



## MARITAL INFORMATION FORM

**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 marital therapy that is most suitable for you and your spouse. Do not exchange this information with your spouse.

Several of your answers on this form may be shared later with your spouse 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, please leave them blank. If you would feel uncomfortable sharing this information with your spouse at this time, please note that with an asterisk (\*) in the margin next to the question number.

# Marital Information Form

1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Date: \_\_\_\_\_

4) Address: \_\_\_\_\_  
Street & Number City State Zip

5) Briefly, what is your main purpose in coming to marital therapy? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6) Is this your first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, which marriage is it for you? 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5+ \_\_\_\_\_
- 7) How long have you and your present spouse been married? \_\_\_\_\_
- 8) What were the lengths of your previous marriages? \_\_\_\_\_
- 9) What were the lengths of your spouse's previous marriages? \_\_\_\_\_
- 10) Are you and your spouse presently living together? \_\_\_\_\_
- 11) If No, why not? \_\_\_\_\_
- 12) How many times have you and your spouse separated? \_\_\_\_\_

Please fill out the following information regarding you and your spouse's children

- \* "Whose Child?" answering options:
- 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)
  - S** Spouse's natural child
  - SA** Spouse's child, adopted (or taken on)

Child's Name	Age	Sex	*Whose Child?	Lives with You and Spouse
1) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

13) List five qualities that initially attracted you to your spouse.

Does your spouse still possess this trait?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

14) List five present positive attributes of your spouse.

Do you often praise your spouse for this?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

15) List five present negative attributes of your spouse.

Do you nag your spouse about this?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

16) List five things that you do (or could do) to make the marriage more fulfilling for your spouse

Do you often perform this behavior?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

17) List five thing that your spouse does (or could do) to make the marriage more fulfilling for you.

Does your spouse often perform this behavior?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

18) Which partner spends more time conducting the following activities?

**CIRCLE THE APPROPRIATE RESPONSE FOR EACH**

**M=Me S=Spouse E=Equal time**

		Is this fair?	Comments
Auto Repairs	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Childcare	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child discipline	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cleaning bathrooms	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cooking	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Employment	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Grocery shopping	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
House cleaning	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inside repairs	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Laundry	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Making beds	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Outside repairs	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Recreational events	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Social Activities	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sweeping kitchen	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Taking out garbage	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Washing dishes	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Yard work	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	M S E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

19) 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 spouse. 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**

<u>BEHAVIOR</u>	<u>BY ME</u>	<u>BY SPOUSE</u>	<u>SHOULD THIS CHANGE?</u>
Apologize	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Become silent	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
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
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
Not listen	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Abuse	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Threats	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Threaten divorce	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Threaten to take 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
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

