CORAL GABLES Counseling CENTER

Couples Counseling

Relationship History

Family of origin:

Where did you grow up? _____

Did you grow up with both natural parents? YES NO

If you answered NO, with whom did you live as a child? _____

How old were you when your parents separated? ____ Years

Number of older brothers and sisters? ____

Number of younger brothers and sisters? ____

As a child did you witness or were you a victim of violence, trauma or abuse ☐ YES ☐ NO

Your childhood memories (up to 11 years old) were rather ☐ sad ☐ happy

Your childhood memories (from 12 to 18 years old) were rather ☐ sad ☐ happy

Relationships:

For how long have you known each other? _____

For how long have you been living together? _____

Any separation? ☐ YES ☐ NO For how long? _____

Number of children together? ___ Ages and sex:_____

Number of stepchildren? ___ Ages and sex: _____

On a scale of 1-10, how would you rate the quality of your current relationship? __ (**10** is the best it can be)

How many times have you been married or lived as a couple: ___

How many children from other relationships ___ Ages and sex:_____

Areas of conflict in the relationship:

(Mark with X all that applies)

- ☐ Household chores
- ☐ Handling of Disagreements
- ☐ Education of children
- ☐ Time that you spend together
- ☐ Sex Relations
- ☐ Dealing with your family of origin
- ☐ Dealing with In-laws
- ☐ Handling Finances
- ☐ Recreation (Using free time)
- ☐ Communications
- ☐ Making Decisions
- ☐ Personal Space
- ☐ Socialization
- ☐ Religion
- ☐ Work related
- ☐ Personal Habits
- ☐ Friendships
- ☐ Punctuality, Personal Responsibility
- ☐ Emotional Distance
- ☐ Values/ Philosophy of Life
- ☐ Demonstrations of affect
- ☐ Other _____

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Resources and Strengths

If asked, people that know you well, what would they say are your best qualities or strengths?

_____

_____

Liste three aspects of your marital relationship that pleases you. You feel loved and cared about when your spuse/ partner do this:

1._____
2._____
3._____

What would you say are four best qualities of your spouse/partner:

1._____
2._____
3._____
4._____

Have you felt, in any of your relationships that you have been a victim of:

Emotional abuse: YES ☐ NO ☐
Physical abuse: YES ☐ NO ☐
Verbal abuse: YES ☐ NO ☐
Excessive jealousy and or controlling behaviors: ☐ YES ☐ NO

On a scale of 1-10, rate how satisfied are you with <u>your life</u> right now? ___ (**10** is the best it can be)

Couples Satisfaction Index (CSI-4)

Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy 0	**Fairly Unhappy 1**	**A Little Unhappy 2**	**Happy 3**	**Very Happy 4**	**Extremely Happy 5**	**Perfect 6**

	Not at all TRUE	**A little TRUE**	**Some-what TRUE**	**Mostly TRUE**	**Almost Completely TRUE**	**Completel TRUE**
I have a warm and comfortable relationship with my partner	**0**	**1**	**2**	**3**	**4**	**5**

	Not at all	**A little**	**Some-what**	**Mostly**	**Almost Completely**	**Complet**
How rewarding is your relationship with your partner?	**0**	**1**	**2**	**3**	**4**	**5**
In general, how satisfied are you with your relationship?	**0**	**1**	**2**	**3**	**4**	**5**

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