

# LINCOLN COUNSELING AND ENRICHMENT ASSOCIATES

## Marital Pre-Counseling Questionnaire

This questionnaire is intended to provide information that will assist your counselor in understanding you and your needs. Please complete it carefully. All information furnished will be kept confidential.

### I. PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Highest Education Completed \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### II. FAMILY HISTORY

A. Briefly describe your experiences growing up in your family. (For example, degree of closeness, degree of structure, family moves, quality of relationships, major stressors, extended family connections.)

B. Please list the names and ages of your parents. Include step-parents, also. If any have died, please record the year of death and the person's age at the time of death.

C. Please list the names and ages of brothers and sisters. If any have died, please record the year of death and the person's age at the time of death.

In the following three questions, the term "family" refers to extended family including parents, step-parents, brothers, sisters, aunts, uncles and children.

D. Do you or anyone in your family have a history of depression or other mental illness? Were any ever hospitalized for this?

E. Have you or any member of your family ever attempted suicide? If so, who and when?

F. Have you or any member of your family ever had a problem of misusing alcohol or drugs? Who and for how long? Is there a current problem?

### III. MEDICAL HISTORY

A. List all recurrent illnesses you have (allergies, diabetes, asthma, high blood pressure, low blood sugar, epilepsy, heart conditions, etc.).

B. Please list all medications you are currently taking and the dosages prescribed.

#### IV. CURRENT PERSONAL PROBLEMS

Below is a list of problems and complaints that people sometimes have. Please identify any problem that has bothered you in the past two weeks with a number indicating the degree of severity (1=mild, 2=moderate, 3=severe).

- \_\_\_ 1. Trouble remembering things.
- \_\_\_ 2. Feeling easily annoyed or irritated.
- \_\_\_ 3. Pain or tension in heart or chest, neck or shoulders.
- \_\_\_ 4. Feeling afraid in open spaces.
- \_\_\_ 5. Feeling fatigued.
- \_\_\_ 6. Temper outbursts you could not control.
- \_\_\_ 7. Feeling blocked in getting things done.
- \_\_\_ 8. Feeling lonely.
- \_\_\_ 9. Feeling blue or depressed.
- \_\_\_ 10. Feeling no interest in things.
- \_\_\_ 11. Feeling that people are unfriendly or dislike you.
- \_\_\_ 12. Thoughts of ending your life.
- \_\_\_ 13. Little desire to relate to others.
- \_\_\_ 14. Trouble falling and/or staying asleep.
- \_\_\_ 15. Difficulty making decisions.
- \_\_\_ 16. Feeling hopeless about the future.
- \_\_\_ 17. Trouble concentrating.
- \_\_\_ 18. Feeling tense or keyed up.
- \_\_\_ 19. Spells of terror or panic.
- \_\_\_ 20. Feeling so restless you could not sit still.
- \_\_\_ 21. Feelings of worthlessness.
- \_\_\_ 22. Feelings of guilt.
- \_\_\_ 23. The idea that something is wrong with your mind.
- \_\_\_ 24. Preoccupied with worries.
- \_\_\_ 25. Poor appetite.
- \_\_\_ 26. Excessive eating.

**V. MARITAL HISTORY**

A. Please give the name and age of your spouse and the date of your marriage. Please also add the names and dates of any previous marriages.

B. Have you ever been separated from your spouse? Please give the dates of your separation(s). On what terms did you and your spouse agree to live together again?

C. Please give the names and ages of any children and stepchildren, whether or not they are living at home.

D. Please list the names of counselors, psychologists, physicians, psychiatrists, and ministers with whom you have sought help in the past. Please write the year(s) during which you worked with each person.

E. Through which person or agency did you hear about our services?

**VI. MARITAL STRENGTHS AND PREPARATION FOR CHANGE**

A. Please list three major strengths of your marriage.

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B. Check any changes below that you desire your spouse to make. Place an asterisk \* next to the three changes that are most important to you.

Communication:

- Regularly set aside time to talk to me
- Improve listening skills
- Give me more praise and/or encouragement
- Inform me before making decisions that affect me
- Tell me more about experiences and/or events from his/her life
- Admit faults and mistakes and apologize more often

Respect:

- Reduce criticism of me
- Reduce criticism of members of my family-of-origin and/or friends
- Practice more effective anger control
- Show appreciation for my contributions to the family
- Say positive things about me to people outside our family

Sex & Affection:

- Touch me more often
- Allow me to touch my spouse more often
- Set aside romantic time with me
- Reduce sexual demands made on me

Family & Friends:

- Spend more time with my (our) children
- Build a caring relationship with members of my family-of-origin
- Allow me to spend more time with my family-of-origin and/or friends
- Join me in activities with my (our) friends

Household Management:

- Contribute more effort to domestic tasks (e.g.s. housekeeping, laundry, cooking)
- Maintain a balanced checkbook
- Participate in discussions about finances

Spirituality & Personal Growth:

- Read the Bible and/or pray with me more often
- Attend church or a small group with me
- Read books or articles or watch videos on marriage
- Develop activities or interests we could share together

C. Check up to six changes below that you are willing to make personally. Please think about this carefully before selecting the six items. (Only check those items involving change, not those that you are already doing.)

Communication:

- Regularly set aside time to talk to my spouse
- Improve my listening skills
- Give more praise and/or encouragement
- Inform my spouse before making decisions that affect him/her
- Tell my spouse more about events and experiences from my life
- Admit faults and mistakes and apologize more often

Respect:

- Reduce criticisms of my spouse
- Reduce criticisms of my spouse's family and/or friends
- Practice more effective anger control
- Show appreciation for my spouse's contributions to the family
- Say positive things about my spouse to people outside our family

Sex & Affection:

- Touch my spouse more often
- Allow my spouse to touch me more often
- Set aside romantic time with my spouse
- Reduce my sexual demands upon him/her

Family & Friends:

- Spend more time with my (our) children
- Build a caring relationship with members of my spouse's family
- Allow my spouse to spend more time with his/her family and/or friends
- Join my spouse in activities with his/her (our) friends

Household Management:

- Contribute more effort to domestic tasks (e.g.s. housekeeping, laundry, cooking)
- Maintain a balanced checkbook
- Participate in discussions about finances

Spirituality & Personal Growth:

- Read the Bible and/or pray with my spouse more often
- Attend church or a small group with my spouse
- Read books or articles or watch videos on marriage
- Develop activities or interests I could share with my spouse

D. Are there any other changes that would make your marriage more satisfying to you?

## E. Conflict Resolution

Designate your degree of concern for each conflict area listed below by assigning numbers in rank order from 1-15. For example, assign a "1" to the conflict area of greatest concern, a "2" to the area of second greatest concern, etc. Leave blank any areas that you do not see as conflictual.

- \_\_\_\_\_ Unwillingness to be truthful
- \_\_\_\_\_ Use or abuse of alcohol and/or mood-altering substances
- \_\_\_\_\_ Sexual practices and/or affection
- \_\_\_\_\_ Communication: inability or unwillingness to listen to or understand each other
- \_\_\_\_\_ Roles and relationships with members of the extended family
- \_\_\_\_\_ Weak commitments/loyalty to the marriage
- \_\_\_\_\_ Unwillingness to accept one another's differences
- \_\_\_\_\_ Parenting practices
- \_\_\_\_\_ Financial matters
- \_\_\_\_\_ Poor anger control or verbal abuse
- \_\_\_\_\_ Differences in religious beliefs or practices
- \_\_\_\_\_ Dominance and passivity: one or both spouses are unwilling to share decision-making responsibilities
- \_\_\_\_\_ Time management: overscheduling hinders our availability to spend time together
- \_\_\_\_\_ Inability to have fun together
- \_\_\_\_\_ Roles and relationships with people outside the family

F. Which **one** of the following statements comes closest to expressing what you hope to gain from the counseling experience?

- \_\_\_\_\_ I hope to improve an already satisfying relationship.
- \_\_\_\_\_ I hope to improve a relationship that now offers little satisfaction.
- \_\_\_\_\_ I hope to decide whether to continue in this relationship.
- \_\_\_\_\_ I hope to resolve my conflicting feelings so I can end this relationship.