in love ld out of wedloo r needed to be re ation (e.g., famil	scued or es		]	Becaus	se I felt m	curity and stability y spouse / partner n ot know how to say		me
What was t	the very b	eginning of you	r relations	hip like	with your spouse /	partner	? And ho	w long did this pha	se last	?
What was y	your first	relationship dis	illusionme	nt / disa	appointment with y	our spou	se / parti	ner?		
 What happ	ened and	how did you re	solve it?							
— Did this lea	nd to any o	changes in your	relationshi	ip? Plea	ase explain.					
		CURR	ENT RELA	ATIONS	SHIP STRENGTH	S, NEED	OS, AND	ISSUES		
Please rate feelings abo			ntionship h	appines	s by circling the n	ımber wl	hich corr	esponds with your	currer	ıt
<b>0</b> Extreme Unhapp	•	<b>1</b> /ery Unhappy	2 Somew Unhap		3 Neither Happy Nor Unhappy		4 newhat appy	5 Very Happy		6 erything Is Perfect
How would	l you rate	your current le	vel of stres	s in you	ır life (e.g., roles / r	esponsib	ilities, re	lationships, work, f	inance	es, etc.)?
0 No Stress At All	1	2	3	4	5 Moderately Stressed	6	7	8	9	10 Extremely Stressed
To what de	egree does	your family an	d / or frien	ds supp	ort you as a couple	?				
0 Extremel Unsupport		1 Very Unsupportive	Somey Unsupp	what	3 Neither Supportive Nor Unsupportive		4 newhat portive	5 Very Supportive		6 Extremely Supportive

<b>0</b> Extremely Dissimilar	1 Very Dissimilar	2 Somewhat Dissimilar	Neither S Nor Diss		4 Somewhat Similar	5 Very Similar	6 Extremely Similar
Rate how open you	ı are in expressing	your innermos	t wants, thou	ights, de	esires, and feeling	gs to your spouse /	partner?
0 Totally Closed	1 Very Closed	2 Somewhat Closed	3 Neither 0 Nor Clo		4 Somewhat Ope	5 en Very Open	6 Totally Open
Please indicate the following items by	approximate exter checking a respons	nt of agreement se for each item	or disagreei	ment be	tween you and yo	our spouse / partne	er on the
	Always Agr		t Always gree		asionally isagree	Frequently Disagree	Always Disagree
Handling finances	3		5100		Bugiee	Disugiec	
Recreation /	,						
hobbies / leisure							
time							
Demonstrations of affection	f						
Parenting /							
discipline							
Outside friendship	os						
Ways of dealing							
with in-laws							
Physical intimacy	/						
sexual relations							
Philosophy of life	/						
core values							
Conventionality							
(right, good, or	a						
proper conduct an behavior)	a						
Social causes /							
politics							
Other (please list)	:						
,							
How are the two o	f you similar?						
How are you differ	rent?						
When did you fire	t hacama awara of	significant diffe	rancas hatw	oon the	two of you?		
when aid you iirs	t become aware of s	signineant unite	Tences Detwo	een me	two or you:		

To what degree do the two of you share a similar basic worldview / set of values?

When you feel like you want support or encouragement fr	rom your partner, do you get it? If yes, explain how.
When your partner wants support or encouragement from	n you, do you feel that you give it? If yes, explain how.
Do you support your partner's development as an individ	ual? If yes, explain how.
What are your biggest strengths as a couple (include any tdisagreements)?	that you believe also help with resolving conflicts or
When do you feel most gratified / satisfied / validated in y	our relationship?
What is one thing that your spouse or partner does very w	vell and you would love for them to keep doing it?
What is one thing that your spouse or partner is doing OF	K and you would like them to improve?
What is one thing that your spouse or significant other is ostop?	doing that is killing the relationship and you would like them to
	nn is how you feel about your partner; right column is how you
My partner feels about you):  My partner becomes very angry / over-reactive My partner tends to blame me for our problems My partner tends to withdraw affection from me My partner is often critical of me My partner does not appreciate me My partner does not respect or like me My partner does not understand my needs	<ul> <li>My partner feels I become very angry / over-reactive</li> <li>My partner feels I blame them for our problems</li> <li>My partner feels I tend to withdraw my affection</li> <li>My partner feels I am often critical of them</li> <li>My partner often feels unappreciated by me</li> <li>My partner feels I do not respect or like them</li> <li>My partner feels I do not understand their needs</li> </ul>

Pre-Counseling Couples	/ Marriage Question	nnaire for Wake F	orest Mind and H	Health, PLLC	

	Me giving in and / or apologizing		My partner giving in and / or apologizing
	Me blowing up Me ignoring my partner's feelings and concerns		My partner blowing up My partner ignoring my feelings and concerns
			The parameter agreeming and the contents
Overall	, I tend to view my spouse / partner as being:		
	A complainer / is negative or pessimistic		Positive about life / challenges
	Responsible and helpful		Irresponsible or unhelpful
	Thoughtful and caring		Not thoughtful or caring
My spo	use / partner and I generally prefer (select one answer abo	ut yourself a	and one about your spouse / partner):
	My spouse / partner prefers to be "on the go"		I prefer to be "on the go"
	My spouse / partner prefers to stay at home		I prefer to stay at home
My spo	ouse / partner and I engage in outside interests together:	:	
	All of them		Very few of them
	Some of them		None of them
When i	t comes to spending time together or apart, I would like to	:	
	Spend more quality time together		Spend more time together with our mutual friends
	Go on more dates together		Spend more time apart with our separate friends
	Participate in more recreational activities together		Have more autonomy / do more things
	Travel more / go on more vacations together		independently
	Spend more time together with our families		
If I had	l my life to live over again, I believe I would:		
	Marry or partner with the same person		Date longer before marrying / cohabitating
	Marry or partner with a different person		Not marry or cohabitate with a partner at all
How of	ften to you ever wish you had not married or weren't in	a domestic	partnership?
	Frequently		Rarely
	Occasionally		Never
	roles / responsibilities do you feel stuck in, uncertain abo and / or relationship?	out, or out o	f balance for you at this moment in your life,
What h	nave you already done to deal with the difficulties in you	ır relationsh	nip?
Please :	make at least one suggestion as to something you could	nersonally d	to now to improve the relationship regardless
	t your partner does.	porsonany (	20 10 11 to improve the remaining regardless

When disagreements arise, they usually result in (check any and all that apply):

## PHYSICAL INTIMACY / SEXUAL RELATIONSHIP

Have you or you	ır spouse / partner bee	n unfaithful to ea	ach other (i.e., emotion	nally, physically, or	r both)? 🗆 Yes 🗆 No	
If yes,	who was unfaithful?		_Me	Partner	Both	of us
When v	was the first incident?					
Was this the onl	y time you or your spo	use / partner were	e unfaithful?   Yes	No		
Is the affair still	ongoing? □ Yes □ No					
Does your partne	ers / spouse know?	Yes □ No				
Rate how enjoy	able is your sexual re	lationship with <b>c</b>	each other?			
<b>0</b> Terrible	1 Very Unpleasant	2 Somewhat Unpleasant	3 Neither Pleasant Nor Unpleasant	4 Somewhat Pleasant	5 Very Pleasant	<b>6</b> Fantastic
How satisfied a	re you with the freque	ency of physical	intimacy / sexual re	lations with each	other?	
<b>0</b> Way Too O		<b>1</b> oo Often	2 About Right	3 A Bit Too I	nfrequent Way	4 Too Infrequent
How many time	es on average in a mo	nth are you phys	sically intimate / hav	e sex with each ot	her?	
0	1 2	3 4	5	6 7	8 9	10+
What do you fin	nd most satisfying abo	out physical inti	macy / sex with each	other?		
What do you fin	nd least satisfying abo	out it?				
How has your s	sexual relationship ch	anged since you	were first together?			
What is one thi	ng that you wish was	different about	your sexual relations	ship?		

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE BRING THIS WITH YOU DURING YOUR FIRST APPOINTMENT. PLEASE NOTE THAT YOU WILL BE ASKED TO TALK ABOUT YOUR ANSWERS IN SESSIONS BUT YOUR SPOUSE / PARTNER WILL NOT BE SHOWN THIS FORM.