

Psychotherapy Services of CT, L.L.C.

Vernon, CT 06066
Phone: (860) 647-8995

Couples History

Partner 1: _____ **DOB:** _____ **Date:** _____
(Subscriber or person who holds the Insurance)

Please list all of the people living in your household:

| <u>Name</u> | <u>Sex</u> | <u>Age</u> | <u>Place of work or school</u> |
|-------------|------------|------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What problems are you experiencing within your relationship at this time? _____

Do you have any of these false beliefs about your relationship?

| Examples of false beliefs about relationships: | Yes | No |
|--|------------|-----------|
| 1. One person can and should make another happy. | _____ | _____ |
| 2. One person is responsible for another's unhappiness. | _____ | _____ |
| 3. A partner/spouse should understand you perfectly. | _____ | _____ |
| 4. A partner/spouse should anticipate your needs/wants | _____ | _____ |
| 5. We need a partner to be happy. | _____ | _____ |
| 6. We can't be happy or enjoy ourselves if our partner isn't enjoying her or himself. | _____ | _____ |
| 7. If a partner doesn't share your view/opinion it means that he/she doesn't love you. | _____ | _____ |

What Do You Want From Your Relationship?

Below are a list of wants and desires that a large number of people have identified as very important to them. Please read the statements below and rate the importance of each relational desire from 1 (**lowest**) to 10 (**highest**) in importance to you. Once you have gone through each item, rank your top ten most important desires.

I have a desire to.....

| | Low Importance | High Importance |
|--|----------------------|--------------------|
| 1. Feel connected through talking. | 1 2 3 4 5 6 7 8 9 10 | |
| 2. Feel connected through sharing recreation/fun times together. | 1 2 3 4 5 6 7 8 9 10 | |
| 3. Be touched non-sexually. | 1 2 3 4 5 6 7 8 9 10 | |
| 4. Have sex. | 1 2 3 4 5 6 7 8 9 10 | |
| 5. Receive verbal tenderness. | 1 2 3 4 5 6 7 8 9 10 | |
| 6. Receive physical tenderness. | 1 2 3 4 5 6 7 8 9 10 | |
| 7. Be supported as I live by the laws of God. | 1 2 3 4 5 6 7 8 9 10 | |
| 8. Know we'll stay together and feel secure in love. | 1 2 3 4 5 6 7 8 9 10 | |
| 9. Know we'll stay together and feel secure in finances. | 1 2 3 4 5 6 7 8 9 10 | |
| 10. Feel accepted and valued for who I am. | 1 2 3 4 5 6 7 8 9 10 | |
| 11. Feel accepted and valued for what I do. | 1 2 3 4 5 6 7 8 9 10 | |
| 12. Feel safe when I share who I am. | 1 2 3 4 5 6 7 8 9 10 | |
| 13. Be included in most decisions that affect my life or marriage. | 1 2 3 4 5 6 7 8 9 10 | |
| 14. Gain agreement and harmony in decision-making. | 1 2 3 4 5 6 7 8 9 10 | |
| 15. Know that he or she needs me. | 1 2 3 4 5 6 7 8 9 10 | |
| 16. Be supported in my desire to serve others. | 1 2 3 4 5 6 7 8 9 10 | |
| 17. Receive genuine praise and affirmation. | 1 2 3 4 5 6 7 8 9 10 | |
| 18. Be supported in my desire to have alone time. | 1 2 3 4 5 6 7 8 9 10 | |
| 19. Be physically attracted to my spouse. | 1 2 3 4 5 6 7 8 9 10 | |
| 20. Know that my spouse is honest and trustworthy. | 1 2 3 4 5 6 7 8 9 10 | |
| 21. Receive gifts. | 1 2 3 4 5 6 7 8 9 10 | |
| 22. Receive genuine appreciation for my service. | 1 2 3 4 5 6 7 8 9 10 | |

I have a desire for my spouse to....

Low Importance High Importance

- 23. Develop with me a future plan for our marriage. 1 2 3 4 5 6 7 8 9 10
- 24. Be faithful. 1 2 3 4 5 6 7 8 9 10
- 25. Become emotionally healthy. 1 2 3 4 5 6 7 8 9 10
- 26. Maintain a mutually vibrant spiritual relationship. 1 2 3 4 5 6 7 8 9 10
- 27. Apologize and seek forgiveness. 1 2 3 4 5 6 7 8 9 10
- 28. Resolve differences/conflicts/arguments with me. 1 2 3 4 5 6 7 8 9 10
- 29. Provide mutually satisfying communication. 1 2 3 4 5 6 7 8 9 10
- 30. Cope with crises and stress. 1 2 3 4 5 6 7 8 9 10
- 31. Understand my personality and gender differences. 1 2 3 4 5 6 7 8 9 10
- 32. Demonstrate a willingness to change (flexibility). 1 2 3 4 5 6 7 8 9 10
- 33. Work towards unity with me on how to raise our children. 1 2 3 4 5 6 7 8 9 10
- 34. Be passionate and romantic. 1 2 3 4 5 6 7 8 9 10
- 35. Socially connect with others. 1 2 3 4 5 6 7 8 9 10
- 36. Maintain careful control over his or her expectations. 1 2 3 4 5 6 7 8 9 10
- 37. Notice our positive relational history. 1 2 3 4 5 6 7 8 9 10
- 38. Strive for mutuality and equality in our relationship. 1 2 3 4 5 6 7 8 9 10
- 39. Share negative and positive feelings without delay. 1 2 3 4 5 6 7 8 9 10
- 40. Accept my influence. 1 2 3 4 5 6 7 8 9 10
- 41. Periodically update his or her knowledge of what my relational desires are. 1 2 3 4 5 6 7 8 9 10
- 42. Other desire: _____.

What type of communication do each of you have?

| | Myself | Partner |
|--------------|--------|---------|
| 1. Following | ___ | ___ |
| 2. Directing | ___ | ___ |
| 3. Guiding | ___ | ___ |

Check the appropriate boxes describing your use of cigarettes, alcohol and marijuana:

| | CIGARETTES | | ALCOHOL | | MARIJUANA |
|----------------------|------------|------------------------|---------|------------------------|-----------|
| Don't Smoke | | Don't Drink | | Don't Smoke | |
| <Than 1 Pack/Day | | Drink 1/Month | | Smoke 1/Month | |
| 1 Pack/Day | | Drink 1/Week | | Smoke 1/Week | |
| >1 Pack/Day | | Drink More Than 1/Week | | Smoke More Than 1/Week | |
| Do You want To Quit? | | Do You Want To Quit? | | Do You Want To Quit? | |

Have you ever been arrested for DWI/PUI? If so, indicate the number of DWI's and dates:

Do you use other drugs (for example, cocaine, speed, etc)? If so, describe:

Have you ever seen a counselor or doctor for emotional, mental health or substance abuse difficulties: If yes, list who and when:

Were you Hospitalized: Yes ___ No ___ If so When: _____

Have you ever heard voices or seen things that other people cannot see or hear? Yes No
If so describe: _____

Do you ever feel that people are out to hurt you? Yes No
If so describe: _____

Do you feel that people are talking about you behind your back? Yes No
If so describe: _____

Have you had any feelings of wanting hurt yourself or anyone else **over the past month:** If yes, describe _____

Have there been any attempts of suicide: Yes ___ No ___ If So When: _____

How did you view your parent's relationship growing up?

How did you feel your parents handled troubles within their marriage/household?

Do any of your family members have emotional, behavioral, mental health or substance abuse difficulties: If yes, who and when: _____

What are your personal strengths and support systems that have allowed you to cope with other difficult life situations in the past:

What specific changes do you want to make in order to feel that your therapy experience has been successful:
1. _____
2. _____
3. _____