



## Marital Counseling Initial Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Please draw a graph indicating your level of marital satisfaction beginning with when you met your partner. Note *pivotal events* in your relationship.

Complete satisfaction

No satisfaction

Relationship over time

Please rate your current level of marital happiness by circling the number which corresponds with your current feelings about the relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Please make at least one suggestion as to something you could personally do to improve the marriage regardless of what your partner does.

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1. Have you ever been to counseling as a result of problems with this relationship prior to today? \_\_\_\_\_ If so, what was the outcome of that counseling?  
\_\_\_\_\_  
\_\_\_\_\_
2. Has either you or your partner been in individual counseling before? \_\_\_\_\_ If so, give a brief summary. \_\_\_\_\_  
\_\_\_\_\_
3. Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? \_\_\_\_\_ If yes for either, who, how often and what drugs or alcohol?  
\_\_\_\_\_
4. Have either you or your partner struck, physically restrained, used violence against or injured the other person within the last three years? \_\_\_\_\_ If yes for either, who, how often and what happened. \_\_\_\_\_  
\_\_\_\_\_
5. Has either of you threatened to separate or divorce as a result of the current marital problems?  
\_\_\_\_\_
6. Has either you or your partner consulted with a lawyer about divorce? \_\_\_\_\_ If yes, who? \_\_\_\_\_
7. Do you perceive that either you or your partner has withdrawn from the marriage? \_\_\_\_\_ If yes, which of you has withdrawn? \_\_\_\_\_
8. How frequently have you had sex/intimacy during the last month? \_\_\_\_\_ times
9. How enjoyable is your sexual relationship? (Circle one)  
Terrible      More unpleasant than pleasant      Not pleasant, not unpleasant      More pleasant than unpleasant      Great
10. How satisfied are you with the frequency of your sex life? (Circle one)  
Way too often to suit me      A bit too often to suit me      About right      A bit too seldom to suit me      Way too seldom to suit me
11. What is your current level of stress? (Circle one)  
Extremely high      Very high      High      Moderate      Low      Very low      Extremely low
12. To what degree do you have family or friends that support you as a couple? (Circle one)  
Extremely high      Very high      High      Moderate      Low      Very low      Extremely low
13. To what degree do the two of you share a similar basic worldview? (Circle one)  
Extremely high      Very high      High      Moderate      Low      Very low      Extremely low