

ReSource Counseling Center, LLC

Marital Pre-Counseling Questionnaire

This questionnaire is intended to provide information that will assist your counselor in understanding you and your needs. Please complete it carefully. All information furnished will be kept confidential.

I. PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Highest Education Completed _____

Home Phone _____ Work Phone _____

II. FAMILY HISTORY

- A. Briefly describe your experiences growing up in your family (For example, degree of closeness, degree of structure, family moves, quality of relationships, major stressors, extended family connections.)
- B. Please list the names and ages of your parents. Include step-parents, also. If any have died, please record the year of death and the person's age at the time of death.
- C. Please list the names and ages of brothers and sisters. If any have died, please record the year of death and the person's age at the time of death.

In the following three questions, the term “family” refers to extended family including parents, step-parents, brothers, sisters, aunts, uncles and children.

D. Do you or anyone in your family have a history of depression or other mental illness? Were any ever hospitalized for this?

E. Have you or any member of your family ever attempted suicide? If so, who and when?

F. Have you or any member of your family ever had a problem of misusing alcohol or drugs? Who and for how long? Is there a current problem?

III. MEDICAL HISTORY

A. List any recurrent illnesses you have (allergies, diabetes, asthma, high blood pressure, low blood sugar, epilepsy, heart conditions etc.).

B. Please list all medications you are currently taking and the dosages prescribed.

IV. CURRENT PERSONAL PROBLEMS

Below is a list of problems and complaints that people sometimes have. Please identify any problem that has bothered you in the past two weeks with a number indicating the degree of severity (1=mild, 2=moderate, 3=severe).

- ___ 1. Trouble remembering things.
- ___ 2. Feeling easily annoyed or irritated.
- ___ 3. Pain or tension in heart or chest, neck or shoulders.
- ___ 4. Feeling afraid in open spaces.
- ___ 5. Feeling fatigued.
- ___ 6. Temper outbursts you could not control.
- ___ 7. Feeling blocked in getting things done.
- ___ 8. Feeling lonely.
- ___ 9. Feeling blue or depressed.
- ___ 10. Feeling no interest in things.
- ___ 11. Feeling that people are unfriendly or dislike you.
- ___ 12. Thoughts of ending your life.
- ___ 13. Little desire to relate to others.
- ___ 14. Trouble falling and/or staying asleep.
- ___ 15. Difficulty making decisions.
- ___ 16. Feeling hopeless about the future.
- ___ 17. Trouble concentrating.
- ___ 18. Feeling tense or keyed up.
- ___ 19. Spells of terror or panic.
- ___ 20. Feeling so restless you could not sit still.
- ___ 21. Feelings of worthlessness.
- ___ 22. Feelings of guilt.
- ___ 23. The idea that something is wrong with your mind.
- ___ 24. Preoccupied with worries.
- ___ 25. Poor appetite.
- ___ 26. Excessive eating.

B. Check any changes below that you desire your spouse to make. Place an asterisk * next to the three changes that are most important to you.

Communication:

- _____ Regularly set aside time to talk to me
- _____ Improve listening skills
- _____ Give me more praise and/or encouragement
- _____ Inform me before making decisions that affect me
- _____ Tell me more about experiences and/or events from his/her life
- _____ Admit faults and mistakes and apologize more often

Respect:

- _____ Reduce criticism of me
- _____ Reduce criticism of members of my family-of-origin and/or friends
- _____ Practice more effective anger control
- _____ Show appreciation for my contributions to the family
- _____ Say positive things about me to people outside our family

Sex and affection:

- _____ Touch me more often
- _____ Allow me to touch my spouse more often
- _____ Set aside romantic time with me
- _____ Reduce sexual demands made on me

Family & Friends:

- _____ Spend more time with my (our) children
- _____ Build a caring relationship with members of my family-of-origin
- _____ Allow me to spend more time with my family-of-origin and/or friends
- _____ Join me in activities with my (our) friends

Household Management:

- _____ Contribute more effort to domestic tasks (e.g.s. housekeeping, laundry, cooking)
- _____ Maintain a balanced checkbook
- _____ Participate in discussions about finances

Spirituality & Personal Growth:

- _____ Read the Bible and/or pray with me more often
- _____ Attend church or a small group with me
- _____ Read books or articles or watch videos on marriage
- _____ Develop activities or interests we could share together

C. Check up to six changes below that you are willing to make personally. Please think about this carefully before selecting the six items. (Only check those items involving change, not those that you are already doing.)

Communication:

- Regularly set aside time to talk to my spouse
- Improve my listening skills
- Give more praise and/or encouragement
- Inform my spouse before making decisions that affect him/her
- Tell my spouse more about events and experiences from my life
- Admit faults and mistakes and apologize more often

Respect:

- Reduce criticisms of my spouse
- Reduce criticisms of my spouse's family and/or friends
- Practice more effective anger control
- Show appreciation for my spouse's contributions to the family
- Say positive things about my spouse to people outside our family

Sex and affection:

- Touch my spouse more often
- Allow my spouse to touch me more often
- Set aside romantic time with my spouse
- Reduce my sexual demands upon him/her

Family & Friends:

- Spend more time with my (our) children
- Build a caring relationship with members of my spouse's family
- Allow my spouse to spend more time with his/her family and/or friends
- Join my spouse in activities with his/her (our) friends

Household Management:

- Contribute more effort to domestic tasks (e.g.s. housekeeping, laundry, cooking)
- Maintain a balanced checkbook
- Participate in discussions about finances

Spirituality & Personal Growth:

- Read the Bible and/or pray with my spouse more often
- Attend church or a small group with my spouse
- Read books or articles or watch videos on marriage
- Develop activities or interests I could share with my spouse

D. Are there any other changes that would make your marriage more satisfying to you?

E. Conflict Resolution:

Designate your degree of concern for each conflict area listed below by assigning numbers in rank order from 1-15. For example, assign a "1" to the conflict area of greatest concern, a "2" to the area of second greatest concern, etc. Leave blank any areas that you do not see as conflictual.

- ___ Unwillingness to be truthful
- ___ Use or abuse of alcohol and/or mood-altering substances
- ___ Sexual practices and/or affection
- ___ Communication: inability or unwillingness to listen to or understand each other
- ___ Roles and relationships with members of the extended family
- ___ Weak commitments/loyalty to the marriage
- ___ Unwillingness to accept one another's differences
- ___ Parenting practices
- ___ Financial matters
- ___ Poor anger control or verbal abuse
- ___ Differences in religious beliefs or practices
- ___ Dominance and passivity: one or both spouses are unwilling to share decision-making responsibilities
- ___ Time management: overscheduling hinders our availability to spend time together
- ___ Inability to have fun together
- ___ Roles and relationships with people outside the family

F. Which of the following statements comes closest to expressing what you hope to gain from the counseling experience?

- ___ I hope to improve an already satisfying relationship.
- ___ I hope to improve a relationship that now offers little satisfaction.
- ___ I hope to decide whether to continue in this relationship.
- ___ I hope to resolve my conflicting feelings so I can end this relationship.