

**UPLANDS COUNSELING ASSOCIATES (UCA)
COUPLES HISTORY FORM**

Name: _____ Date of Birth: _____

Name of Partner: _____ Initial Appointment Date: _____

1. Relationship Status (check all that apply):

Married Separated Divorced Dating Living Together Living Apart

Length of time in current relationship: _____

2. Have you ever been in counseling as a result of problems with this relationship prior to today? No Yes

If yes, when and what was the duration of counseling? _____

What was the outcome of the counseling? (Please check one)

Very successful Somewhat successful No change Somewhat worse Much worse

3. Have you been in individual counseling before? No Yes

If yes, provide a brief summary of the concerns addressed: _____

4. Do you or your partner drink alcohol to the point of intoxication or take drugs? No Yes

If yes for either, who and how often? _____

5. Do you have any concerns about other compulsive/addictive behavior (i.e. gambling, sexual, spending, etc)?

No Yes. If yes, what concerns: _____

6. Have either you or your partner struck, physically restrained, used violence against or injured the other person.

No Yes. If yes, please describe: _____

7. Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

No Yes. If yes, who? (circle one): Me Partner Both of us

8. Do you perceive that either you or your partner has withdrawn from the relationship/marriage?

No Yes. If yes, who? (circle one): Me Partner Both of us

9 How frequently have you had sexual relations during the last month? _____ times

10. Please rate your current level of satisfaction with your sexual relationship by circling the number that corresponds with your current feelings.

1 2 3 4 5 6 7 8 9 10
(extremely unsatisfied) (extremely satisfied)

11. How satisfied are you with the frequency of your sexual relations? (Check one)

- Way too often
- Somewhat too often
- About right
- Somewhat too seldom
- Way too seldom

12. What is your current level of stress overall? (Check one)

- Extremely high
- Very high
- High
- Moderate
- Low
- Very low
- Extremely low

13. What is your current level of stress in the relationship? (Check one)

- Extremely high
- Very high
- High
- Moderate
- Low
- Very low
- Extremely low

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

1 2 3 4 5 6 7 8 9 10
(extremely unhappy) (extremely happy)

15. Rank the order of the top 3 concerns you have in your relationship with your partner. (Number 1 being the most problematic)
