

# *Imani Counseling Services*

## Couple's Assessment

1. Name: \_\_\_\_\_ 2. Age: \_\_\_\_\_ 3. Date: \_\_\_\_\_  
 4. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 5. Briefly, what is your main purpose in coming to couple's counseling? \_\_\_\_\_
- 

**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.

6. Have you been married before? \_\_\_ Yes \_\_\_ No  
 If Yes, how many previous marriages have you had? 1 2 3 4 5+  
 7. How long have you and your partner been in this relationship? \_\_\_  
 8. Are you and your partner presently living together? \_\_\_ Yes \_\_\_ No  
 9. Are you and your partner engaged to be married? \_\_\_ Yes When? \_\_\_\_\_ \_\_\_ No  
 10. 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 page) \_\_\_ One or each of us has children (continue)

\*"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)

Child's name	Age	Sex	*Whose child?	Lives with whom
(1) _____	_____	F M	_____	___ Yes ___ No
(2) _____	_____	F M	_____	___ Yes ___ No
(3) _____	_____	F M	_____	___ Yes ___ No
(4) _____	_____	F M	_____	___ Yes ___ No
(5) _____	_____	F M	_____	___ Yes ___ No
(6) _____	_____	F M	_____	___ Yes ___ No
(7) _____	_____	F M	_____	___ Yes ___ No
(8) _____	_____	F M	_____	___ Yes ___ No

11. List five qualities that initially attracted you to your partner:

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

Does your partner still possess this trait?

- \_\_\_ Yes \_\_\_ No

12. List four negative concerns that you initially had in the relationship:

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

Does your partner still possess this trait?

- \_\_\_ Yes \_\_\_ No

13. List five present positive attributes of your partner:

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

Do you often praise your partner for this trait?

- \_\_\_ Yes \_\_\_ No

14. List five present negative attributes of your partner:

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

Do you nag your partner about this trait?

- \_\_\_ Yes \_\_\_ No

15. List five things you do (or could do) to make the marriage more fulfilling for your partner:

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

Do you often implement this behavior?

- \_\_\_ Yes \_\_\_ No

16. List five things that your partner does (or could do) to make the marriage 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

17. List five expectations or dreams you had about relationships before you met your partner: Has this been fulfilled?
- (1) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
- (2) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
- (3) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
- (4) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
- (5) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No

18. On a scale of 1 to 5, rate the following items as they pertain to:
- (1) The present state of the relationship
- (2) Your need or desire for it
- (3) Your partner's need or desire for it

**Circle the Appropriate Response for Each (If not applicable, leave blank.)**

	Present state of the relationship		Your need or desire		Partner need or desire					
	Poor	Great	Low	High	Low	High				
(1) Affection	1	2	3	4	5	1	2	3	4	5
(2) Childrearing rules	1	2	3	4	5	1	2	3	4	5
(3) Commitment together	1	2	3	4	5	1	2	3	4	5
(4) Communication	1	2	3	4	5	1	2	3	4	5
(5) Emotional closeness	1	2	3	4	5	1	2	3	4	5
(6) Financial security	1	2	3	4	5	1	2	3	4	5
(7) Honesty	1	2	3	4	5	1	2	3	4	5
(8) Housework sharing	1	2	3	4	5	1	2	3	4	5
(9) Love	1	2	3	4	5	1	2	3	4	5
(10) Physical attraction	1	2	3	4	5	1	2	3	4	5
(11) Religious commitment	1	2	3	4	5	1	2	3	4	5
(12) Respect	1	2	3	4	5	1	2	3	4	5
(13) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5
(14) Social life together	1	2	3	4	5	1	2	3	4	5
(15) Time together	1	2	3	4	5	1	2	3	4	5
(16) Trust	1	2	3	4	5	1	2	3	4	5
Other (specify)										
(17) _____	1	2	3	4	5	1	2	3	4	5
(18) _____	1	2	3	4	5	1	2	3	4	5
(19) _____	1	2	3	4	5	1	2	3	4	5
(20) _____	1	2	3	4	5	1	2	3	4	5

19. For couples living together. Which partner spends more time conducting the following activities?

**Circle the Appropriate Response for Each (If not applicable, leave blank.)**

(M = Me P = Partner E = Equal time)

	Is this equitable (fair)?		Comments
(1) Auto repairs	M P E	___ Yes ___ No	_____
(2) Child care	M P E	___ Yes ___ No	_____
(3) Child discipline	M P E	___ Yes ___ No	_____
(4) Cleaning bathrooms	M P E	___ Yes ___ No	_____
(5) Cooking	M P E	___ Yes ___ No	_____
(6) Employment	M P E	___ Yes ___ No	_____
(7) Grocery shopping	M P E	___ Yes ___ No	_____
(8) House cleaning	M P E	___ Yes ___ No	_____
(9) Inside repairs	M P E	___ Yes ___ No	_____
(10) Laundry	M P E	___ Yes ___ No	_____
(11) Making bed	M P E	___ Yes ___ No	_____
(12) Outside repairs	M P E	___ Yes ___ No	_____
(13) Recreational events	M P E	___ Yes ___ No	_____
(14) Social activities	M P E	___ Yes ___ No	_____
(15) Sweeping kitchen	M P E	___ Yes ___ No	_____
(16) Taking out garbage	M P E	___ Yes ___ No	_____
(17) Washing dishes	M P E	___ Yes ___ No	_____
(18) Yard work	M P E	___ Yes ___ No	_____
(19) Other: _____	M P E	___ Yes ___ No	_____
(20) Other: _____	M P E	___ Yes ___ No	_____

20. 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 partner. 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)

<b>Behavior</b>	<b>By me</b>	<b>By partner</b>	<b>Should this change?</b>
(1) Apologize	M S A	M S A	___ Yes ___ No
(2) Become silent	M S A	M S A	___ Yes ___ No
(3) Bring up the past	M S A	M S A	___ Yes ___ No
(4) Criticize	M S A	M S A	___ Yes ___ No

(5) Cruel accusations	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Cry	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Destroy property	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Leave the house	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Make peace	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Moodiness	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Not listen	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Physical abuse	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Physical threats	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(14) Sarcasm	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(15) Scream	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(16) Slam doors	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(17) Speak irrationally	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(18) Speak rationally	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(19) Sulk	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(20) Swear	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(21) Threaten breaking up	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(22) Threaten to take kids	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(23) Throw things	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(24) Verbal abuse	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(25) Yell	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(26) _____	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(27) _____	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(28) _____	M S A	M S A	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. How often do you have: Mild arguments? \_\_\_\_\_  
Severe arguments? \_\_\_\_\_

22. When a MILD argument is over how do you usually feel?  
**Check Appropriate Responses**  
 Angry       Lonely  
 Anxious       Nauseous  
 Childish       Numb  
 Defeated       Regretful  
 Depressed       Relieved  
 Guilty       Stupid  
 Happy       Victimized  
 Hopeless       Worthless  
 Irritable

23. When a SEVERE argument is over how do you usually feel?  
**Check Appropriate Responses**  
 Angry       Lonely  
 Anxious       Nauseous  
 Childish       Numb  
 Defeated       Regretful  
 Depressed       Relieved  
 Guilty       Stupid  
 Happy       Victimized  
 Hopeless       Worthless  
 Irritable

24. 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)

Alcohol consumption	M	P	B	Perfectionist	M	P	B
Childishness	M	P	B	Possessive	M	P	B
Controlling	M	P	B	Spends too much	M	P	B
Defensiveness	M	P	B	Steals	M	P	B
Degrading	M	P	B	Stubbornness	M	P	B
Demanding	M	P	B	Uncaring	M	P	B
Drugs	M	P	B	Unstable	M	P	B
Flirts with others	M	P	B	Violent	M	P	B
Gambling	M	P	B	Withdrawn	M	P	B
Irresponsibility	M	P	B	Works too much	M	P	B
Lies	M	P	B	Other (specify)			
Past marriage(s)/relationship(s)	M	P	B	_____	M	P	B
Other's advice	M	P	B	_____	M	P	B
Outside interests	M	P	B	_____	M	P	B
Past failures	M	P	B	_____	M	P	B

25. In the remaining space, please provide additional information that would be helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for this clinic to share the information that I provide on this form with \_\_\_\_\_ (partner) when it is deemed appropriate by an agreement between me, my partner, and our therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.