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Couples Intake Form

Please complete the following form prior to starting counseling. Although this form will not be shared with your partner, please be prepared to discuss responses in session.

Date: _____
 Name: _____ Partner's Name: _____
 Phone number: _____ May I leave a message? _____
 Email address: _____ May I contact you via email? Yes No

Relationship Status (check all that apply): Never Married Single Married Widowed Separated Divorced
 Living Together Living Apart Cohabiting Dating

Length of time in relationship: _____

Have either you or your partner consulted with an attorney about divorce or separation?
 No Yes, me Yes, my partner Yes, both of us

What brings you to couples counseling? _____

What are your top 3 concerns in your relationship with your partner?

- 1) _____
- 2) _____
- 3) _____

What strengths do you have as a couple? _____

What do you think your partner could do to improve the relationship? _____

What do you think you could do to improve the relationship? _____

How satisfied are you with your sexual relationship? Please circle the dot which corresponds to your level of satisfaction.

0	1	2	3	4	5
•	•	•	•	•	•
Extremely Unsatisfied	Fairly Unsatisfied	A Little Unsatisfied	Satisfied	Very Satisfied	Extremely Satisfied

	Every day	Almost every day	Occasionally	Rarely	Never
Do you kiss your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever wish that your partner would cut back on their drug or alcohol use? Yes No
 Have you or your partner ever used any type of violence in the relationship? Yes No If YES, please describe

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement between you and your partner for each item on the following list. *

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Handling family finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matters of recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrations of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conventionality (correct or proper behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philosophy of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways of dealing with parents/ in-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aims, goals, and things believed important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time spent together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making major decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure time and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These are some things which cause couples to agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no).

- Yes No Being too tired for sex. Yes No Not showing love.

The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness in most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

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

Which of the following statements best describes the future of your relationship?

- I want very desperately for my relationship to succeed, and *would go to almost any length* to see that it does.
- I want very much for my relationship to succeed, and *will do all I can* to see that it does.
- I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
- It would be nice if my relationship succeeded, but *I can't do much more than I'm doing now* to help it succeed.
- It would be nice if it succeeded, but *I refuse to do any more than I am doing now* to keep the relationship going.
- My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

	Almost	Most of	More often	Occasionally	Rarely	Never
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	Always	the Time	than not			
How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your partner leave the house after a fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, how often do you think that things between you and your partner are going well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you confide in your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever regret that you married (or lived together)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your partner quarrel?						
How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	All of them	Most of them	Some of them	Very few of them	None of them
Do you and your partner engage in outside interests together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often Than 1x/Day
Have a stimulating exchange of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laugh together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmly discuss something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work together on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Some items modified from Spanier's Dyadic Adjustment Scale*