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COUPLES BIOGRAPHICAL INFORMATION FORM

To be completed by each person in the relationship.

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 couple's therapy that is most suitable for you and your partner. Do not exchange this information with your partner at this time.

Several of your answers on this form may be shared later with your partner 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 or you do not want to share this information, please leave them blank.

- 1) Name (first, middle, last): _____
- 2) Age: _____
- 3) Gender: M F
- 4) Date of Birth: _____
- 5) Years education: _____
- 6) Occupation _____
- 7) Present Marital Status:

<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Committed relationship
<input type="checkbox"/> Married	<input type="checkbox"/> Living together	<input type="checkbox"/> Domestic partnership
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other (specify) _____
- 8) If married/committed/partnership, are you living with your spouse/partner? Yes No
- 9) If married/committed/partnership, years together? _____ Years married? _____
- 10) Any children? Yes No If yes, Gender/Age(s) _____
- 11) Have you been married before? Yes No
If Yes, how many previous marriages have you had? _____
- 12) Have you and your partner been in couple's counseling before? Yes No
If Yes, What was the result? _____
- 13) Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.
 Neither of us has children (go to next section, 14) We have children (continue below)

14) <u>Child's Name</u>	<u>Age</u>	<u>Sex</u>	<u>*Whose Child?</u>	<u>Lives with Whom?</u>
1) _____	_____	F M	_____	_____
2) _____	_____	F M	_____	_____
3) _____	_____	F M	_____	_____
4) _____	_____	F M	_____	_____
5) _____	_____	F M	_____	_____

**"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)
 P=Partner's natural child
 PA=Partner's child, adopted (or taken on)

- 15) List five present positive attributes of your partner.

1) _____	Do you often praise your partner for this trait?
2) _____	Yes _____ No _____
3) _____	Yes _____ No _____
4) _____	Yes _____ No _____
5) _____	Yes _____ No _____

- 16) List five present negative attributes of your partner. Do you nag your partner about this trait?
- 1) _____ Yes _____ No
 2) _____ Yes _____ No
 3) _____ Yes _____ No
 4) _____ Yes _____ No
 5) _____ Yes _____ No
- 17) List five things that you do (or could do) to make your relationship more fulfilling for your partner. Do you often implement this behavior?
- 1) _____ Yes _____ No
 2) _____ Yes _____ No
 3) _____ Yes _____ No
 4) _____ Yes _____ No
 5) _____ Yes _____ No
- 18) List five things that your partner does (or could do) to make the relationship more fulfilling for you. Does your partner often implement this behavior?
- 1) _____ Yes _____ No
 2) _____ Yes _____ No
 3) _____ Yes _____ No
 4) _____ Yes _____ No
 5) _____ Yes _____ No
- 19) On a scale of 1 to 5 rate the following items as they pertain to: the present state of the relationship; your need or desire for it; and, your partner's need or desire for it.

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

	<u>Present State of the Relationship</u>					<u>Your Need or Desire</u>					<u>Partner's Need or Desire</u>				
	Low			High		Low			High		Low			High	
a) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
b) Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
c) Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
d) Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
e) Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
f) Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
g) Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
h) Housework shared	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
i) Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
j) Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
k) Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
l) Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
m) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
n) Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
o) Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
p) Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other (specify):															
q) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
r) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
s) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
t) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

20) FOR COUPLES LIVING TOGETHER: How is the work shared around the home?

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

M = Me, P = Partner, E = Equal time

Is this equitable (fair)?

- | | | | | | | | |
|------------------------|---|---|---|-------|-----|-------|----|
| a) Auto repairs | M | P | E | _____ | Yes | _____ | No |
| b) Child care | M | P | E | _____ | Yes | _____ | No |
| c) Child discipline | M | P | E | _____ | Yes | _____ | No |
| d) Cleaning bathrooms | M | P | E | _____ | Yes | _____ | No |
| e) Cooking | M | P | E | _____ | Yes | _____ | No |
| | | | | | | | |
| f) Employment | M | P | E | _____ | Yes | _____ | No |
| g) Grocery shopping | M | P | E | _____ | Yes | _____ | No |
| h) House cleaning | M | P | E | _____ | Yes | _____ | No |
| i) Inside repairs | M | P | E | _____ | Yes | _____ | No |
| j) Laundry | M | P | E | _____ | Yes | _____ | No |
| | | | | | | | |
| k) Making bed | M | P | E | _____ | Yes | _____ | No |
| l) Outside repairs | M | P | E | _____ | Yes | _____ | No |
| m) Recreational events | M | P | E | _____ | Yes | _____ | No |
| n) Social activities | M | P | E | _____ | Yes | _____ | No |
| o) Sweeping kitchen | M | P | E | _____ | Yes | _____ | No |
| | | | | | | | |
| p) Taking out garbage | M | P | E | _____ | Yes | _____ | No |
| q) Washing dishes | M | P | E | _____ | Yes | _____ | No |
| r) Yard work | M | P | E | _____ | Yes | _____ | No |
| s) Other _____ | M | S | E | _____ | Yes | _____ | No |
| t) Other _____ | M | S | E | _____ | Yes | _____ | No |

21) When an argument is over, how do you usually feel?

CHECK APPROPRIATE RESPONSES

- | | | |
|--------------|---------------|-----------------|
| ___ Angry | ___ Defeated | ___ Happy |
| ___ Lonely | ___ Regretful | ___ Victimized |
| ___ Anxious | ___ Depressed | ___ Hopeless |
| ___ Nauseous | ___ Relieved | ___ Worthless |
| ___ Childish | ___ Guilty | ___ Irritable |
| ___ Numb | ___ Stupid | ___ Other _____ |

22) Which of the following issues or behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If an item does not apply, leave it blank.

CIRCLE THE APPROPRIATE RESPONSES.

M = My behavior, P = Partner's behavior, B = Both

- | | | | | | | | |
|-------------------------|---|---|---|-------------------------------------|---|---|---|
| a) Alcohol consumption | M | P | B | p) Past failures | M | P | B |
| b) Caffeine consumption | M | P | B | q) Past marriage(s)/relationship(s) | M | P | B |
| c) Childishness | M | P | B | r) Perfectionist | M | P | B |
| d) Controlling | M | P | B | s) Possessive | M | P | B |
| e) Defensiveness | M | P | B | t) Spends too much money | M | P | B |
| f) Degrading | M | P | B | u) Steals | M | P | B |
| g) Demanding | M | P | B | v) Stubbornness | M | P | B |
| h) Drugs | M | P | B | w) Uncaring | M | P | B |
| i) Flirts with others | M | P | B | x) Unstable | M | P | B |
| j) Gambling | M | P | B | y) Violent | M | P | B |
| k) Irresponsibility | M | P | B | z) Withdrawn | M | P | B |
| l) Lies | M | P | B | aa) Works too much | M | P | B |
| m) Nicotine/Tobacco use | M | P | B | bb) _____ | M | P | B |
| n) Other's advice | M | P | B | cc) _____ | M | P | B |
| o) Outside interests | M | P | B | dd) _____ | M | P | B |

