

MARITAL HISTORY QUESTIONNAIRE

CONCERNING YOU:

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ (E-mail) _____

I prefer to be contacted at: home ___ work ___ cell ___ e-mail ___

CONCERNING YOUR SPOUSE/PARTNER:

Name: _____ Date of Birth: _____

Address: _____

CHILDREN:

Name	Date of Birth	Currently Lives With:
		Mother Father Both
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT MARITAL CIRCUMSTANCES:

Years Married _____ **Date of Marriage** _____ **Date of Separation** _____

Reason you married:

Reason you are divorcing:

Currently Separated? Yes/No _____ Date of Separation _____

Filed for Divorce? Yes/No _____ Date of Filing _____

Wife's attorney _____

Husband's attorney _____

Check one:

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

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

LEVEL OF CONFLICT:

On a scale of 1-10, rate the level of conflict and anger in your marriage PRIOR TO THE DIVORCE PROCESS:

	Low-----High
Level of conflict in marriage	1 2 3 4 5 6 7 8 9 10
Level of your anger	1 2 3 4 5 6 7 8 9 10
Level of other's anger	1 2 3 4 5 6 7 8 9 10

NOW THAT YOU ARE IN THE DIVORCE PROCESS, rate the level of conflict and anger:

	Low-----High
Level of conflict	1 2 3 4 5 6 7 8 9 10
Level of your anger	1 2 3 4 5 6 7 8 9 10
Level of other's anger	1 2 3 4 5 6 7 8 9 10

Personal concerns and priorities at the 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 I will _____

I am concerned that my children will _____

It is important to me that _____

I think my spouse will _____

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 affected you for an extended period of time? If so, please list:

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

Are you currently in couple's, family or individual therapy or counseling?
Yes/No If yes, with whom? _____

Have you previously been in couple's, family or individual therapy 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?

Describe changes, if any, in your income since your separation: _____
