

## MARITAL HISTORY QUESTIONNAIRE

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

Address: \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Husband email: \_\_\_\_\_ Wife email: \_\_\_\_\_

I prefer to be called at: Home ( ) Work ( ) Cell ( )

### Children:

Name	Age	Currently lives with:			
		Mother	Father	Both	Other

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Current Marital Circumstances:

Years Married \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Reason you married: \_\_\_\_\_

If not sure about Divorce what would you like to happen in your relationship?

\_\_\_\_\_

Currently separated? Yes ( ) No ( )

Date of Separation \_\_\_\_\_

Filed for divorce? Yes ( ) No ( )

Date of filing \_\_\_\_\_

Who filed? \_\_\_\_\_

Attorneys Engaged? Yes ( ) No ( )

Have you told your children? Yes ( ) No ( )

Wife's Attorney \_\_\_\_\_ Husband's Attorney \_\_\_\_\_

**Check One:**

Did you expect this separation or divorce direction?

Yes, for a long time \_\_\_\_\_

Yes, but only recently \_\_\_\_\_

Unexpected \_\_\_\_\_

Did you want this divorce?

Not at all \_\_\_\_\_

I have mixed feelings \_\_\_\_\_

No, but am resigned to it \_\_\_\_\_

Feel it is for the best \_\_\_\_\_

If previously married, list the date married and the date divorced.

\_\_\_\_\_

Did your parents divorce, if so, how old were you?

\_\_\_\_\_

**Check all that apply:**

**Factors contributing to the marital problems:**

Recently had difficulty communicating \_\_\_\_\_

Always had difficulty communicating \_\_\_\_\_

Differences in interests \_\_\_\_\_

Differences in education level \_\_\_\_\_

Differences in ethnic or racial background \_\_\_\_\_

Differences in expectations about marriage \_\_\_\_\_

Differences in expectations about family life \_\_\_\_\_

Changes in lifestyles, values \_\_\_\_\_

Lack of love for one another \_\_\_\_\_

One or both are verbally abusive \_\_\_\_\_

Bored \_\_\_\_\_

Sexual difficulties \_\_\_\_\_

In love with another person \_\_\_\_\_

Unfaithful, Infidelity \_\_\_\_\_

Abuse or neglect of children \_\_\_\_\_

Job or school commitment \_\_\_\_\_

Suspiciousness, jealousy \_\_\_\_\_

Neglect of home \_\_\_\_\_

Trouble with the law \_\_\_\_\_

Drinking \_\_\_\_\_

Drug use \_\_\_\_\_

Physical Abuse \_\_\_\_\_

Depression \_\_\_\_\_

Sexual Abuse \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_

Check all that apply:

Major life events and or changes occurring within the last twelve months:

Started school or training program	_____
Graduated from school or training program	_____
Entered job market	_____
Changed jobs	_____
Lost job	_____
Moved residence	_____
Financial Troubles	_____
Increase in financial responsibility	_____
Legal problems	_____
Arrested and or jailed	_____
Separation or divorce of friend or relative	_____
Health problems	_____
Drinking or drug problems	_____
Began treatment for drinking or drug problems	_____
Began psychotherapy	_____
Began new medications	_____
Significant weight loss or gain	_____
Nanny/Au pair or aging parent joined the household	_____
Nanny/Au pair or aging parent left the home	_____
Death of a pet	_____
Pregnancy	_____
Miscarriage	_____
Abortion	_____
Fertility problems	_____
Changes in childcare	_____
Children had trouble in school	_____
Onset of menopause	_____
Mid-life crisis	_____
Victim of a crime	_____
Auto accident	_____
Undertaken major new expenses	_____
Death of a parent/ or step parent	_____
Death of a significant friend or family member	_____
Other: (explain) _____	_____



**Personal concerns and priorities at this time:**  
**At this time of change and transition in our family:**

I worry that I will \_\_\_\_\_

I am concerned that my children will \_\_\_\_\_

It's important to me that the separation/divorce process be: \_\_\_\_\_

I assume that my spouse will \_\_\_\_\_

**In the future:**

I worry I will \_\_\_\_\_

I am concerned that my children will \_\_\_\_\_

It is important to me that \_\_\_\_\_

I assume that my spouse will \_\_\_\_\_

**Support System:**

Current sources of emotional support:

Friends	_____
Family	_____
Neighbors	_____
Co-workers	_____
Religion or spiritual practice	_____
Lawyer	_____

**Therapist or Counselor**

If so, name \_\_\_\_\_ Contact # \_\_\_\_\_

If it is helpful to include them in this process, we can only do so with your written permission. This form does not authorize us to contact them.

Other: \_\_\_\_\_

**Occupation:**

What is your occupation? \_\_\_\_\_

Are you currently employed? Yes ( ) No ( )

If yes, where are you employed? \_\_\_\_\_

How long at this job \_\_\_\_\_

How satisfied are you with your current work situation? Very satisfied ( ) Moderately ( )

Moderately unhappy ( ) Extremely unhappy ( )

## Personal History

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affect you for an extended period of time, if so please list these:

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**Your health in early childhood was generally:**

Good ( ) Fair ( ) Poor ( )

At present your health is generally:

Good ( ) Fair ( ) Poor ( )

**How long ago was your last physical?** \_\_\_\_\_

**Are you concerned about your own drug/alcohol use or that of your partner?**

Yes ( ) No ( ) If yes, please explain \_\_\_\_\_

**List all the drugs you are currently taking (include aspirin, vitamins, sleeping pills)**

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**Are you currently in couple's, family, or individual therapy? Is it working for you**

Yes ( ) No ( ) If no, please explain \_\_\_\_\_

**Have you previously been in couple's, family, or individual therapy? If so, how long**  
\_\_\_\_\_ with whom? \_\_\_\_\_

Was it useful? If not explain \_\_\_\_\_

## Income

What is the approximate gross monthly income you have to live on at the present time?

\_\_\_\_\_ Describe any changes since your separation \_\_\_\_\_

## Collaborative Divorce Process

How did you hear about this process? \_\_\_\_\_

What do you hope to accomplish using this process as opposed to the traditional process?

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What do you consider the main issues? \_\_\_\_\_

What are your hopes for the future? \_\_\_\_\_

What are your hopes for your children? \_\_\_\_\_

Beyond the information you have listed here, what else do you feel is important for us to know about you and your current situation? \_\_\_\_\_

Thank you for taking the time to fill this out. Since Collaborative Practice strives to fully hear and understand each person in the client family, this content helps us to serve you.