Couples Pre-session Questionnaire

**Fill the out please individually, and send it back individually. No part of this will be shared with your partner unless you bring it up yourself in session, in front of your partner.**

Please complete and send to me prior to our first scheduled appointment. If you cannot complete the entire questionnaire, finish as much as you are comfortable with, and then return it. My email: jessicabollinger@me.com

Name:

Birth Date:

Marital Status:

Section One: Personal History

1. Tell me a little bit about the family you grew up in:

2. Are your parents still married? If not, how old were you when they divorced? Did either remarry? If so, how old were you? Did you ever live with a stepparent? Do you get along with stepparents and/or stepsiblings?

3. Were there any significant losses in your childhood?

4. Tell me a little about your educational and work history.

5. Do you have any medical conditions that impact your family life/ or your relationship?

6. Have you ever gone to counseling or therapy before? If so, why, and was it helpful? Have you ever been hospitalized for mental health issues? If so, why, and when? Are you taking any medications for anxiety or depression? If so, what?

7. Who do you depend on the most for support? In addition to family, are there friends you depend upon on a regular basis?

8. How do you nurture and take care of yourself?

9. How would you describe your personality? What are your personal strengths and weaknesses?

10. Do you have a religious affiliation or spiritual life that is important to you?

Part Two: Relationship History

1. Tell me about any important relationships before you met your current partner. What attracted you? What were the best parts? What were

the biggest problems? How long did they last? Why did they end?

2. How did you meet your current partner? What attracted you to

him/her at first?

3. Tell me about your dating experience. What were the best parts?

When did you decide to get engaged and/or move in together? How

were these decisions made?

4. If you have children please tell me their names and ages. Are they

from this relationship or an earlier one? Do you have any concerns

about your children/are there any special issues that may impact your

relationship?

5. When did you first experience unhappiness or difficulties in the

relationship? How did you handle it at the time?

6. How do the two of you make decisions?

7. Are there particular issues that seem to come up repeatedly?

8. What happens when you and your partner disagree? What happens when you fight or argue? Who usually wins the day?

9. Tell me what I should know about your sex life?

10. How do the two of you have fun together?

11. Do you have any rituals as a couple that you really value?

12. When you have had difficulties in the past what has helped the most?

13. Do you have any concerns about addictive behaviors (alcohol,

recreational drugs, prescription drugs, smoking, gambling, etc.)

14. Have either of you ever been physically violent with the other? If so what happened? How often has this occurred?

15. Have there been any major betrayals in the relationship (affair(s),

financial deceit, violence, etc.)

16. What do you see as your relationship’s greatest strengths, and greatest weaknesses?

17. Please describe for me how you would like to see the relationship

change? What is your most important goal for the relationship

therapy?

18. Feel free to tell me anything else you think I need to know.