



## Couples Intake Assessment

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

May we contact you at home?  YES  NO mobile phone?  YES  NO at work?  YES  NO

Email Address \_\_\_\_\_

Can we contact you via-email?  YES  NO

Can we text you?  YES  NO

Social Security # \_\_\_\_\_ Referral Source \_\_\_\_\_

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

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**Instructions:** To assist me in helping you, please fill out this form as fully and open as possible. Both you and your partner will be asked to complete this form. Your answers will help plan a course of couples' counseling 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 counseling sessions. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

Have you been married before?  YES  NO

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

How long have you and your partner been in this relationship? \_\_\_\_\_

Are you and your partner presently living together?  YES  NO

Are you and your partner engaged to be married?  YES When? \_\_\_\_\_  NO



*... what may appear as the truth to one person will often appear as untruth to another person. But that need not worry the seeker. Where there is honest effort, it will be realized that what appeared to be different truths are like the countless and apparently different leaves of the same tree. – Gandhi*



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 have children     One or each of us has children

Child's Name	Age	Whose Child?*	Living with Whom?
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____

**\*B**=Both of ours, natural child; **BA**=Both of ours, adopted (or taken on); **M**=My natural child; **MA**=My child, adopted (or taken on); **P**=Partner's natural child; **PA**=My Partner's child, adopted (or taken on)

List three qualities that initially attracted you to your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Does your partner still possess this trait?

- YES     NO
- YES     NO
- YES     NO

List three negative concerns that you initially had in the relationship:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Does your partner still possess this trait?

- YES     NO
- YES     NO
- YES     NO

List three present positive attributes of your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you often praise your partner for this trait?

- YES     NO
- YES     NO
- YES     NO

List three present negative attributes of your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you complain to your partner about this trait?

- YES     NO
- YES     NO
- YES     NO



List three things that you do (or could do) to make your relationship more fulfilling for your partner?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Do you often implement this behavior?

- YES     NO
- YES     NO
- YES     NO

List three expectations or dreams you had about relationships before you met your partner:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Has this been fulfilled?

- YES     NO
- YES     NO
- YES     NO

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; or (3) Your partner's need or desire for it.

**Circle the appropriate response for each.**      Scale: 1 = Poor or Low, 5 = Great or High

	Present State of the Relationship	Your Need or Desire	Partner's Need or Desire	
Admiration	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Affection	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Emotional Closeness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Commitment Together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Communication	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Child-Rearing Rules	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Family Commitment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Financial Security	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Honesty and Openness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Housework Shared	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Hugs and Touch	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Love	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Physical Attraction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Recreational Companion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Religious Commitment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Respect	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Sexual Fulfillment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
Time Together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	N/A



**FOR COUPLES LIVING TOGETHER:** Which partner spends the most time conducting the following activities? **Circle the appropriate response for each.**

<b>M= Me; P= Partner; E= Equal; N/A Not Applicable</b>		<b>Is this equitable (fair)?</b>
Auto Repairs	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Childcare	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child Discipline	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cleaning Bathrooms	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cooking	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employment	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Grocery Shopping	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
House Cleaning	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Inside Repairs	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laundry	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Making the Bed	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Outside Repairs	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recreational Events	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Activities	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sweeping/Vacuuming	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taking Out the Garbage	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Washing Dishes	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Yard Work	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	M P E N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**.” **Circle the appropriate response for each.** If certain behaviors do not take place, leave them blank.

**M** = Mild arguments only; **S** = Severe arguments only; **A** = All arguments

Behavior	By Me	By Partner	Should This Change?
Aggressive	M S A	M S A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Apologize	M S A	M S A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Become Silent /Withdraw	M S A	M S A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bring Up The Past	M S A	M S A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Criticize	M S A	M S A	<input type="checkbox"/> YES <input type="checkbox"/> NO



**M** = Mild arguments only; **S** = Severe arguments only; **A** = All arguments

Behavior	By Me			By Partner			Should This Change?	
Cruel Accusations	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cry	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Destroy Property	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emotionally Abusive	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Leave the House	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Make Peace	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Moodiness	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Not Listening	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Passive	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physically Abusive	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sarcasm	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Scream	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Swear	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Threaten Breaking Up	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Threaten to Take the Kids	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Throw Things	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Verbally Abusive	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Yell	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	M	S	A	M	S	A	<input type="checkbox"/> YES	<input type="checkbox"/> NO

How often do you have MILD ARGUMENTS? \_\_\_\_\_  
 SEVERE ARGUMENTS? \_\_\_\_\_

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

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
- \_\_\_\_\_

**Check appropriate responses**

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





*Many couples do not discuss what they want out of their relationship and what they want it to be like in the future. It is critical that you know what is important to your partner and what you both want out of being together.*

Rate the following 10 areas as to your interest (1 being the most important to you and 10 being the least import):

- |                              |                                     |
|------------------------------|-------------------------------------|
| _____ Affection              | _____ Conversation                  |
| _____ Honesty and Openness   | _____ Financial Support             |
| _____ Family Commitment      | _____ Sexual Fulfillment            |
| _____ Recreational Companion | _____ Attractive/Handsome Companion |
| _____ Admiration             | _____ Domestic/Household Support    |



*Healthy relationships don't just happen.  
They take time, patience, and two people  
Who truly want to be together!*

What would you like to accomplish during your time in couples counseling?

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Primary Insurance Company

Secondary Insurance Company

Policy Number

Policy Number

Group Number

Group Number

I, \_\_\_\_\_, hereby give my permission for Dr Jody L Friesen Grande to share the information that I provide on this form with \_\_\_\_\_ (partner) when it is deemed appropriate by our therapist.

Client's Signature

Date