**Raduca Kaplan**
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**Studio City, CA 91604**

**Couples Questionnaire**

*Please fill this form out completely. If you are not sure how to answer a question, leave i t blank and discuss it with your therapist. Write N/A for those that don't apply.*

**Client Information:**

Name: _____ D.O.B. _____

Occupation: _____Education: _____

*Who were you referred by? _____

**Current Relationship Status: (Please check all that apply)**

☐living together ☐dating ☐engaged ☐married ☐separated

☐divorced ☐monogamous ☐open ☐polyamorous

☐other: _____

**Relationship History:**

How long have you known your partner?

_____

How long have you been in a relationship with your partner?

_____

How long have you been experiencing relationship difficulties with your partner?

_____

Have you ever been married in the past? If so, were you divorced or widowed?

_____

**Current Home Environment:**

Do you have children and/or stepchildren? If so, how many and what are their living arra ngements?

_____

_____

Do you currently have any relatives or friends living in the home with you? If so, who?

_____

_____

**Goals for Attending Counseling:**

*I am attending counseling because: (Please check all that apply)*

☐It is important to my partner ☐It is important to me

☐Family / friends encouraged my partner and I ☐The next step is separation

☐ I want to improve my relationship with my partner ☐The next step is divorce

☐ Other:_____

**Desired Outcomes for Self:** (*Please check all that apply)*

☐Get more of my needs met in my relationship
☐Communicate effectively with my partner
☐Express my anger without hurting my partner
☐Feel better about myself
☐Decrease feelings of jealousy
☐Be more patient with my partner
☐Be more supportive of my partner
☐Feel more secure in my relationship
☐Be less critical of my partner
☐Other:_____

**Desired Outcomes for Couple:** (*Please check all that apply)*

☐Participate in new activities as a couple
☐Take an interest in each other's hobbies
☐ Verbalize thoughts & feelings effectively
☐ Learn how to disagree in a calm way
☐Be honest w/ each other about our feelings
☐Increase the level of trust in our relationship
☐Laugh and enjoy each other as a couple
☐Show affection with each other
☐Spend more time together
☐Improve Sexual Relationship
☐Work together as a team
☐Improve parenting of children
☐Other:_____

**Areas of Concern:** (*Please check all that apply)*

☐ Abuse / Domestic Violence (☐ currently or ☐ in the past)
☐ Children
☐ Communication styles and/or patterns (verbal/non verbal)
☐ Critical Partner
☐ Difference in Work Schedule
☐ Elder Care Concerns / Stressors
☐ Expression of Love / Affection
☐ Extended Family / In-Law Relationships
☐ Extramarital Relations / Affair / Infidelity
☐ Financial Stressors that Lead to Relationship Conflict
☐ Household Responsibility / Roles
☐ Infertility
☐ Lack of Trust
☐ Lack of Support from Partner for Career, Interests, Hobbies
☐ Pregnancy Loss
☐ Intimacy / Sexual Concerns
☐ Medical Diagnosis of Partner or Self
☐ Medical Diagnosis of Child
☐ Mental Health Concerns
☐ Physical Care of Partner
☐ Previous Marriage / Step-Child(ren) Relationship Concerns
☐ Religion / Spirituality / Culture
☐ Recent Legal Problems
☐ Recent Loss of Loved One or Friend
☐ Substance Use
☐ Suicidal Thoughts

☐ Homicidal Thoughts
☐ Time Spent Together
☐Work / Career Concerns
☐Other (Please list): _____

**How has your life been impacted by your relational problems?** (*Please check all that apply)*

☐ Sleeping problem
☐ Eating habits have changed
☐Affecting my job
☐ Feeling irritable
☐ Feeling fearful
☐ Feeling angry
☐ Difficulty parenting
☐Increased fighting with friends or family
☐ Financial trouble
☐ Less time with family and friends
☐Feeling sad
☐ Feeling Lonely
☐Low Self-Esteeem
☐Other: _____

**Have there been any major changes in your life in the past 6 months?** (C*heck all that apply)*

☐ Death of a friend or family
☐ Move
☐ Birth of a child
☐ Pregnancy loss
☐ Friend or family moved
☐ Diagnosis of medical condition
☐ Loss of job
☐Change in job
☐Pregnancy
☐ Adoption
☐ Went back to school
☐Friend or family moved into home
☐Other: _____

**Have you ever attended couples counseling in the past? If so, when and for what concerns?**

_____
_____
_____

**Have you ever sought counseling for yourself? If so, when and for what concerns?**

_____
_____
_____

**Have you ever been diagnosed with a mental or emotional disorder? If so, when a nd what? Are you currently on any medications? If so, please list the medications and the conditions they treat:**

_____
_____
_____

**Is there any other information that will be helpful for us to know about you and / or your relationship?**

_____
_____
_____

***The information contained herein is complete and truthful to the best of my/our ability.***

***Client Signature: _____ Date: _____***

***Client Signature: _____ Date: _____***

***Therapist Signature: _____ Date: _____***