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**Couple's Information Form**

- 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 me 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 me 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)

Using the following guide, please specify relationship details about your children:

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)

\*Whose child lives with whom?

Child's name	Age	Sex	Relationship
1) _____	____	__F__ M	_____
2) _____	____	__F__ M	_____
3) _____	____	__F__ M	_____
4) _____	____	__F__ M	_____
5) _____	____	__F__ M	_____
6) _____	____	__F__ M	_____
7) _____	____	__F__ M	_____
8) _____	____	__F__ M	_____

11) List five qualities that initially attracted you to your partner. For each, specify whether your partner still possesses this trait.

1) \_\_\_\_\_ Yes \_\_\_ No

2) \_\_\_\_\_ Yes \_\_\_ No

3) \_\_\_\_\_ Yes \_\_\_ No

4) \_\_\_\_\_ Yes \_\_\_ No

5) \_\_\_\_\_ Yes \_\_\_ No

12) List four negative concerns that you initially had in the relationship. For each, specify whether your partner still possesses this trait.

1) \_\_\_\_\_ Yes \_\_\_ No

2) \_\_\_\_\_ Yes \_\_\_ No

3) \_\_\_\_\_ Yes \_\_\_ No

4) \_\_\_\_\_ Yes \_\_\_ No

13) List five present positive attributes of your partner. For each, specify whether you often praise your partner for this trait.

- 1) \_\_\_\_\_  Yes  No
- 2) \_\_\_\_\_  Yes  No
- 3) \_\_\_\_\_  Yes  No
- 4) \_\_\_\_\_  Yes  No
- 5) \_\_\_\_\_  Yes  No

14) List five present negative attributes of your partner.

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

15) List five things you do (or could do) to make the marriage 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

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 your relationships before you met your partner. Have these been fulfilled?

- 1) \_\_\_\_\_  Yes  No
- 2) \_\_\_\_\_  Yes  No
- 3) \_\_\_\_\_  Yes  No
- 4) \_\_\_\_\_  Yes  No
- 5) \_\_\_\_\_  Yes  No

18) On a scale of 1 to 3, 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's need or desire		
	Low	High		Low	High		Low	High	
1) Affection	1	2	3	1	2	3	1	2	3
2) Commitment	1	2	3	1	2	3	1	2	3
3) Communication	1	2	3	1	2	3	1	2	3
4) Emotional closeness	1	2	3	1	2	3	1	2	3
5) Financial security	1	2	3	1	2	3	1	2	3
6) Honesty	1	2	3	1	2	3	1	2	3
7) Housework sharing	1	2	3	1	2	3	1	2	3
8) Love	1	2	3	1	2	3	1	2	3
9) Physical attraction	1	2	3	1	2	3	1	2	3
10) Religious commitment	1	2	3	1	2	3	1	2	3
11) Respect	1	2	3	1	2	3	1	2	3
12) Sexual fulfillment	1	2	3	1	2	3	1	2	3
13) Social life together	1	2	3	1	2	3	1	2	3
14) Time together	1	2	3	1	2	3	1	2	3
15) Trust	1	2	3	1	2	3	1	2	3

Other (specify)

16) _____	1	2	3	1	2	3	1	2	3
17) _____	1	2	3	1	2	3	1	2	3
18) _____	1	2	3	1	2	3	1	2	3
19) _____	1	2	3	1	2	3	1	2	3

19) For couples living together, which partner spends more time conducting each of 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)	Child care	M	P	E	___Yes ___No	_____
2)	Child discipline	M	P	E	___Yes ___No	_____
3)	Housekeeping	M	P	E	___Yes ___No	_____
4)	Cooking	M	P	E	___Yes ___No	_____
5)	Employment	M	P	E	___Yes ___No	_____
6)	Grocery shopping	M	P	E	___Yes ___No	_____
7)	Home repairs	M	P	E	___Yes ___No	_____
8)	Hobbies	M	P	E	___Yes ___No	_____
9)	Social activities	M	P	E	___Yes ___No	_____
10)	Yard work	M	P	E	___Yes ___No	_____
11)	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)

Behavior	By me	By partner	Should this change?
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	___ Yes ___ No
6) Cry	M S A	M S A	___ Yes ___ No
7) Destroy property	M S A	M S A	___ Yes ___ No
8) Leave the house	M S A	M S A	___ Yes ___ No
9) Make peace	M S A	M S A	___ Yes ___ No
10) Moodiness	M S A	M S A	___ Yes ___ No
11) Not listen	M S A	M S A	___ Yes ___ No
12) Physical abuse	M S A	M S A	___ Yes ___ No
13) Physical threats	M S A	M S A	___ Yes ___ No
14) Sarcasm	M S A	M S A	___ Yes ___ No
15) Scream	M S A	M S A	___ Yes ___ No
16) Slam doors	M S A	M S A	___ Yes ___ No
17) Speak irrationally	M S A	M S A	___ Yes ___ No
18) Speak rationally	M S A	M S A	___ Yes ___ No
19) Sulk	M S A	M S A	___ Yes ___ No
20) Swear	M S A	M S A	___ Yes ___ No
21) Threaten breaking up	M S A	M S A	___ Yes ___ No
22) Threaten to take kids	M S A	M S A	___ Yes ___ No
23) Throw things	M S A	M S A	___ Yes ___ No
24) Verbal abuse	M S A	M S A	___ Yes ___ No
25) Yell	M S A	M S A	___ Yes ___ No
26) Other _____	M S A	M S A	___ Yes ___ No

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

22) When a MILD argument is over,  
how do you usually feel?

When a SEVERE argument is over,  
how do you usually feel?

**Check all appropriate responses**

- |                                    |                                     |                                    |                                     |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     | <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   | <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       | <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  | <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   | <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     | <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized | <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  | <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     | <input type="checkbox"/> Irritable |                                     |

25) In the remaining space please provide any additional information that would be helpful:

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I, \_\_\_\_\_, hereby give my permission for Joan B. Jablow, APMHNP to share the information that I provide on this form to \_\_\_\_\_ (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: \_\_\_\_/\_\_\_\_/\_\_\_\_