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**Comprehensive Marital Therapy Intake Questionnaire**

This questionnaire will help me best understand your current difficulties as well as your past history. Please fill out this questionnaire to the best of your ability **before** your intake appointment and bring it with you. Read the questions carefully and answer them as fully as possible (use the reverse side of the paper if necessary). If there are questions that you don't understand, please mark them with a star (\*) and Dr. Aviv will review them with you at the intake appointment. Many of the questions are designated self and spouse...please be consistent. One of you should complete as self; and the other as spouse. **DO NOT ANSWER FOR EACH OTHER.**

**Personal Information**

Date: \_\_\_\_\_

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

Spouse \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Numbers (Self): \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Telephone Numbers (Spouse) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Email \_\_\_\_\_

	Self	Spouse
Psychiatric Diagnoses (Past and Present)		
Current Medications		

**Are you employed?** \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, specify how long job held and # hours/week)

**Is your spouse employed?** \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, specify how long job held and # hours/week)

**What problems or questions have caused you to seek help at this time?**

**Do you and your spouse agree about the difficulties? Does each person want to obtain help?**

## Family History

1. Please complete the following information regarding in the appropriate column:

	Self	Spouse
Age		
Highest Level of Education Completed		
Degrees/Diplomas		
Current Occupation		
Describe any special education or tutoring received		
Any diagnosed learning difficulties? If so in what subjects?		
Any psychological or psychiatric problem for which treatment was received?		
Any Attention Deficit Disorder (with or without Hyperactivity?)		

2. Children in the family

Name	Gender	Age	In home?	Social/Behavioral/Health problems? List

3. Please provide any information about each of your extended families that might help me understand your needs (medical, behavioral, psychological, educational, and emotional):

4. Is there any significant medical history for you or your spouse?

5. The following table is designed to assess your and your spouse's ability to relate to others. Check all that apply

	Self	Spouse
Do you have difficulty relating to others?		
Do you verbally argue a lot with others?		
Do you have difficulty making friends?		
Do you have difficulty maintaining friendships?		
Do you have at least one good friend?		
Are you invited to friend's houses?		
Do you like to host others at your house?		
Do you have a small group of good friends?		
Do you prefer to be alone?		
Do you have difficulty with the non-verbal rules of social interaction (e.g. turn taking, how close to stand to others)		
Do you like your spouse's friends?		

6. Add any comments about your social circumstances that are relevant:

7. Please each answer the following questions

Question	Self	Spouse
What time do you go to bed?		
What time do you get up?		
Is your sleep consistent?		
Are you concerned that you don't get enough sleep and/or have poor sleep quality?		

8. Rate your alcohol use?

Self: \_\_\_\_\_ Never \_\_\_\_\_ Occasionally (1x/week or less) \_\_\_\_\_ 2-4x/week \_\_\_\_\_ Daily  
 Spouse: \_\_\_\_\_ Never \_\_\_\_\_ Occasionally (1x/week or less) \_\_\_\_\_ 2-4x/week \_\_\_\_\_ Daily

9. Rate your drug use?

Self: \_\_\_\_\_ Never \_\_\_\_\_ Occasionally (1x/week or less) \_\_\_\_\_ 2-4x/week \_\_\_\_\_ Daily  
 Spouse: \_\_\_\_\_ Never \_\_\_\_\_ Occasionally (1x/week or less) \_\_\_\_\_ 2-4x/week \_\_\_\_\_ Daily

10. List all drugs you have tried

Self	Spouse

11. Work History: Please indicate below all major jobs/careers you have held. List the job title and amount of time spent working in this position.

Self	Spouse
1.	
2.	
3.	
4.	
5.	
6.	
7.	

12. Please put a check for the traits/characteristics below which apply to yourself as central traits/characteristics:

Trait	Self	Spouse
Happy		
Friendly		
Independent		
Affectionate		
Sensitive		
Thoughtful		
Cooperative		
Responsible		
Even tempered		
Sad		
Moody		
Quiet		
Overactive		
Dependent		
Fearful		
Impulsive		
Angry		
Short attention span		
Explosive		
Withdrawn		
Dreamer		
Lethargic		
Difficulty calming down		
Over-reactive		
Lacking in self-control		
Withholding of affection		
Volatile		
<b>Other words of your choosing:</b>		

**13. Please describe any major family stressors that may have impacted you in the past or that may impact you now:**

**14. Are there any particularly traumatic or troubling events which have happened in your life which I should know about in order to understand you better? (please give details, include incidents you feel were traumatic even though they might not have been for someone else)**

**15. Are you and your spouse currently intimate with each other?**  Yes  No

**16. Are each of you satisfied with you sex life?**

Self:  Yes  No

Spouse:  Yes  No

**17. If no (to 16), what would you like to be different?**

**18. Have you ever witnessed violence inside or outside of the home?** Yes  No

**19. Have either of you ever had psychological counseling or therapy?**

Yes, If Yes, please give details below:  No

Therapist Name	Address	Phone Number	Dates of treatment

**20. Please list the names, addresses, and telephone numbers of any other professionals consulted.**  
(This does not give me permission to contact them, and they will only be contacted with your written consent.)

**21. Is there any additional information or anything that you feel is pertinent to know that has not been covered in this questionnaire?**

**22. What changes do you hope will result from seeking psychological services?**

**23. Who referred you to Dr. Aviv's clinic?**