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**MARITAL HISTORY QUESTIONNAIRE**

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

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

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**CHILDREN**

Name	Date of Birth	Currently lives with:		
		Mother	Father	Both
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CURRENT MARITAL CIRCUMSTANCES**

**Years married** \_\_\_\_\_ **Date of marriage** \_\_\_\_\_

Reasons you married \_\_\_\_\_

Currently separated? Yes/No \_\_\_\_\_ Date of separation \_\_\_\_\_  
Filed for divorce? Yes/No \_\_\_\_\_ Date of filing \_\_\_\_\_  
Who filed? \_\_\_\_\_ Lawyers engaged? Yes/No \_\_\_\_\_

Wife's Lawyer \_\_\_\_\_ Husband's Lawyer \_\_\_\_\_

**Check one:**

Did you expect this separation?	Did you want this separation/divorce?
Yes, for a long time _____	Not at all _____
Yes, but only recently _____	Have mixed feelings _____
Yes, but only recently _____	Want it very much _____
Unexpected _____	No, but am resigned to it _____
	Feel it is for the best _____

If previously married, list the date(s) of previous marriages and divorces:

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**Factors contributing to the decision to separate/divorce (check all that apply):**

- 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 lifestyle, values \_\_\_\_\_
  - Lacked love for one another \_\_\_\_\_
  - Verbal abuse \_\_\_\_\_
  - Bored \_\_\_\_\_
  - Sexual difficulties \_\_\_\_\_
  - In love with another person \_\_\_\_\_
  - Financial problems \_\_\_\_\_
  - Unfaithful, infidelity \_\_\_\_\_
  - Abuse or neglect of children \_\_\_\_\_
  - Job or school commitment \_\_\_\_\_
  - Suspiciousness, jealousy \_\_\_\_\_
  - Neglect of home \_\_\_\_\_
  - Trouble with in-law \_\_\_\_\_
  - Drinking \_\_\_\_\_
  - Drug use \_\_\_\_\_
  - Physical abuse \_\_\_\_\_
  - Depression \_\_\_\_\_
  - Sexual abuse \_\_\_\_\_
  - Other (explain) \_\_\_\_\_
- 

**Major life events and/or changes occurring within the last twelve months (check all that apply):**

- Started school or training program \_\_\_\_\_
- Graduated from school or training program \_\_\_\_\_
- Entered job market \_\_\_\_\_
- Changed job \_\_\_\_\_
- Lost job \_\_\_\_\_
- Moved residence \_\_\_\_\_
- Financial troubles \_\_\_\_\_
- Increase in financial responsibilities \_\_\_\_\_
- Legal problems \_\_\_\_\_

- Arrested and/or jailed \_\_\_\_\_
- Separation or divorce of friend or relative \_\_\_\_\_
- Health problems (self, spouse, children) \_\_\_\_\_
- Drinking or drug problems \_\_\_\_\_
- Began treatment for drinking or drug problems \_\_\_\_\_
- Began psychotherapy \_\_\_\_\_
- Began new medications \_\_\_\_\_
- Significant weight gain or loss \_\_\_\_\_
- Nanny, au pair or aging parent joined household \_\_\_\_\_
- Nanny, au pair or aging parent left the household \_\_\_\_\_
- Death of a household 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 \_\_\_\_\_
- Natural disaster \_\_\_\_\_
- Other (explain) \_\_\_\_\_

**Personal concerns and priorities at time of separation or divorce:**

*At this time of major change 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 \_\_\_\_\_

\_\_\_\_\_

I think that my spouse will \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*With regard to the future:*

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

I think that my spouse will \_\_\_\_\_

\_\_\_\_\_

### **Support System**

Current sources of emotional support:

Friends \_\_\_\_\_

Family \_\_\_\_\_

Neighbors \_\_\_\_\_

Co-workers \_\_\_\_\_

Religion or spiritual practice \_\_\_\_\_

Therapist/counselor \_\_\_\_\_

Lawyer \_\_\_\_\_

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

\_\_\_\_\_

### **Occupation**

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

Are you currently employed? \_\_\_\_\_ Yes/No

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

How long have you held your current position? \_\_\_\_\_

How satisfied are you with your current job/work situation?

Very satisfied \_\_\_\_\_ Moderately satisfied \_\_\_\_\_

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:

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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: \_\_\_\_\_

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List all drugs you are taking (including aspirin, vitamins, sleeping pills, etc.):

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Are you currently in couple, family or individual therapy or counseling?

Yes/No If yes, what type of counseling is it? \_\_\_\_\_

For how long? \_\_\_\_\_

With whom? \_\_\_\_\_

Have you previously been in couple, family or individual or counseling?

Yes/No If yes, what type of counseling was it? \_\_\_\_\_

For how long? \_\_\_\_\_

With whom? \_\_\_\_\_

## Income

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

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Describe changes, if any, in your income since your separation: \_\_\_\_\_

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**Process**

How did you hear about Collaborative Practice? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish by choosing Collaborative Practice? \_\_\_\_\_  
\_\_\_\_\_

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

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

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